See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493271008552

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CENTRAL INDIANA CORPORATE PARTNERSHIP INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
111 MONUMENT CIRCLE NO 1800

City or town, state or country, and ZIP + 4
INDIANAPOLIS, IN 462045178

D Employer identification number
35-2065459

E Telephone number
(317)638-2103

G Gross receipts $ 7,457,767

F Name and address of principal officer
MARK MILES
111 MONUMENT CIRCLE STE 1800
INDIANAPOLIS,IN 46204

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☐ 501(c)(3) ☑ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW CINCORP COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1998 | **M** State of legal domicile IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE CENTRAL INDIANA CORPORATE PARTNERSHIP (CICP) IS TRANSFORMING OUR REGIONAL ECONOMY, BRINGING TOGETHER THE CEOS OF CENTRAL INDIANA'S LARGEST AND MOST CIVICALLY ENGAGED EMPLOYERS & UNIVERSITY PRESIDENTS TO ADVANCE "BIG PICTURE" PRIORITIES LIKE ENCOURAGING INNOVATION AND ENTREPRENEURSHIP, BUILDING A WORLD-CLASS WORKFORCE AND CREATING A PRO-GROWTH BUSINESS CLIMATE (CONTINUED LATER IN SCHEDULE O)

Activities & Governance

2	Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	**3**	53
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	53
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	49
6	Total number of volunteers (estimate if necessary)	**6**	200
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	4,671,618	7,388,507
9	Program service revenue (Part VIII, line 2g)	43,051	65,950
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,127	2,855
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,721	455
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,718,517	7,457,767
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	185,444	8,750
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,410,424	5,124,225
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	-147,624	2,338,103
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,448,244	7,471,078
19	Revenue less expenses Subtract line 18 from line 12	-729,727	-13,311

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	2,733,463	2,512,798
21	Total liabilities (Part X, line 26)	920,107	712,753
22	Net assets or fund balances Subtract line 21 from line 20	1,813,356	1,800,045

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-09-20
Signature of officer | Date

MARK MILES PRESIDENT & CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's taxpayer identification number (see instructions)
KEITH T GAMBREL	2012-09-20	☐	P00150740

Firm's name (or yours if self-employed), address, and ZIP + 4
KSM BUSINESS SERVICES INC
PO BOX 40857
INDIANAPOLIS, IN 462400857

EIN ▶ 35-2123203

Phone no ▶ (317) 580-2000

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE CENTRAL INDIANA CORPORATE PARTNERSHIP IS A COALITION OF INDIANA CORPORATE AND UNIVERSITY LEADERS WHO SHARE A COMMON GOAL - PROMOTING LONG-TERM ECONOMIC GROWTH FOR THE REGION CICP'S MISSION IS TO TRANSFORM THE ECONOMY OF INDIANA IN ORDER TO CREATE SUSTAINABLE PROSPERITY AND QUALITY OF LIFE FOR OUR CITIZENS AND FUTURE GENERATIONS THE CICP FOUNDATION SUPPORTS THE CHARITABLE AND EDUCATIONAL PROGRAMS AND ACTIVITIES OF CICP

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☑ **Yes** ☐ **No**

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☑ **Yes** ☐ **No**

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ including grants of $) (Revenue $)

THE ENERGY SYSTEMS NETWORK (ESN) IS THE INDIANA-BASED CLEANTECH INITIATIVE THE ESN IS A CATALYST FOR PARTNERSHIPS AMONG PRIVATE FIRMS AND RESEARCH INSTITUTIONS TO BRING ENERGY BREAKTHROUGHS TO MARKET, LEVERAGING INDIANA'S STRONG MANUFACTURING SECTOR, R&D CAPABILITIES, AND HERITAGE OF ENGINEERING ADVANCED POWER SYSTEMS CLEANTECH SUB-SECTORS LIKE WIND AND SOLAR POWER, PLUG-IN/HYBRID ELECTRIC VEHICLES, SECOND GENERATION BIOFUELS, DISTRIBUTED POWER GENERATION, AND SYSTEMS INTEGRATION ARE EACH PROJECTED TO GROW TO MORE THAN $70 BILLION OVER THE NEXT TEN YEARS, COLLECTIVELY ACCOUNTING FOR A MORE THAN $350B GLOBAL MARKET INDIANA HAS UNIQUE STRENGTHS IN ALL OF THESE AREAS, AND THE ESN AIMS TO MAKE THE STATE A CENTER FOR ENERGY INNOVATION, ATTRACTING NEW INVESTMENT AND CREATING "GREEN JOBS" FOR HOOSIERS

4b (Code) (Expenses $ including grants of $) (Revenue $)

TECHPOINT IS INDIANA'S PREMIER INITIATIVE FOR GROWING INDIANA'S THRIVING TECHNOLOGY-BASED ECONOMY TECHPOINT IS KNOWN FOR ITS ABILITY TO IDENTIFY AND EMPOWER HIGH-GROWTH INDIANA TECHNOLOGY COMPANIES THROUGH EDUCATION AND NETWORKING PROGRAMS, GOVERNMENT ADVOCACY AND STRATEGIC ECONOMIC DEVELOPMENT INITIATIVES TECHPOINT REPRESENTS INDIANA'S ENTIRE TECHNOLOGY COMMUNITY INCLUDING PUBLICLY-TRADED COMPANIES, PRIVATE BUSINESSES, COLLEGES AND RESEARCH UNIVERSITIES, AND LOCAL ECONOMIC DEVELOPMENT ORGANIZATIONS AS THE PREEMINENT VOICE FOR INDIANA'S GROWING TECHOLOGY COMMUNITY, TECHPOINT IS LEADING A FOCUSED AND AGGRESSIVE STATEWIDE EFFORT TO HELP TRANSFORM THE STATE'S TECHNOLOGY SECTOR

4c (Code) (Expenses $ including grants of $) (Revenue $)

CONEXUS INDIANA IS THE CATALYST TO POSITION INDIANA AS THE RECOGNIZED GLOBAL LEADER IN ADVANCED MANUFACTURING AND LOGISTICS WE ARE BUILDING INDUSTRY PARTNERS AND EXPLORING NEW MARKET OPPORTUNITIES, PREPARING HOOSIERS TO TAKE ADVANTAGE OF MANUFACTURING AND LOGISTICS CAREERS, AND PROMOTING A BETTER UNDERSTANDING OF THE IMPORTANCE OF THESE SECTORS TO OUR ECONOMIC FUTURE

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	6		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	49			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	Yes	
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	53		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	53		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ IN

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

PEGGY BOEHM
111 MONUMENT CIRCLE SUITE 1800
INDIANAPOLIS, IN 462040000
(317) 638-2103

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								2,566,080	0	364,025

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 14

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
ANTHEM HEALTH GROUP P O BOX 105113 ATLANTA, GA 303485113	EMPLOYEE HEALTH SERVICES	234,210
JP MORGAN CHASE LEASING PO BOX 714982 COLUMBUS, OH 432714982	OFFICE SPACE LEASING	200,920
WATERS & ASSOC LLC 2701 ENTERPRISE DRIVE STE 214 ANDERSON, IN 46013	ELECTRIC VEHICLE SUMMIT FACILITATOR	170,674
KREIG DEVAULT LLP ONE INDIANA SQUARE STE 2800 INDIANAPOLIS, IN 46204	LEASED EMPLOYEE AGREEMENT	153,250
TAFT STETTINIUS & HOLLISTER LLP ONE INDIANA SUARE STE 3500 INDIANAPOLIS, IN 462042023	LEASED EMPLOYEE AGREEMENT	103,125

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 6

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b	921,500			
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	6,467,007			
	g	Noncash contributions included in lines 1a-1f $ 10,000				
	h	**Total.** Add lines 1a-1f . . . . . ▶	7,388,507			
Program Service Revenue		Business Code				
	2a	PROGRAM INCOME	541900	65,950	65,950	
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	65,950			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	2,855			2,855
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) . . . . . ▶				
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a	MISCELLANEOUS	900099	455		455
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	455			
	12	**Total revenue.** See Instructions . . . ▶	7,457,767	65,950	0	3,310

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☑

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	8,750			
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,930,105			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,686,353			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	160,430			
9	Other employee benefits	229,905			
10	Payroll taxes	117,432			
11	Fees for services (non-employees)				
a	Management				
b	Legal	55,249			
c	Accounting	31,844			
d	Lobbying	8,000			
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees				
g	Other	5,759			
12	Advertising and promotion	72,551			
13	Office expenses	78,783			
14	Information technology	24,721			
15	Royalties				
16	Occupancy	189,149			
17	Travel	36,202			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,993			
20	Interest	3,517			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	29,506			
23	Insurance	7,808			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PROJECT EXPENSE	4,341,049			
b	MEALS & ENTERTAINMENT	14,673			
c	LOSS ON ABANDONMENTS	6,155			
d	DUES & SUBSCRIPTIONS	4,004			
e					
f	All other expenses	-2,578,860			
25	**Total functional expenses.** Add lines 1 through 24f	7,471,078			
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		575,838	1	741,975
	2	Savings and temporary cash investments		340,179	2	528,146
	3	Pledges and grants receivable, net		539,156	3	231,250
	4	Accounts receivable, net		997,178	4	334,467
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		61,283	9	16,792
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 428,990			
	b	Less accumulated depreciation	10b 244,822	219,829	10c	184,168
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		0	15	476,000
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,733,463	16	2,512,798
Liabilities	17	Accounts payable and accrued expenses		136,053	17	67,908
	18	Grants payable			18	
	19	Deferred revenue		80,000	19	40,000
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		704,054	25	604,845
	26	**Total liabilities.** Add lines 17 through 25		920,107	26	712,753
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,813,356	27	1,800,045
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,813,356	33	1,800,045
	34	Total liabilities and net assets/fund balances		2,733,463	34	2,512,798

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,457,767
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,471,078
3	Revenue less expenses Subtract line 2 from line 1	3	-13,311
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,813,356
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,800,045

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 35-2065459
Name: CENTRAL INDIANA CORPORATE PARTNERSHIP INC

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DENNIS BASSETT DIRECTOR	1 00	X						0	0	0
DAVID BECKER DIRECTOR	1 00	X						0	0	0
JEFFREY BELSKUS DIRECTOR	1 00	X						0	0	0
LEONARD BETLEY DIRECTOR	1 00	X						0	0	0
DANIEL BRADLEY DIRECTOR	1 00	X						0	0	0
ANGELA BRALY DIRECTOR	1 00	X						0	0	0
MATT BRANAM DIRECTOR	1 00	X						0	0	0
STEPHEN BURNS DIRECTOR	1 00	X						0	0	0
JUSTIN CHRISTIAN DIRECTOR	1 00	X						0	0	0
FRANCE CORDOVA DIRECTOR	1 00	X						0	0	0
KAREN CROTCHFELT DIRECTOR	1 00	X						0	0	0
SCOTT DORSEY DIRECTOR	1 00	X						0	0	0
TIM DUNN DIRECTOR	1 00	X						0	0	0
MARK EMMERT DIRECTOR	1 00	X						0	0	0
DOUGLAS ESAMANN DIRECTOR	1 00	X						0	0	0
DANIEL EVANS CO-CHAIR	1 00	X		X				0	0	0
GEORGE FLEETWOOD DIRECTOR	1 00	X						0	0	0
STEPHEN FERGUSON SECRETARY	1 00	X		X				0	0	0
DAVID GADIS DIRECTOR	1 00	X						0	0	0
ANTONIO GALINDEZ DIRECTOR	1 00	X						0	0	0
RICHARD GIROMINI DIRECTOR	1 00	X						0	0	0
JO-ANN GORA DIRECTOR	1 00	X						0	0	0
MARK HILL DIRECTOR	1 00	X						0	0	0
ROBERT HILLMAN DIRECTOR	1 00	X						0	0	0
ALLAN HUBBARD DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WAYNE IURILLO DIRECTOR	1 00	X						0	0	0
RICHARD JONES DIRECTOR	1 00	X						0	0	0
JONATHAN KROEHLER DIRECTOR	1 00	X						0	0	0
CATHERINE LANGHAM DIRECTOR	1 00	X						0	0	0
JOHN LECHLEITER DIRECTOR	1 00	X						0	0	0
CAREY LYKINS DIRECTOR	1 00	X						0	0	0
GLENN LYON DIRECTOR	1 00	X						0	0	0
WILLIAM MAYS DIRECTOR	1 00	X						0	0	0
MICHAEL MCROBBIE DIRECTOR	1 00	X						0	0	0
JAMES MERISOTIS DIRECTOR	1 00	X						0	0	0
ROBERT MOEDER DIRECTOR	1 00	X						0	0	0
DAYTON MOLENDORP DIRECTOR	1 00	X						0	0	0
JEFFREY OWENS DIRECTOR	1 00	X						0	0	0
ROBERT PALMER DIRECTOR	1 00	X						0	0	0
JACK PHILIPS DIRECTOR	1 00	X						0	0	0
ANTHONY REISZ DIRECTOR	1 00	X						0	0	0
MARK RHODES DIRECTOR	1 00	X						0	0	0
JAMES RISK DIRECTOR	1 00	X						0	0	0
CLAY ROBBINS DIRECTOR	1 00	X						0	0	0
STEPHEN RUSSELL DIRECTOR	1 00	X						0	0	0
DAVID SHANE DIRECTOR	1 00	X						0	0	0
JOE SLAUGHTER DIRECTOR	1 00	X						0	0	0
JEFF SMULYAN DIRECTOR	1 00	X						0	0	0
THEODORE SOLSO DIRECTOR	1 00	X						0	0	0
STEPHEN STITLE DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVEN WALKER DIRECTOR	1 00	X						0	0	0
KEN ZABZEBSKI DIRECTOR	1 00	X						0	0	0
DENNIS OKLAK TREASURER	1 00	X		X				0	0	0
PEGGY MARGARET BOEHM CHIEF FINANCIAL OFFICER	16 00			X				58,846	0	7,446
MARK MILES PRESIDENT/CEO CICP	40 00			X				380,575	0	43,096
DAVID JOHNSON PRESIDENT/CEO BIOCROSSROAD	40 00				X			388,907	0	22,050
STEVE DWYER PRESIDENT/CEO CONEXUS INDIANA	40 00				X			204,735	0	37,725
PAUL MITCHELL PRESIDENT/CEO ENERGY SYSTEMS NETWORK	40 00				X			224,638	0	28,073
JAMES JAY PRESIDENT/CEO TECHPOINT	40 00				X			218,995	0	38,015
RONALD GIFFORD EVP POLICY	40 00				X			206,369	0	36,869
NORA DOHERTY PROJECT DIRECTOR/BIOCROSSROADS	37 00					X		191,716	0	35,752
TROY HEGE PROJECT DIRECTOR/BIOCROSSROADS	40 00					X		200,812	0	33,309
DAVID HOLT PROJECT DIRECTOR/CONEXUS INDIANA	40 00					X		169,769	0	32,502
BRIAN STEMME PROJECT DIRECTOR/BIOCROSSROADS	40 00					X		157,922	0	29,836
MATTHEW T HALL PROJECT DIRECTOR/BIOCROSSROADS	40 00					X		162,796	0	19,352

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493271008552

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
CENTRAL INDIANA CORPORATE PARTNERSHIP INC	35-2065459

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		No
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		No
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	921,500
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	8,000
b	Carryover from last year	2b	
c	Total	2c	8,000
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	8,000

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493271008552

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CENTRAL INDIANA CORPORATE PARTNERSHIP INC

Employer identification number
35-2065459

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		151,438	52,776	98,662
d Equipment		277,552	192,046	85,506
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				184,168

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) CHARGING STATION - ESN PROJECT	475,000
(2) INVESTMENT IN CSS	1,000
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	476,000

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
RENT PAYABLE	129,845
OTHER LIABILITIES - ESN PROJECT	475,000
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	604,845

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,457,767
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,471,078
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-13,311
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-13,311

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	8,418,436
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	153,070		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	817,271		
e	Add lines **2a** through **2d**			2e	970,341
3	Subtract line **2e** from line **1**			3	7,448,095
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,517		
b	Other (Describe in Part XIV)	4b	6,155		
c	Add lines **4a** and **4b**			4c	9,672
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	7,457,767

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	7,595,575
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	153,070		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	153,070
3	Subtract line **2e** from line **1**			3	7,442,505
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,517		
b	Other (Describe in Part XIV)	4b	25,056		
c	Add lines **4a** and **4b**			4c	28,573
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	7,471,078

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	CICP IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS THERE WAS NO UNRELATED BUSINESS INCOME FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010 CICP FILES U S FEDERAL AND STATE OF INDIANA TAX RETURNS, AND THEY ARE NO LONGER SUBJECT TO U S FEDERAL AND STATE TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2008
PART XII, LINE 2D - OTHER ADJUSTMENTS		ADJUSTMENT DUE TO CHANGE FROM MODIFIED CASH BASIS TO ACCRUAL BASIS 817,271
PART XII, LINE 4B - OTHER ADJUSTMENTS		LOSS ON ABANDONMENTS 6,155
PART XIII, LINE 4B - OTHER ADJUSTMENTS		ADJUSTMENT DUE TO CHANGE FROM MODIFIED CASH BASIS TO ACCRUAL BASIS 18,901 LOSS ON ABANDONMENTS 6,155
		SCHEDULE D, PART XI, LINE 10 CHANGE IN NET ASSETS THE AUDITED FINANCIAL STATEMENTS WERE ISSUED ON MODIFIED CASH BASIS WHILE THE RETURN IS ON ACCRUAL BASIS THE CHANGE IN NET ASSETS ON FORM 990, PART I, LINE 22 IS -13,311 THE AUDITED FINANCIAL STATEMENTS SHOW A CHANGE IN NET ASSETS OF 822,861 THE DIFFERENCE BETWEEN THE RETURN AND AUDITED FINANCIAL STATEMENTS IS THE ADJUSTMENT FROM MODIFIED CASH BASIS TO ACCRUAL -836,172

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493271008552

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CENTRAL INDIANA CORPORATE PARTNERSHIP INC

Employer identification number
35-2065459

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CENTRAL INDIANA COMMUNITY FOUNDATION615 N ALABAMA ST STE 119 INDIANAPOLIS,IN 46204	35-1793680	501(C)(3)	5,000		N/A	N/A	SUPPORT FOR COMMUNITY PROJECTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 1

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 CICP WORKS CLOSELY WITH CENTRAL INDIANA COMMUNITY FOUNDATION ON MANY PROJECTS THIS CLOSE WORKING RELATIONSHIP ENABLED CICP TO ENSURE THAT ITS CONTRIBUTION WAS SPENT FOR THE INTENDED PURPOSE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493271008552

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CENTRAL INDIANA CORPORATE PARTNERSHIP INC

Employer identification number
35-2065459

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		
b	Any related organization?	**5b**		
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		
b	Any related organization?	**6b**		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARK MILES	(i)	343,080	35,000	2,495	0	43,096	423,671	0
	(ii)	0	0	0	0	0	0	0
(2) DAVID JOHNSON	(i)	358,787	30,000	120	0	22,050	410,957	0
	(ii)	0	0	0	0	0	0	0
(3) STEVE DWYER	(i)	204,615	0	120	0	37,725	242,460	0
	(ii)	0	0	0	0	0	0	0
(4) PAUL MITCHELL	(i)	214,518	10,000	120	0	28,073	252,711	0
	(ii)	0	0	0	0	0	0	0
(5) JAMES JAY	(i)	199,875	19,000	120	0	38,015	257,010	0
	(ii)	0	0	0	0	0	0	0
(6) RONALD GIFFORD	(i)	203,874	0	2,495	0	36,869	243,238	0
	(ii)	0	0	0	0	0	0	0
(7) NORA DOHERTY	(i)	173,346	17,000	1,370	0	35,752	227,468	0
	(ii)	0	0	0	0	0	0	0
(8) TROY HEGE	(i)	186,442	13,000	1,370	0	33,309	234,121	0
	(ii)	0	0	0	0	0	0	0
(9) DAVID HOLT	(i)	169,649	0	120	0	32,502	202,271	0
	(ii)	0	0	0	0	0	0	0
(10) BRIAN STEMME	(i)	148,427	7,000	2,495	0	29,836	187,758	0
	(ii)	0	0	0	0	0	0	0
(11) MATTHEW T HALL	(i)	153,926	8,000	870	0	19,352	182,148	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	PART III	SCHEDULE J, PART 1, LINE 3 ESTABLISHMENT OF CEO COMPENSATION AS DESCRIBED ELSEWHERE IN THE FORM 990, THE CICP EXECUTIVE COMMITTEE SETS THE CEO'S COMPENSATION ALSO, SEE THE SCHEDULE O REFERENCE TO FORM 990, PART VI, SECTION B, LINE 15

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493271008552

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CENTRAL INDIANA CORPORATE PARTNERSHIP INC

Employer identification number
35-2065459

Identifier	Return Reference	Explanation
CONTINUATION OF ORGANIZATION'S MISSION AND SIGNIFICANT ACTIVITIES	FORM 990, PART I, LINE 1	CICP HAS BUILT A UNIFIED STRUCTURE FOR REGIONAL ECONOMIC DEVELOPMENT, LEADING A FAMILY OF INITIATIVES FOCUSED ON INDIANA'S MOST DYNAMIC, FAST-GROWING INDUSTRIES - THE LIFE SCIENCES, TECHNOLOGY, ADVANCED MANUFACTURING AND LOGISTICS, AND CLEAN ENERGY TECHNOLOGY CICP ALSO DEVOTES RESOURCES AND HUMAN ENERGY TOWARD ATTRACTING NEW BUSINESSES TO CENTRAL INDIANA IN ADDITION, IN 2011, THE CICP BOARD FOCUSED ON EDUCATION REFORM, WITH PARTICULAR ATTENTION TO ENDORSING A POLICY THAT WOULD REQUIRE THIRD GRADE CHILDREN TO READ AT GRADE LEVEL BEFORE BEING PROMOTED TO THE FOURTH GRADE, IMPROVING MASS TRANSIT IN CENTRAL INDIANA AND CONTINUING ITS EFFORTS TO ADVOCATE FOR LOCAL GOVERNMENT REFORM

Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	INDIANA AEROSPACE AND DEFENSE COUNCIL THE INDIANA AEROSPACE & DEFENSE COUNCIL (IADC) IS A COALITION OF AEROSPACE AND DEFENSE INDUSTRY EXECUTIVES AND THOUGHT LEADERS, CONVENED BY CONEXUS INDIANA TO SUPPORT THE INDIANA ECONOMIC DEVELOPMENT CORPORATION'S EFFORTS TO ENCOURAGE INVESTMENT AND JOB CREATION IN THESE HIGH-GROWTH SECTORS THE IADC'S MISSION IS TO ESTABLISH INDIANA AS THE PREFERRED BUSINESS ENVIRONMENT FOR AEROSPACE AND DEFENSE INDUSTRY EMPLOYERS THE COUNCIL IS ORGANIZED TO DEVELOP AND ULTIMATELY IMPLEMENT A LONG-TERM STRATEGIC PLAN THAT WILL (1) ENSURE THAT INDIANA'S AEROSPACE & DEFENSE INDUSTRY EMPLOYERS HAVE ACCESS TO A ROBUST PIPELINE OF HIGHLY-CAPABLE AND TECHNICALLY-SKILLED WORKERS, (2) POSITION INDIANA AS A GLOBAL LEADER IN THE DEVELOPMENT AND COMMERCIALIZATION OF AEROSPACE/DEFENSE TECHNOLOGIES, (3) HELP SMALL AND MID-SIZE HOOSIER COMPANIES CONNECT WITH RESOURCES AND EDUCATIONAL OPPORTUNITIES THAT EMPOWER THEM TO SELL THEIR PRODUCTS OR SERVICES WITHIN THE MARKETPLACE, AND (4) RAISE AWARENESS OF INDIANA'S AEROSPACE & DEFENSE INDUSTRY ASSETS INDIANA AUTOMOTIVE COUNCIL THE INDIANA AUTOMOTIVE COUNCIL (IAC) IS A COLLABORATION BETWEEN INDUSTRY, GOVERNMENT AND HIGHER EDUCATION UNDER THE AUSPICES OF CONEXUS INDIANA AND THE INDIANA ECONOMIC DEVELOPMENT CORPORATION THAT EXISTS TO ENHANCE, GROW AND PROMOTE THE AUTOMOTIVE INDUSTRY IN INDIANA THE IAC'S VISION IS FOR INDIANA TO BE THE AUTOMOTIVE STATE OF TOMORROW - THE COUNCIL FOCUSES ON MAKING THE STATE MORE COMPETITIVE IN THE GLOBAL AUTOMOTIVE MARKETPLACE, TO STIMULATE LONG-TERM JOB CREATION AND CAPITAL INVESTMENT THE IAC IS LED BY SENIOR EXECUTIVES FROM THE AUTOMOTIVE INDUSTRY WITH THE SHARED VISION OF GROWING AUTOMOTIVE MANUFACTURING AND HIGH-VALUE R&D, ENGINEERING AND DESIGN OPERATIONS WITHIN THE STATE OF INDIANA THESE EXECUTIVES REPRESENT THE MOST INFLUENTIAL, MOST INNOVATIVE AND FASTEST GROWING AUTOMOTIVE COMPANIES THEY ARE ORGANIZED TO PLAN AND TAKE ACTION IN FOUR AREAS, THROUGH TASK FORCE COMMITTEES IN WORKFORCE DEVELOPMENT, INNOVATION, SUPPLY CHAIN AND POLICY & BRANDING

Identifier	Return Reference	Explanation
CHANGES IN PROGRAM SERVICES	FORM 990, PART III, LINE 3	THE INDY PARTNERSHIP WAS AN INITIATIVE OF CICP UNTIL MARCH 1, 2011, WHEN THE ORGANIZATION BECAME A PART OF DEVELOP INDY, THE ECONOMIC DEVELOPMENT ORGANIZATION FOR MARION COUNTY THUS, SUBSEQUENT TO MARCH 1, 2011, THE ACTIVITIES AND OPERATIONS OF INDY PARTNERSHIP ARE NOT INCLUDED IN THE FINANCIAL STATEMENTS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE SEVEN-MEMBER CICP EXECUTIVE COMMITTEE WILL REVIEW THE RETURN BEFORE IT IS FILED AS SOON AS POSSIBLE AFTER THAT MEETING, THE FORM WILL BE E-MAILED TO THE FULL BOARD WITH AN EXPLANATION REGARDING THE REQUIRED PROCEDURE, WE EXPLAIN THAT THE FORM HAS BEEN REVIEWED BY MANAGEMENT AND THE EXECUTIVE COMMITTEE AND WE ENCOURAGE THE BOARD MEMBERS TO CONTACT MANAGEMENT WITH QUESTIONS AND CONCERNS THE FULL BOARD WILL HAVE AN OPPORTUNITY TO DISCUSS THE RETURN AT THE AUGUST 2012 BOARD MEETING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	EACH DIRECTOR, OFFICER, AND STAFF MEMBER ANNUALLY RECEIVES A CONFLICT OF INTEREST QUESTIONNAIRE THROUGH WHICH HE OR SHE IS ASKED TO CONFIRM OR REPORT THE FOLLOWING (I) THAT HE OR SHE HAS READ AND UNDERSTANDS CICP'S CONFLICT OF INTEREST POLICY (WHICH IMPOSES UPON DIRECTORS, OFFICERS, AND STAFF A CONTINUING, AFFIRMATIVE DUTY TO REPORT ANY PERSONAL OWNERSHIP, INTEREST, OR RELATIONSHIP THAT MIGHT AFFECT HIS OR HER ABILITY TO EXERCISE IMPARTIAL, ETHICAL, AND BUSINESS-BASED JUDGMENTS IN FULFILLING THEIR RESPONSIBILITIES TO CICP), (II) THAT HE OR SHE IS IN COMPLIANCE WITH THE POLICY, (III) THAT HE OR SHE IS REPORTING (WITH HIS OR HER COMPLETED QUESTIONNAIRE) ALL ACTUAL OR POTENTIAL CONFLICTS OF INTEREST THAT ARISE AS A RESULT OF HIS OR HER ROLE WITH CICP, AND EACH POSITION THAT HE OR SHE HOLDS AS A DIRECTOR, TRUSTEE, OFFICER, OR EMPLOYEE OF ANY OTHER NONPROFIT ORGANIZATION, AND (IV) THAT HE OR SHE WILL REPORT PROMPTLY ANY CHANGES IN THE INFORMATION REPORTED IN HIS OR HER QUESTIONNAIRE OR IN ANY OTHER MATTERS THAT MIGHT AFFECT COMPLIANCE WITH THE POLICY THE EXECUTIVE ASSISTANT TO THE CEO COLLECTS AND REVIEWS THE QUESTIONNAIRES AS THEY ARE RETURNED, ALERTS THE CEO TO ANY CONFLICTS THAT HAVE BEEN REPORTED, AND MAKES SURE THAT ALL WHO ARE REQUIRED TO COMPLETE A CONFLICT QUESTIONNAIRE HAVE DONE SO WHEN AN INDIVIDUAL REPORTS AN ACTUAL, POTENTIAL, OR PERCEIVED CONFLICT OF INTEREST, CICP FOLLOWS THE PROCEDURES OUTLINED IN ITS POLICY FOR DISCLOSURE OF CONFLICTS TO THE APPLICABLE BODY OF DECISION-MAKERS AND RECUSAL OF INDIVIDUAL(S) WITH CONFLICTS FROM THE DECISION-MAKING PROCESS PURSUANT TO THE POLICY, THE CICP BOARD IS RESPONSIBLE FOR THE OVERSIGHT OF, AND ACTION REGARDING, ALL DISCLOSURES AND/OR FAILURES TO DISCLOSE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	THE PRESIDENT/CEO OF CICP IS REVIEWED BY THE CICP EXECUTIVE COMMITTEE. THE CEO'S OF THE CICP INITIATIVES (BIOCROSSROADS, CONEXUS INDIANA, TECHPOINT AND ENERGY SYSTEMS NETWORK) ARE REVIEWED BY THEIR RESPECTIVE EXECUTIVE COMMITTEES OR DESIGNATED SUBCOMMITTEES. EACH YEAR (INCLUDING 2011), EACH INDIVIDUAL SUBMITS A WRITTEN SELF-ASSESSMENT TO THE APPROPRIATE COMMITTEE ABOUT ONE WEEK BEFORE THE MEETING AT WHICH COMPENSATION WILL BE ADDRESSED. THE COMMITTEE RECEIVES FROM THE CICP CFO A LIST OF COMPARABLES TO THE COMPENSATION OF OTHER EXECUTIVES IN SIMILAR POSITIONS IN OTHER ORGANIZATIONS AS WELL AS THE COMPENSATION HISTORY FOR THE INDIVIDUAL. AT THE MEETING, THE INDIVIDUAL MAY REVIEW THE SELF- ASSESSMENT WITH THE COMMITTEE. THE INDIVIDUAL IS EXCUSED AND THE COMMITTEE DISCUSSES PERFORMANCE FURTHER AND THEN REVIEWS THE LIST OF COMPARABLES AND DETERMINES ANY COMPENSATION ADJUSTMENT TO BE MADE. THE CHAIRMAN OF THE REVIEWING COMMITTEE AND ONE OTHER MEMBER MEET WITH THE INDIVIDUAL AND REVIEW THE CONCLUSIONS OF THE GROUP REGARDING PERFORMANCE AND COMPENSATION ADJUSTMENT, IF ANY. THE COMPENSATION TERMS ARE REFLECTED IN THE MINUTES OF THE REVIEWING COMMITTEE AND DISTRIBUTED NO LATER THAN THE NEXT MEETING OF THE COMMITTEE OR 60 DAYS AFTER THE DATE OF THE MEETING AT WHICH THE COMPENSATION IS APPROVED, WHICHEVER IS LATER. THE MINUTES REFLECT (I) THE DATE ON WHICH THE COMPENSATION WAS APPROVED, (II) THE MEMBERS OF THE COMMITTEE WHO WERE PRESENT AND VOTED ON THE COMPENSATION TERMS, (III) THE COMPARABILITY DATA THAT WAS OBTAINED, REVIEWED, AND RELIED ON BY THE COMMITTEE (AND HOW THE DATA WAS OBTAINED AND USED), AND (IV) ANY RECUSAL OR WITHDRAWAL BY A MEMBER OF THE COMMITTEE WHO HAD A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION (THE LAST POINT IS AN UNLIKELY SCENARIO). LATE IN 2010, THE CFO REDUCED HER TIME FROM 30 HOURS PER WEEK TO 16. SHE CONTINUES TO SERVE AS CICP CFO. HER COMPENSATION WAS REDUCED TO REFLECT THE CHANGE. SHE IS NO LONGER ELIGIBLE FOR HEALTH AND LIFE INSURANCE BENEFITS. BECAUSE HER SALARY WAS REDUCED BY ABOUT 47%, THE CICP EXECUTIVE COMMITTEE DID NOT REVIEW THE CHANGE IN COMPENSATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	CICP'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
COMPENSATION ARRANGEMENT	FORM 990, PART IX, LINE 7-LINE 10	CENTRAL INDIANA CORPORATE PARTNERSHIP, INC (CICP) IS AFFILIATED WITH CICP FOUNDATION, INC , A 501(C)(3) CORPORATION AND BC INITIATIVE, INC , (BCI) A FOR PROFIT C CORPORATION CICP EMPLOYS ALL WHO WORK FOR THE THREE ENTITIES BASED ON INFORMATION PROVIDED BY THE FOUNDATION AND BCI, CICP ALLOCATES SALARY AND BENEFIT COSTS TO THE FOUNDATION AND BCI AND IS REGULARLY REIMBURSED FOR THOSE COSTS ADMINISTRATIVE EXPENSES INCURRED BY CICP FOR THE BENEFIT OF THE OTHER TWO ENTITIES ALSO ARE DOCUMENTED AND REIMBURSED SIMILARLY, IF EITHER OF THE OTHER TWO ENTITIES INCURS EXPENSES THAT ARE ALLOCATED TO CICP, CICP PROVIDES REIMBURSEMENT

Identifier	Return Reference	Explanation
ALL OTHER EXPENSES	FORM 990, PART IX, LINE 24E	AS DISCUSSED IN THE SCHEDULE O REFERENCE TO FORM 990, PART IX, LINE 7-LINE 10, CICP HAS A COMPENSATION AGREEMENT WITH CICP FOUNDATION, INC AND BC INITIATIVE, INC THE AMOUNT LISTED ON LINE 24E IS EXPRESSED AS A NEGATIVE DOLLAR VALUE AS IT REPRESENTS SALARY REIMBURSEMENT MADE TO CICP BECAUSE THIS AMOUNT IS NOT A TRUE EXPENSE TO CICP, WE HAVE DETERMINED THE $-2,578,860 SHOULD NOT BE INCLUDED ON CICP'S FUNCTIONAL EXPENSE SALARY LINE, BUT BROKEN OUT ON PART IX, LINE 24E AS SHOWN

Identifier	Return Reference	Explanation
COMMITTEE OVERSIGHT OF AUDIT	FORM 990, PART XII, LINE 2C	THE EXECUTIVE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT AUDITOR THERE HAS BEEN NO CHANGE FROM THE PREVIOUS YEAR

Identifier	Return Reference	Explanation
BASIS OF ACCOUNTING	FORM 990, PART XII, LINE 1	MODIFIED CASH BASIS AS EMPLOYED BY CICP AND CICP FOUNDATION FOR THE CONSOLIDATED FINANCIAL AUDIT IS AS FOLLOWS CICP AND CICP FOUNDATION RECOGNIZE CASH RECEIPTS THAT ARE DESIGNATED FOR CURRENT YEAR OPERATIONS WHEN RECEIVED THUS, MULTI-YEAR PLEDGES ARE NOT RECORDED AS INCOME UNTIL THE CASH IS RECEIVED CASH RECEIVED FOR MULTI-YEAR GRANTS IS RECORDED AS DEFERRED INCOME AND IS RECOGNIZED AS INCOME WHEN ASSOCIATED EXPENSES HAVE BEEN INCURRED EXPENSES ARE ACCOUNTED FOR USING THE GAAP ACCRUAL METHOD

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493271008552

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CENTRAL INDIANA CORPORATE PARTNERSHIP INC

Employer identification number
35-2065459

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) CICP FOUNDATION INC 111 MONUMENT CIRCLE STE 1800 INDIANAPOLIS, IN 46204 35-2065457	SUPPORT COMMUNITY DEVELOPMENT IN CENTRAL INDIANA	IN	501(C)(3)	509(A)(3)	CENTRAL INDIANA CORPORATE PARTNERSHIP INC	Yes	
(2) INDIANA HEALTH INFORMATION EXCHANGE INC 846 NORTH SENATE AVENUE SUITE 300 INDIANAPOLIS, IN 46202 36-4550324	CLINICAL MESSAGING SERVICE TO REDUCE COSTS TO HEALTH CARE PROVIDERS	IN	501(C)(3)	509(A)(3)	N/A		No
(3) FAIRBANKS INSTITUTE FOR HEALTHY COMMUNITIES INC 300 NORTH MERIDIAN STREET SUITE 950 INDIANAPOLIS, IN 46204 20-4588519	SUPPORTING ORGANIZATION TO CONDUCT DISEASE SPECIFIC STUDIES AND RESEARCH	IN	501(C)(3)	509(A)(3)	N/A		No

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) TECHPOINT VENTURES INC 111 MONUMENT CIRCLE STE 1800 INDIANAPOLIS, IN 46204 26-3662235	TECHNOLOGY INITIATIVE AND PROJECT FACILIATION	IN	CENTRAL INDIANA CORPORATE PARTNERSHIP	C	-46		100 000 %
(2) BC INITIATIVE INC 300 NORTH MERIDIAN ST STE 950 INDIANAPOLIS, IN 46204 20-0882485	IDENTIFYING AND BUILDING INDIANA'S LIFE SCIENCES	IN	CENTRAL INDIANA CORPORATE PARTNERSHIP	C	-30,565		13 000 %
(3) CLEANTECH SYSTEMS SOLUTIONS INC 111 MONUMENT CIRCLE STE 1800 INDIANAPOLIS, IN 46204 45-3762473	TECHNOLOGY INITIATIVE AND PROJECT FACILIATION	IN	CENTRAL INDIANA CORPORATE PARTNERSHIP	C	-10,353	970	100 000 %

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**	**No**
b	Gift, grant, or capital contribution to related organization(s)	**1b**	**No**
c	Gift, grant, or capital contribution from related organization(s)	**1c**	**No**
d	Loans or loan guarantees to or for related organization(s)	**1d**	**No**
e	Loans or loan guarantees by related organization(s)	**1e**	**No**
f	Sale of assets to related organization(s)	**1f**	**No**
g	Purchase of assets from related organization(s)	**1g**	**No**
h	Exchange of assets with related organization(s)	**1h**	**No**
i	Lease of facilities, equipment, or other assets to related organization(s)	**1i**	**No**
j	Lease of facilities, equipment, or other assets from related organization(s)	**1j**	**No**
k	Performance of services or membership or fundraising solicitations for related organization(s)	**1k**	**No**
l	Performance of services or membership or fundraising solicitations by related organization(s)	**1l**	**No**
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1m**	**Yes**
n	Sharing of paid employees with related organization(s)	**1n**	**Yes**
o	Reimbursement paid to related organization(s) for expenses	**1o**	**Yes**
p	Reimbursement paid by related organization(s) for expenses	**1p**	**Yes**
q	Other transfer of cash or property to related organization(s)	**1q**	**No**
r	Other transfer of cash or property from related organization(s)	**1r**	**No**

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) CICP FOUNDATION INC	M	74,565	FMV
(2) CICP FOUNDATION INC	N	2,268,171	FMV
(3) BC INITIATIVE INC	N	310,689	FMV
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
RELATED ORGANIZATION	SCHEDULE R, PART IV	ALTHOUGH CICP OWNS 13% OF THE BC INITIATIVE STOCK, LESS THAN A MAJORITY, IT IS ABLE TO APPOINT A MAJORITY OF BC INITIATIVE'S DIRECTORS THEREFORE, BC INITIATIVE HAS BEEN INCLUDED ON SCHEDULE R AS A RELATED ORGANIZATION ON PART IV
SHARING OF FACILITIES, EQUIPMENT, MAILING LISTS, OR OTHER ASSETS	SCHEDULE R, PART V, LINE 2	FOR CONEXUS INDIANA, CICP FOUNDATION AND CICP, INC SHARE OFFICE SPACE EXPENSES ARE ALLOCATED BASED ON EMPLOYEE TIME ALLOCATIONS FOR 2011, MOST ADMINISTRATIVE EXPENSE WAS BORNE BY CICP, INC
SHARING OF PAID EMPLOYEES	SCHEDULE R, PART V, LINE 2	CENTRAL INDIANA CORPORATE PARTNERSHIP, INC (CICP) IS AFFILIATED WITH CICP FOUNDATION, INC , A 501(C)(3) CORPORATION AND BC INITIATIVE, INC , (BCI) A FOR PROFIT C CORPORATION CICP EMPLOYS ALL WHO WORK FOR THE THREE ENTITIES BASED ON INFORMATION PROVIDED BY THE FOUNDATION AND BCI, CICP ALLOCATES SALARY AND BENEFIT COSTS TO THE FOUNDATION AND BCI AND IS REGULARLY REIMBURSED FOR THOSE COSTS FROM TIME TO TIME CICP EMPLOYEES MAY TALK TO INDIVIDUALS AND ORGANIZATIONS WHO PROVIDE FUNDING TO CICP FOUNDATION IN SOME CASES THE TIME SPENT WOULD BE ALLOCATED TO THE FOUNDATION AND REIMBURSED TO CICP, BUT THIS WOULD NOT ALWAYS OCCUR THIS COULD HAPPEN FOR BC INITIATIVE, INC , ALSO, IN WHICH CASE THE TIME WOULD ALWAYS BE ALLOCATED TO BCI AND WOULD BE REIMBURSED TO CICP
REIMBURSEMENT PAID TO AND RECEIVED FROM OTHER ORGANIZATION FOR EXPENSES	SCHEDULE R, PART V, LINE 2	TO THE EXTENT CICP INC INCURS EXPENSES ON BEHALF OF CICP, FOUNDATION INC OR BC INITIATIVE INC , THE APPROPRIATE ENTITY REGULARLY REIMBURSES CICP, INC EACH MONTH CICP PREPARES AN INTERCOMPANY REPORT THAT DETAILS AMOUNTS DUE FROM THE FOUNDATION, AND BC INITIATIVE INC AND OWED TO CICP, INC BCI INITIATIVE INC AND CICP FOUNDATION, INC PREPARE A SIMILAR RECONCILING REPORT OF THE AMOUNTS DUE TO CICP, INC REIMBURSEMENTS ARE MADE AS SOON AS POSSIBLE AFTER THE BOOKS ARE CLOSED EACH MONTH TECHPOINT VENTURES, INC PAID A MANAGEMENT FEE TO CICP, INC