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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

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 $ 4,071,718

F Name and address of principal officer
DAVID LAWTHER JOHNSON
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)

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	54
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	54
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	41
6	Total number of volunteers (estimate if necessary)	**6**	190
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)	7,388,507	3,997,426
9	Program service revenue (Part VIII, line 2g)	65,950	62,775
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,855	3,738
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	455	7,779
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,457,767	4,071,718
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,750	11,177
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)	5,124,225	4,693,551
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)	2,338,103	-832,082
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	7,471,078	3,872,646
19	Revenue less expenses Subtract line 18 from line 12	-13,311	199,072

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	2,512,798	2,308,467
21	Total liabilities (Part X, line 26)	712,753	309,350
22	Net assets or fund balances Subtract line 21 from line 20	1,800,045	1,999,117

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

****** | 2013-09-16
Signature of officer | Date

DAVID LAWTHER JOHNSON PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KEITH T GAMBREL		2013-09-16		P00150740

Firm's name ▶ KSM BUSINESS SERVICES INC | Firm's EIN ▶ 35-2123203

Firm's address ▶ PO BOX 40857
INDIANAPOLIS, IN 462400857 | 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 AN ALLIANCE OF INDIANA'S BUSINESS AND RESEARCH UNIVERSITY LEADERS COMING TOGETHER TO FOSTER LONG-TERM PROSPERITY FOR THE REGION CICP IS DEDICATED TO THE PROPOSITION THAT THE PUBLIC, PRIVATE AND ACADEMIC SECTORS MUST PLAN AND INVEST STRATEGICALLY AND COLLABORATIVELY TO BUILD A COMPETITIVE 21ST CENTURY ECONOMY IN CENTRAL INDIANA

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 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 ESN IS A CATALYST FOR PARTNERSHIPS AMONG PRIVATE FIRMS, GOVERNMENT AND ACADEMIA TO BRING ENERGY BREAKTHROUGHS TO MARKET, LEVERAGING INDIANA'S STRONG MANUFACTURING SECTOR, R&D CAPABILITIES, AND HERITAGE OF ENGINEERING ADVANCED POWER SYSTEMS CLEANTECH SECTORS LIKE RENEWABLE ENERGY, 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 ESN AIMS TO MAKE THE STATE A CENTER FOR ENERGY INNOVATION, ATTRACTING NEW INVESTMENT AND CREATING "GREEN JOBS" FOR HOOSIERS 2012 MAJOR PROGRAM ACCOMPLISHMENTS 1)PROJECT PLUG-IN INITIATIVEA)SUCCESSFULLY CLOSED OUT ARRA/INDIANA OFFICE OF ENERGY DEVELOPMENT (IOED) GRANT TO PROVIDE ELECTRIC VEHICLE REBATES AND CHARGING INFRASTRUCTURE DEPLOYMENT INCLUDES OVER 125 ELECTRIC VEHICLES DEPLOYED AND NEARLY 200 CHARGING STATIONS IN THE INDIANAPOLIS REGION B)TOYOTA PHEV PILOT ESN FACILITATED A COLLABORATION AMONG TOYOTA MOTOR COMPANY, DUKE ENERGY, AND SUMITOMO ELECTRIC GROUP TO MAKE INDIANA THE HOME OF A PILOT PROJECT THAT WILL EVALUATE AND VALIDATE ADVANCED COMMUNICATION AND INTEGRATION OF ELECTRIC VEHICLES/PLUG-IN HYBRID VEHICLES WITH SMART GRID TECHNOLOGY INCLUDING CHARGING INFRASTRUCTURE FOR BILLING AND POWER SUPPLY CONTROL THE PROJECT WILL EXTEND THROUGH THE END OF 2013 C)CLAY TERRACE PLUG-IN ECOSYSTEM ESN PROMOTED A PARTNERSHIP AMONG DUKE ENERGY, TOSHIBA, ITOCHU CORPORATION AND SIMON PROPERTY GROUP TO DEVELOP, AT THE CLAY TERRACE SHOPPING MALL IN CARMEL, INDIANA, THE WORLD'S MOST ADVANCED INTEGRATED CHARGING SYSTEM FOR PLUG-IN VEHICLES IT INCLUDES TWO LEVEL 2 CHARGING STATIONS, A DC-QUICK CHARGER, SOLAR ENERGY GENERATION AND AN ENERGY STORAGE SYSTEM IT ALSO INCLUDES TOSHIBA'S STATE-OF-THE-ART MICRO-EMS OPTIMIZATION SOFTWARE TO HELP MANAGE LOADS THE SYSTEM WAS UNVEILED IN JANUARY 2013 2)ESN ASSEMBLED A WORLD-CLASS TEAM TO DEVELOP A COST EFFECTIVE MICRO-GRID SOLUTION IN INDIANA, KNOWN AS THE MICROGREEN SYSTEM THE TEAM ASSEMBLED BY ESN, COMPLETED MULTIPLE TESTS, PROTOTYPE DESIGN IMPROVEMENTS, AND ON-SITE DEMONSTRATIONS FOR POTENTIAL CUSTOMERS TO PREPARE FOR ENTERING THE COMMERCIAL MARKET 3)ESN SUCCESSFULLY LAUNCHED THE BATTERY INNOVATION CENTER (BIC), AN INDIANA-BASED, COLLABORATIVE INITIATIVE DESIGNED TO LINK LEADERS FROM RENOWNED UNIVERSITIES, GOVERNMENT AGENCIES, AND COMMERCIAL ENTERPRISES TO FOCUS ON THE RAPID DEVELOPMENT, TESTING AND COMMERCIALIZATION OF SAFE, RELIABLE, LIGHTWEIGHT ENERGY STORAGE SYSTEMS THAT WILL BE CRITICAL TO DRIVE THE WIDER ADOPTION OF ELECTRIC VEHICLES, OPTIMIZE THE USE OF RENEWABLE RESOURCES LIKE WIND AND SOLAR, AND MAKE THE SMART POWER GRID SUCCEED THE GROUNDBREAKING TOOK PLACE IN AUGUST 2012 AND CONSTRUCTION OF THE MAIN FACILITY IS UNDERWAY, WHILE THE BIC LEADERSHIP TEAM ADDS MORE MEMBER ORGANIZATIONS

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

THE MISSION OF TECHPOINT IS TO ACCELERATE INDIANA'S EMERGING AND VIBRANT INFORMATION TECHNOLOGY SECTOR BY PROMOTING THE SUCCESSES OF ITS COMPANIES AND PROFESSIONALS, SUPPORTING THE FORMATION, EXPANSION, AND ATTRACTION OF IT COMPANIES, AND ADVOCATING APPROPRIATE PUBLIC POLICY AS THE CHAMPION OF INDIANA'S TECHNOLOGY INDUSTRY, TECHPOINT IS FOCUSED ON EFFORTS THAT WILL CONTINUE TO LEAD THE STATE INTO THE NEXT GENERATION ECONOMY TECHPOINT IS CONNECTING INDIANA'S MOST DYNAMIC TECH COMPANIES, PIONEERING ENTREPRENEURS, WORLD-CLASS RESEARCH INSTITUTIONS, EDUCATORS AND ELECTED OFFICIALS THROUGH EVENTS TECHPOINT HELPS THEM FORGE RELATIONSHIPS, SHARE IDEAS, AND FACE COMMON CHALLENGES TECHPOINT IS FOCUSING INITIATIVES ON INDIANA'S COMPETITIVE ADVANTAGES IN AREAS LIKE HEALTH IT AND MARKETING TECHNOLOGY TECHPOINT IS HELPING HOOSIER ENTREPRENEURS REALIZE THEIR VISION AND DIVERSIFY CENTRAL INDIANA'S ECONOMY BY PROVIDING EDUCATIONAL PROGRAMMING THROUGH OUR ENTREPRENEUR BOOTCAMPS TECHPOINT IS INVESTING IN HUMAN CAPITAL THE MOST PRECIOUS COMMODITY FOR THIS KNOWLEDGE-BASED INDUSTRY THROUGH THE ORR FELLOWSHIP PROGRAM THE ORR FELLOWSHIP PROGRAM DEVELOPS CENTRAL INDIANA'S BEST AND BRIGHTEST COLLEGE GRADUATES INTO TOMORROW'S ENTREPRENEURS AND BUSINESS LEADERS TECHPOINT ALSO SUPPORTS THE TECHPOINT FOUNDATION FOR YOUTH'S MISSION TO PROVIDE DISADVANTAGED STUDENTS WITH 21ST CENTURY TECHNOLOGY SKILLS THROUGH THEIR ROBOTICS INITIATIVE AND THEIR INVESTMENTS AT ARSENAL TECHNICAL HIGH SCHOOL TECHPOINT IS WORKING IN THE PUBLIC POLICY ARENA TO PRESERVE INDIANA'S FAVORABLE ENVIRONMENT FOR TECHNOLOGY GROWTH, AND RECRUIT THE BEST TALENT AND COMPANIES HERE AND THROUGH THE MIRA AWARDS, TECHPOINT CELEBRATES CENTRAL INDIANA'S TECHNOLOGY SUCCESS STORIES AND REDEDICATES THE COMMUNITY TO CREATE A CLIMATE WHERE PAST, PRESENT AND FUTURE WINNERS CAN THRIVE

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 MAJOR PROGRAMS SERVICES AND ACCOMPLISHMENTS FOR 2012 CONEXUS INDIANA LOGISTICS COUNCIL IS A FORUM OF CEO'S IN THE LOGISTICS INDSUTRY THAT WORKED ON THE FOLLOWING 1) DEVELOPING PHASE II A PLAN FOR INDIANA'S LOGISTICS FUTURE A LONG-TERM STRATEGIC PLAN FOR THE STATE'S LOGISTICS INDUSTRY (CONEXUS LAUNCHED PHASE I FOR SHORT-TERM NEEDS IN 2010), 2) ADVANCING EFFORTS TO OBTAIN DIRECT WEST COAST INTERMODAL RAIL ACCESS, 3) COLLECTING DATA ON 40 TOP AIR CARGO COMPANIES STATEWIDE, 4) CONTINUING PROGRESS ON THE RESTRUCTURING OF THE OLMSTEAD AND SOOL LOCKS AND DAMS, 5) ENGAGING LOGISTICS COMPANIES FOR THE HIRE TECHNOLOGY PROGRAM, 6) ASSISTING TRADE ASSOCIATIONS ON THE PASSAGE OF A TAX CREDIT FOR LOGISTICS INVESTMENT BY PRIVATE COMPANIES, AND 7) BECOMING THE INFORMATION SOURCE FOR POLICY AND INFRASTRUCTURE INFORMATION FOR THE INDIANA DEPARTMENT OF TRANSPORATION THE INDIANA AEROSPACE AND DEFENSE COUNCIL WORKED ON DEVELOPING A LONG-TERM STRATEGIC PLAN FOR THE NEEDS OF THE AEROSPACE AND DEFENESE INDUSTRIES IN INDIANA 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 THE INDIANA AUTOMOTIVE COUNCIL (IAC) IS A COLLABORATION BETWEEN INDUSTRY, GOVERNMENT AND HIGHER EDUCATION THAT EXISTS TO ENHANCE, GROW AND PROMOTE THE AUTOMOTIVE INDUSTRY IN INDIANA 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 ARE ORGANIZED TO PLAN AND TAKE ACTION IN FOUR AREAS, THROUGH TASK FORCE COMMITTEES IN WORKFORCE DEVELOPMENT, INNOVATION, SUPPLY CHAIN AND POLICY & BRANDING

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 for escrow or custodial account liability, 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, line 10? *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		No
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 and XII*	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 and XII 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, Parts I and IV*	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 United States? *If "Yes," complete Schedule F, Parts 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 United States? *If "Yes," complete Schedule F, Parts 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 (see instructions)*	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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
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, line 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 lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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 direct or indirect 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, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, 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 11b 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	10		
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	41		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
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, securities account, or other financial 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 as charitable contributions? . . .	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.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the 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 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** 54		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 54		
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 this 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**	Yes	
	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 ☐ Other (explain in Schedule O)

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 during the tax year

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 (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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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 (list any hours for related organizations below dotted line)	(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			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								2,637,205	0	378,835

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
KREIG DEVAULT LLP ONE INDIANA SQUARE STE 2800 INDIANAPOLIS IN 46204	LEASED EMPLOYEE AGREEMENT	300,000

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 ▶ 1

Part VIII Statement of Revenue

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

				(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	1,086,500			
	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	2,910,926			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		3,997,426			
Program Service Revenue			Business Code				
	2a	PROGRAM REVENUE	541900	62,775	62,775		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		62,775			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		3,738			3,738
	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	MISC INCOME	900099	7,779	7,779		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		7,779			
	12	**Total revenue.** See Instructions . . . . . ▶		4,071,718	70,554	0	3,738

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)

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	11,177			
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	2,637,205			
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	1,596,206			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	145,314			
9 Other employee benefits	211,110			
10 Payroll taxes	103,716			
11 Fees for services (non-employees)				
a Management				
b Legal	35,613			
c Accounting	37,977			
d Lobbying	6,000			
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	52,725			
12 Advertising and promotion	35,344			
13 Office expenses	96,400			
14 Information technology	11,751			
15 Royalties . .				
16 Occupancy	197,721			
17 Travel	87,707			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,324			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	24,636			
23 Insurance	11,465			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PROJECT EXPENSE	981,771			
b MEALS & ENTERTAINMENT	12,817			
c DUES AND SUBSCRIPTIONS	4,628			
d REIMBURSEMENT FOR SHARE	-2,437,961			
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	3,872,646			
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		741,975	1	802,817
	2	Savings and temporary cash investments		528,146	2	916,805
	3	Pledges and grants receivable, net		231,250	3	159,250
	4	Accounts receivable, net		334,467	4	262,827
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 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		16,792	9	6,236
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 428,990			
	b	Less accumulated depreciation	10b 269,458	184,168	10c	159,532
	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		476,000	15	1,000
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,512,798	16	2,308,467
Liabilities	17	Accounts payable and accrued expenses		67,908	17	155,567
	18	Grants payable			18	
	19	Deferred revenue		40,000	19	40,000
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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		604,845	25	113,783
	26	**Total liabilities.** Add lines 17 through 25		712,753	26	309,350
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,800,045	27	1,999,117
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), 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		1,800,045	33	1,999,117
	34	Total liabilities and net assets/fund balances		2,512,798	34	2,308,467

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	4,071,718
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,872,646
3	Revenue less expenses Subtract line 2 from line 1	3	199,072
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,800,045
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,999,117

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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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		No
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		

Additional Data

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

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 (list any hours for related organizations below dotted line)	(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			
JO ANN GORA CO-CHAIR	1 00	X		X				0	0	0
DENNY OKLAK CO-CHAIR	1 00	X		X				0	0	0
STEVE FERGUSON SECRETARY	1 00	X		X				0	0	0
DAYTON MOLENDORP TREASURER	1 00	X		X				0	0	0
DAN EVANS DIRECTOR	1 00	X						0	0	0
DAVID SHANE DIRECTOR	1 00	X						0	0	0
CATHY LANGHAM DIRECTOR	1 00	X						0	0	0
DENNIS L BASSETT DIRECTOR	1 00	X						0	0	0
DAVID BECKER DIRECTOR	1 00	X						0	0	0
JEFFREY G BELSKUS DIRECTOR	1 00	X						0	0	0
LEONARD J BETLEY DIRECTOR	1 00	X						0	0	0
DANIEL J BRADLEY DIRECTOR	1 00	X						0	0	0
ANGELA BRALY DIRECTOR	1 00	X						0	0	0
STEPHEN F BURNS DIRECTOR	1 00	X						0	0	0
CARL L CHAPMAN DIRECTOR	1 00	X						0	0	0
GEORGE S FLEETWOOD DIRECTOR	1 00	X						0	0	0
ANTONIO GALINDEZ DIRECTOR	1 00	X						0	0	0
RICHARD J GIROMINI DIRECTOR	1 00	X						0	0	0
MARK HILL DIRECTOR DIRECTOR	1 00	X						0	0	0
ALLAN B HUBBARD DIRECTOR	1 00	X						0	0	0
JOHN C LECHLEITER DIRECTOR	1 00	X						0	0	0
RUDY C LEWIS DIRECTOR	1 00	X						0	0	0
TOM LINEBARGER DIRECTOR	1 00	X						0	0	0
CAREY B LYKINS DIRECTOR	1 00	X						0	0	0
GLENN S LYON 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 (list any hours for related organizations below dotted line)	(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			
WILLIAM G MAYS DIRECTOR	1 00	X						0	0	0
MICHAEL A MCROBBIE DIRECTOR	1 00	X						0	0	0
JAMIE P MERISOTIS DIRECTOR	1 00	X						0	0	0
ROBERT MOEDER DIRECTOR	1 00	X						0	0	0
JACK J PHILLIPS DIRECTOR	1 00	X						0	0	0
MARK C RHODES DIRECTOR	1 00	X						0	0	0
JAMES K RISK III DIRECTOR	1 00	X						0	0	0
N CLAY ROBBINS DIRECTOR	1 00	X						0	0	0
STEPHEN RUSSELL DIRECTOR	1 00	X						0	0	0
TIMOTHY D SANDS DIRECTOR	1 00	X						0	0	0
BETH SCHWARTING DIRECTOR	1 00	X						0	0	0
ZACHARY B SCOTT 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
THOMAS J SNYDER DIRECTOR	1 00	X						0	0	0
CONNIE BOND STUART DIRECTOR	1 00	X						0	0	0
PHILLIP A TERRY DIRECTOR	1 00	X						0	0	0
JOHN T THOMPSON DIRECTOR	1 00	X						0	0	0
STEVE WALKER DIRECTOR	1 00	X						0	0	0
KEN ZAGZEBSKI DIRECTOR	1 00	X						0	0	0
JUSTIN P CHRISTIAN DIRECTOR	1 00	X						0	0	0
CHIP E EDGINGTON DIRECTOR	1 00	X						0	0	0
ROBERT A COONS DIRECTOR	1 00	X						0	0	0
MARK A EMMERT DIRECTOR	1 00	X						0	0	0
KAREN F CROTCHFELT 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 (list any hours for related organizations below dotted line)	(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			
DOUGLAS F ESAMANN 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
RON FAUQUHER DIRECTOR	1 00	X						0	0	0
DAVID LAWTHER JOHNSON PRESIDENT BIOCROSSROADS	36 00 4 00			X				404,673	0	23,574
PEGGY MARGARET BOEHM CHIEF FINANCIAL OFFICER	7 00 1 00			X				30,000	0	2,700
MARK MILES PRESIDENT/CEO CICP	36 00 4 00				X			417,637	0	46,478
STEVE DWYER PRESIDENT CONEXUS INDIANA	40 00				X			206,120	0	38,826
PAUL MITCHELL PRESIDENT ENERGY SYSTEMS NETWORK	40 00				X			233,096	0	32,603
RONALD GIFFORD EXEC VICE PRESIDENT POLICY	40 00				X			233,139	0	41,479
JAMES JAY PRESIDENT TECHPOINT	40 00				X			189,869	0	33,386
NORA DOHERTY PROJECT DIRECTOR/BIOCROSSROSSROADS	36 00					X		213,986	0	38,271
TROY HEGE PROJECT DIRECTOR/BIOCROSSROSSROADS	40 00					X		203,068	0	34,315
DAVID HOLT PROJECT DIRECTOR/CONEXUS INDIANA	40 00					X		174,859	0	33,145
BRIAN STEMME PROJECT DIRECTOR/BIOCROSSROSSROADS	40 00					X		162,457	0	32,980
MATTHEW T HALL PROJECT DIRECTOR/BIOCROSSROSSROADS	40 00					X		168,301	0	21,078

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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

2012

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, Part V, 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 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 function 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.			(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?				
j	Total Add 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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	1,086,500
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	3,600
b	Carryover from last year	2b	
c	Total	2c	3,600
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	0
5	Taxable amount of lobbying and political expenditures (see instructions)	5	3,600

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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation

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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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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 can 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, 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 XIII

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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	(b) (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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 XIII 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	63,627	87,811
d Equipment		277,552	205,831	71,721
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				159,532

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) must 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) must 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
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
RENT PAYABLE	113,783
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	113,783

2. Fin 48 (ASC 740) Footnote In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

1	Total revenue, gains, and other support per audited financial statements			1	4,077,586
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	119,761		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	119,761
3	Subtract line **2e** from line **1**			3	3,957,825
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			
b	Other (Describe in Part XIII)	4b	113,893		
c	Add lines **4a** and **4b**			4c	113,893
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	4,071,718

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

1	Total expenses and losses per audited financial statements			1	3,992,407
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	119,761		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	119,761
3	Subtract line **2e** from line **1**			3	3,872,646
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			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	3,872,646

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, 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, LINE 2	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, 2012 AND 2011 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 2009
PART XI, LINE 4B - OTHER ADJUSTMENTS		ADJUSTMENT DUE TO CHANGE FROM MODIFIED CASH BASIS TO ACCRUAL BASIS 113,893
		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 199,072 THE AUDITED FINANCIAL STATEMENTS SHOW A CHANGE IN NET ASSETS OF 85,179 THE DIFFERENCE BETWEEN THE RETURN AND AUDITED FINANCIAL STATEMENTS IS THE ADJUSTMENT FROM MODIFIED CASH BASIS TO ACCRUAL 113,893

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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

2012

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 or provision of all of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ 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 Regulations 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 duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(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 as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
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

Additional Data

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

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
DAVID LAWTHER JOHNSON	(I)	369,553	35,000	120	0	23,574	428,247	0
	(II)	0	0	0	0	0	0	0
MARK MILES	(I)	345,017	70,000	2,620	0	46,478	464,115	0
	(II)	0	0	0	0	0	0	0
STEVE DWYER	(I)	206,000	0	120	0	38,826	244,946	0
	(II)	0	0	0	0	0	0	0
PAUL MITCHELL	(I)	211,726	20,000	1,370	0	32,603	265,699	0
	(II)	0	0	0	0	0	0	0
RONALD GIFFORD	(I)	215,519	15,000	2,620	0	41,479	274,618	0
	(II)	0	0	0	0	0	0	0
JAMES JAY	(I)	173,519	15,000	1,350	0	33,386	223,255	0
	(II)	0	0	0	0	0	0	0
NORA DOHERTY	(I)	192,438	18,928	2,620	0	38,271	252,257	0
	(II)	0	0	0	0	0	0	0
TROY HEGE	(I)	188,618	11,830	2,620	0	34,315	237,383	0
	(II)	0	0	0	0	0	0	0
DAVID HOLT	(I)	173,489	0	1,370	0	33,145	208,004	0
	(II)	0	0	0	0	0	0	0
BRIAN STEMME	(I)	152,933	6,904	2,620	0	32,980	195,437	0
	(II)	0	0	0	0	0	0	0
MATTHEW T HALL	(I)	157,817	8,864	1,620	0	21,078	189,379	0
	(II)	0	0	0	0	0	0	0

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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.

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2012

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

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 2013 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 15	THE PRESIDENT/CEO OF CICP WAS REVIEWED BY THE CICP EXECUTIVE COMMITTEE. SEVERAL KEY EMPLOYEES WERE REVIEWED BY THEIR RESPECTIVE EXECUTIVE COMMITTEES OR DESIGNATED SUBCOMMITTEES. EACH YEAR (INCLUDING 2012), 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)

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 24D 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 $-2,437,961 SHOULD NOT BE INCLUDED ON CICP'S FUNCTIONAL EXPENSE SALARY LINE, BUT BROKEN OUT ON PART IX, LINE 24D 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

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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

2012

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) 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" to 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 entity? Yes	(g) 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" to 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" to 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	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(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			100 000 %	Yes	
(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	-61,813	578,423	12 000 %		No
(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	29,741	59,367	100 000 %	Yes	

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
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 or **(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 Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CICP FOUNDATION INC	N	4,850	FMV
(2) CICP FOUNDATION INC	O	2,437,960	FMV
(3) BC INITIATIVE INC	O	343,463	FMV

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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 section 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	

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 12% 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 2012, 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 1(P) AND (Q)	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

Additional Data

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Software ID:
Software Version:
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Name: CENTRAL INDIANA CORPORATE PARTNERSHIP INC

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