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DLN: 93493287013384

# 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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS

generally cannot redact the information on the form

Information about Form 990 and its instructions is at www.IRS.gov/form990

Open to Public Inspection

OMB No 1545-0047

A Fo	- +							
<b>B</b> Che		<b>2013 cal</b> applicable	endar year, or tax year beginning C Name of organization CENTRAL INDIANA CORPORATE PA		-31-2013	D Emplo	yer iden	ntification number
_	lress ch	-	Doing Business As	KINEKSHI INC		35-20	65459	)
_	ne cha	-						
_	ial retu minate		Number and street (or P O box if in 111 MONUMENT CIRCLE NO 1800	mail is not delivered to street address) Room,	suite	E Telepho	ne numb	ber
_	ended		City or town, state or province, cou	untry, and ZIP or foreign postal code		(317)	532-4	802
— App	lication	n pending	INDIANAPOLIS, IN 462045178			<b>G</b> Gross r	eceipts \$	3,891,990
			<b>F</b> Name and address of pr		H(a) I:	s this a group		for
			DAVID LAWTHER JOHNSO 111 MONUMENT CIRCLE		s	ubordinates?		┌ Yes ┌ No
			INDIANAPOLIS,IN 4620	4		re all subordi	nates	┌ Yes ┌ No
<b>I</b> Ta:	x-exem	npt status	501(c)(3)	(insert no )		icluded? f "No," attach	a list (	(see instructions)
J W	ebsite	e:► WV	VW CINCORP COM	· · · · · · · · · · · · · · · · · · ·	_	Group exempt		
<b>K</b> Forn	n of or	rganızatıon	Corporation Trust Associati	on  Other ►	1 (-)	of formation 19		State of legal domicile IN
	rt I		ımary					
Governance	1	PRESID BUILDI UNIFIE INDIAN	ENTS TO ADVANCE "BIG PIC NG A WORLD-CLASS WORKFO D STRUCTURE FOR REGIONA A'S MOST DYNAMIC, FAST-G	INDIANA'S LARGEST AND MOST CITURE" PRIORITIES LIKE ENCOURARCE AND CREATING A PRO-GROWLECONOMIC DEVELOPMENT, LEAUROWING INDUSTRIES - THE LIFE SAND CLEAN ENERGY TECHNOLOGY	GING INNO TH BUSINE DING A FAM CIENCES,	OVATION AN SS CLIMATE IILY OF INIT	D ENT CICP IATIVE	REPRENEURSHIP, HAS BUILT A ES FOCUSED ON
	2 (	Check tl	hıs box ► ıf the organızatıon d	iscontinued its operations or dispose	d of more th	an 25% of its	net ass	sets
Activities &		Number	of voting members of the govern	ning body (Part VI, line 1a)			з	54
Ę				of the governing body (Part VI, line 1			4	54
٠.	l			calendar year 2013 (Part V, line 2a)	•		5	43
	l			necessary)			6	200
				Part VIII, column (C), line 12 from Form 990-T, line 34			7a 7b	0
	_			·		Prior Year		Current Year
<b>a</b> .	8	Contr	ibutions and grants (Part VIII, I	ine 1h)	3,997,4	26	3,802,943	
ē							_	
enue	9	_		line 2g)		62,7	775	69,591
Rayenue	9 10 11	Inves	tment income (Part VIII, colum			62,7 3,7	_	69,591 3,012 16,444
Revenue	10	Inves Other Total	tment income (Part VIII, colum revenue (Part VIII, column (A) revenue—add lines 8 through 1:	line 2g)		62,7 3,7 7,7	775	3,012 16,444
Revenue	10 11	Inves Other Total 12)	tment income (Part VIII, colum revenue (Part VIII, column (A) revenue—add lines 8 through 1	line 2g)	ine	62,7 3,7 7,7 4,071,7	775 738 779 718	3,012 16,444 3,891,990
Revenue	10 11 12	Inves Other Total 12) Grants	tment income (Part VIII, colum revenue (Part VIII, column (A) revenue—add lines 8 through 1: 	line 2g)	. Ine	62,7 3,7 7,7	775 738 779 718	3,012 16,444
	10 11 12	Inves Other Total 12) Grants Benefi	tment income (Part VIII, colum revenue (Part VIII, column (A) revenue—add lines 8 through 1: s and similar amounts paid (Part its paid to or for members (Part es, other compensation, employ	line 2g)	. Ine	62,7 3,7 7,7 4,071,7 11,3	775 738 779 718 177 0	3,012 16,444 3,891,990 129,367 0
	10 11 12 13 14	Inves Other Total 12) Grants Benefi Salari 5-10	tment income (Part VIII, column (A) revenue (Part VIII, column (A) revenue—add lines 8 through 1:	Inne 2g)	ine	62,7 3,7 7,7 4,071,7	775 738 779 718 177 0	3,012 16,444 3,891,990 129,367
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	10 11 12 13 14 15 16a b	Inves Other Total 12) Grants Benefi Salari 5-10 Profes Total fu Other	tment income (Part VIII, column (A) revenue (Part VIII, column (A) revenue—add lines 8 through 1: s and similar amounts paid (Part its paid to or for members (Part es, other compensation, employ) ssional fundraising fees (Part IX indraising expenses (Part IX, column (A), expenses Add lines 13–17 (miles)	line 2g)	ine	62,7 3,7 7,7 4,071,7 11,5 4,693,5	775 738 779 718 777 0 651 0	3,012 16,444 3,891,990 129,367 0 4,880,588 0
Expenses	10 11 12 13 14 15 16a b 17 18	Inves Other Total 12) Grants Benefi Salari 5-10 Profes Total fu Other	tment income (Part VIII, column (A) revenue (Part VIII, column (A) revenue—add lines 8 through 1: s and similar amounts paid (Part its paid to or for members (Part es, other compensation, employ) ssional fundraising fees (Part IX indraising expenses (Part IX, column (A), expenses Add lines 13–17 (miles)	Inne 2g)	ine	62,3 3,7 7,7 4,071,3 11,3 4,693,5 -832,0 3,872,6 199,0	775 738 779 718 777 0 0 551 0 082 646	3,012 16,444 3,891,990 129,367 0 4,880,588 0 -1,313,947 3,696,008
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Sign Paragraphic Presses of Capacita State Capacita	10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III r pena	Inves Other Total 12). Grant: Benefi Salari 5-10 Profes Total fu Other Total Reven  Total Net as Sign alties of dge and as any k	tment income (Part VIII, column revenue (Part VIII, column (A)) revenue—add lines 8 through 1: s and similar amounts paid (Part its paid to or for members (Part es, other compensation, employ) ssional fundraising fees (Part IX, column (I)) expenses (Part IX, column (A)), expenses Add lines 13–17 (minute less expenses Subtract lines) assets (Part X, line 16) liabilities (Part X, line 26) ssets or fund balances Subtract hature Block perjury, I declare that I have expensely it is true, correct, and conowledge  *** ature of officer ID LAWTHER JOHNSON PRESIDENT & Celebrate or print name and title Print/Type preparer's name	Inne 2g)	Begin  Begin  Canying scheethan officer	62,7 3,7 7,7 4,071,7 11,: 4,693,! 4,693,! 3,872,6 199,0 ining of Currer Year 2,308,4 309,3 1,999,3 dules and sta ) is based on  2014-10-09 Date	775 738 779 718 777 0 7551 0 7651 0 772 772 773 867 850 867 850 867 867 867 867 867 867 867 867 867 867	3,012 16,444 3,891,990 129,367 0 4,880,588 0 -1,313,947 3,696,008 195,982 End of Year 2,435,122 240,023 2,195,099 cs, and to the best of rmation of which

May the IRS discuss this return with the preparer shown above? (see instructions) . . .

✓ Yes No

orm 9	0 (2013)	Page <b>2</b>
Part		
	Check if Schedule O contains a response or note to any line in this Part III	·
EAD PROP	riefly describe the organization's mission NTRAL INDIANA CORPORATE PARTNERSHIP IS AN ALLIANCE OF INDIANA'S BUSINESS AND RESEARCH UNIVERSI AS COMING TOGETHER TO FOSTER LONG-TERM PROSPERITY FOR THE REGION CICP IS DEDICATED TO THE SITION THAT THE PUBLIC, PRIVATE AND ACADEMIC SECTORS MUST PLAN AND INVEST STRATEGICALLY AND BORATIVELY TO BUILD A COMPETITIVE 21ST CENTURY ECONOMY IN CENTRAL INDIANA	ITY
	d the organization undertake any significant program services during the year which were not listed on e prior Form 990 or 990-EZ?	No
3	d the organization cease conducting, or make significant changes in how it conducts, any program ervices?	No
4	"Yes," describe these changes on Schedule O escribe the organization's program service accomplishments for each of its three largest program services, as measured by spenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others e total expenses, and revenue, if any, for each program service reported	;,
4a	Including grants of \$ ) (Revenue \$ ) (Revenu	Y JLTS RATING PEV NEARLY / OF EARCH, CTS,
<b>4</b> b	ORDER THE PAST YEAR, TECHPOINT DOUBLED ITS EFFORTS ON GROWING TECH COMPANIES AND STRENGTHENED THE STATE'S TECH ECOSYSTEM BY CHALL OF ITS RESOURCES INTO TAKING ACTION AND SERVING AS A CATALYST FOR THE CHANGE THAT WAS NEEDED, TECHPOINT IS BRIDGING THE GAPS, HE COMMUNITY, AND PUSHING INDIANA TO BE THE BEST SANDBOX FOR TECHNOLOGY. JUST MONTHS AFTER BEING SELECTED BY THE EXECUTIVE COM MIND BOARD OF DIRECTORS AS TECHPOINT'S NEW PRESIDENT AND CEO, MIKE LANGELLIER REIMAGINED THE ORGANIZATION'S ANNUAL AWARDS PROGRAIRA AWARDS, AS MUCH MORE OF A CELEBRATION OF INDIANA'S TECH SUCCESSES THAN CEREMONY HE MARSHALED COMMUNITY RESOURCES, SECUL ARTINERS, AND LED THE TECHPOINT TEAM TO PRODUCE THE BIGGEST AND BEST MIRA AWARDS IN ITS 14-YEAR HISTORY, DRAWING A SOLD-OUT CROW, 200 (A 35 PERCENT INCREASE) AND SIGNALING THAT A NEWLY DETERMINED AND ENGEZIZED TECHPOINT HAD ARRIVED FOLLOWING THE RECORD-BITMA AWARDS, TECHPOINT BEGAN STRATEGICALLY NARROWING ITS FOCUS AND ACTIVELY ADDRESSING TWO OF THE BIGGEST OBSTACLES TO TECH GRINAN THE NEED FOR MORE TECH TALENT AND TECH SECTOR AWARRENESS THE RESULTS SO FAR HAVE BEEN POSITIVE BEYOND EXPECTATIONS AND COMMUNITY SUPPORT FOR THE NEW TECHPOINT IS INCREASING REPATRIATE AND RETAIN TECH TALENTANECDOTALLY, TECH AND TECH-ENABLED EMPLAY EXPERIENCED DIFFICULTY FILLING POSITIONS FOR SEVERAL YEARS, BUT A 2013 TECHPOINT SURVEY OF AREA COMPANIES FOUND THAT 83 PERCE HEM FIND HIRING TO BE A CHALLENGE WITH 54 PERCENT FINDING COMPETITION FOR TECH TALENT IN INDIANAPOLIS TO BE AT A VERY HIGH LEVEL IN TESPONSE, TECHPOINT COMMISSIONED A WORKFORCE STUDY, AND LAUNCHED A TALENT ATTRACTION AND RETENTION PRIOT FROM SOME CULTY'S LARGEST, MOST INFLUENTIAL TECHNOLOGY COMPANIES, INCLUDING THE INDIVANA ECONOMIC DEVELOPMENT CORPORATION (IECC), CONSISTS COMPAUTES, TRACHED TO THE EVENT INDYXAPAS, SHOWCASED THE COMMUNITY WIND ATTRACTED A SOLD-OUT CROWD FROM 14 STATES TECHPOINT HAS ALREADY LEARNED OF SEVERAL EXPATRIATES WHO ARE RETURNING TO INDIAN ORD THE FIRE OF THE EVENT INDYXAPAS, SHOWCASED THE COMMUNITY WIND ATTRACTED TO TH	UNIFYING IMITTEE AM, THE RED NEW WD OF REAKING ROWTH IN PLOYERS ENT OF N X, TO OF THE DF TWO WITH AND JOBS, NA WITH VHO WILL THE CITY CONNECT NG, AND NG THE RED IRA EH THE
4c	Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )	
	ROM A NARROWING SKILLS GAP TO NEW AND RENEWED STRATEGIC PLANNING TO ACCOMPLISHMENTS IN INFRASTRUCTURE AND SUPPLY CHAIN, CONINDIANA AND ITS PARTNERS MADE GIANT STRIDES IN 2013, BUILDING ON THE SUCCESS AND REPUTATION OF INDIANA'S ADVANCED MANUFACTURING A COGISTICS (AML) INDUSTRIES ANOTHER LOGISTICS WINTHE CONEXUS INDIANA LOGISTICS COUNCIL (CILC), A STATEWIDE GROUP OF LOGISTICS SECUND THOUGHT LEADERS AND A CONSISTENT VOICE FOR THE ADVANCEMENT OF KEY INFRASTRUCTURE AND PUBLIC POLICY ISSUES AS A MEANS TO GRONDIANA'S POSITION AS THE "CROSSROADS OF INDIANA," SAW A NUMBER OF SIGNIFICANT PROJECTS COMPLETED IN 2013 ONE PROJECT OF NOTE IS THE ENATE AVENUE INTERMODAL FACILITY LOCATED JUST SOUTH OF DOWNTOWN INDIANAPOLIS THIS FACILITY WILL GIVE COMPANIES THAT SHIP PRODUCT HOUGH INDIANA ACCESS TO A MORE EFFICIENT ALL-RAIL ROUTE TO PORTS IN WESTERN CANADA (THE PORT OF VANCOUVER AND THE PORT OF PRIFACULAR IN BRITISH COLUMBIA) WITH ACCESS TO MULTIPLE SHIPPING LINES OFFERING WEEKLY SERVICE TO ALL MAJOR ASIAN PORTS THE SERVICE VIANDIANA RAIL ROAD COMPANY (INRD) AND CANADIAN NATIONAL RAILWAY (CN) IS A GAME-CHANGER FOR INDIANA BUSINESS, ALLOWING CARGO TO FLOW INDIANA POLICE AND AND AND AND AND AND ANALYSING CARGO TO FLOW INDIANA POLICE AND	AND UTIVES OW THE CTS NCE A THE OW THE L L AL LEVEL DTIVE EN ARGEST IN ND FUTURE UTCAL SKILL GETHER H IN JUNE

2013, INDIANA GOV MIKE PENCE SIGNED AN EXECUTIVE ORDER ESTABLISHING THE INDIANA OFFICE OF SMALL BUSINESS AND ENTREPRENEURSHIP THE OFFICE MANAGES A STATEWIDE PROCUREMENT TECHNICAL ASSISTANCE CENTER (PTAC), AS PROMOTED BY THE IADC IN A 2012 WHITEPAPER THE IADC SERVES AS THE INDUSTRY ADVISORY BOARD FOR PTAC, HELPING INDIANA COMPANIES IDENTIFY AND CAPTURE GOVERNMENT CONTRACTING OPPORTUNITIES A 2013 WHITEPAPER PREPARED BY THE IADC ENCOURAGED THE STATE TO HELP INDIANA AEROSPACE AND DEFENSE COMPANIES ATTRACT FEDERAL RESEARCH AND DEVELOPMENT AWARDS THE COUNCIL IS WORKING CLOSELY WITH STATE GOVERNMENT LEADERS TO DEFINE AND CREATE SUCH A PROGRAM, AIMED AT ASSISTING COMPANIES TO PURSUE SMALL BUSINESS INNOVATION RESEARCH (SBIR) AND SMALL BUSINESS TECHNOLOGY TRANSFER (STTR) AWARDS DATABASE OPENS DOOR TO BUSINESS OPPORTUNITIESA WEB-BASED COMMUNITY LINKING LOCAL FIRMS WITH LOCAL SUPPLIERS, INDIANA SUPPLIER INSIGHT STREAMLINES SUPPLY CHAINS AND PROMOTES HOOSIER COMPANIES DOING BUSINESS WITH OTHER HOOSIER COMPANIES BY THE END OF 2013, SUPPLIER INSIGHT BOASTED MORE THAN 8,000 REGISTERED INDIANA COMPANIES AND REPRESENTED THE LARGEST DIVERSITY DATABASE IN THE STATE, WITH 2,100 ENROLLED COMPANIES 4d Other program services (Describe in Schedule O ) ) (Revenue \$ including grants of \$

4e Total program service expenses ▶

art 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)? $^{f colored}$	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 $I^{\bullet}$	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule D, Part I</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		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 😼	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 $IV^{\square}$	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		Νo
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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? <i>If</i> "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? <i>If "Yes," complete Schedule G, Part II</i>	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		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or 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? <i>If "Yes," complete Schedule J.</i>	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 25a	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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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? <i>If "Yes," complete Schedule L, Part III</i>	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		1	
		28a		No
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule N, Part II</i>	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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
	eneck if senedule o contains a response of note to any fine in this fact v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   11			
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			
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
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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
h	·			NO
b	If "Yes," enter the name of the foreign country ►			
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	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	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
	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		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
d	file Form 8282?	7c		
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		
_	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		
3	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	111111111111111111111111111111111111111	
)	Sponsoring organizations maintaining donor advised funds.			
	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		
)	Section 501(c)(7) organizations. Enter			
а	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			
	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
2a	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			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
	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			
С	Enter the amount of reserves on hand			
la	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
_	If "Vec " has it filed a Form 7.20 to report these payments? If "No " provide an evaluation in Schedule O	146		

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 or note to any line in this Part	Ι														.IV
--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	-----

Se	ction 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 bus other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management coi			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	rior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the oi	rganız	ation's assets?	5		No
6	Did the organization have members or stockholders?			6		Νo
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?		7a		No	
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?	members, stockholders,	7b		No	
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ui	ndertaken during the			
а	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, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No
Se	ection B. Policies (This Section B requests information about policies not .	requi	red by the Internal R	evenu	ıe Cod	e.)
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of it the form?	s gov	erning body before filing	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this F	orm 9	90			
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 annuall rise to conflicts?	ly inte	rests that could give	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done	the p	olicy? <i>If "Yes," describe</i>	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 revi independent persons, comparability data, and contemporaneous substantiation of th					
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers or key employees of the organization $\ldots \ldots \ldots \ldots$			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 of taxable entity during the year?			16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organic participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	e step	s to safeguard the	16b		
Se	ction 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 (3)s only) available for public inspection. Indicate how you made these available. Characteristics we have a few larger and the company of the compa	neck a	Il that apply			

- 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 ►LATOYA ALEXANDER 111 MONUMENT CIRCLE SUITE 1800 INDIANAPOLIS,IN 462040000 (317)638-2103

Form 990	(2013)	
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#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line 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) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an d r/tru	heck sofficer (stee) Highest compensated	Former	(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

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

Nar	(A) ne and Title	(B) A verage hours per week (list any hours	more t	tion ( han d n is l	ne l both	oox, an d	heck unless officer stee)		Report comper from organiza	table nsation the tion (W-	(E) Reportable compensation from related organizations (W	-   '	(F) Estima mount o compens from t	ited fother sation :he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		rganizati relate organiza	ed
												+		
												$\bot$		
												+		
												_		
1b Sub-Tot	al				<u>.                                    </u>	<del></del>		<b> </b>						
c Total fr	om continuation sheet	s to Part VII, S	ection A	٠.				•						
d Total (a	dd lines 1b and 1c).							Þ		2,240,251		0		383,673
	mber of individuals (inc )O of reportable compe						d abov	e) wl	ho receive	d more th	an			
													Yes	Na.
3 Did the	organization list any <b>fo</b>	<b>rmer</b> officer, dir	ector o	r trus	tee	kev	emplo	vee.	or highes	t compen	sated employee		res	No
	a? If "Yes," complete S					•		•		• •		3		No
organiza	ndıvıdual lısted on lınd tıon and related organı													
ındıvıdu				•	•	•		•				4	Yes	
	person listed on line 1 rendered to the organ									anızatıon • • •	or individual for	5		No
Section B	. Independent Co	ntractors												
1 Complet	e this table for your five sation from the organiz	e highest comp											tax year	
	N	(A) ame and business	address							Des	(B) cription of services		(C Comper	
KREIG DEVAULT I	LP ONE INDIANA SQUARE S			5204							PLOYEE AGREEMENT		Соттрет	300,000
ICE MILLER 2723	0 NETWORK PLACE CHICAG	O IL 60673								LEGAL SER	VICES			109,251

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 ►2

Part V	1111	Statement of Revenue Check if Schedule O contains a response or note to a	any line in this Part VIII	1		
		Check if Schedule O Contains a response of note to a	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S	1a	Federated campaigns 1a				
ınts	ь	Membership dues 1b 1,089	,000			
Gra no	С	Fundraising events 1c				
ts, Ai	_		<del></del>			
Gif ila	d	Related organizations 1d				
ons, Gifts, Grants Similar Amounts	e	Government grants (contributions) 1e	[			
	f	All other contributions, gifts, grants, and similar amounts not included above	,943			
ributi Other	g	Noncash contributions included in lines	,680			i i
Conti and (	L	1a-1f \$	3,802,94	3		
<u>a</u>			<u> </u>			
an		Business Co				
Program Serwce Revenue	2a	PROGRAM REVENUE 5	41900 69,59	69,591		
- E	b					
MC(	C					
Ser	d	<u> </u>				
ā	e	A II other management and management				
rogi	f	All other program service revenue				
	g		<b>▶</b> 69,59	1		
	3	Investment income (including dividends, interest, and other similar amounts)	3,01	2		3,012
	4	Income from investment of tax-exempt bond proceeds	<b>•</b>			
	5	Royalties	<b>•</b>			
		(ı) Real (ıı) Person	al			
	6a	Gross rents				
	b	Less rental expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss)	▶			
		(I) Securities (II) Other	·			
	7a	Gross amount from sales of				
		assets other than inventory				
	Ь	Less cost or other basis and				
	c	sales expenses Gain or (loss)				
	d	Net gain or (loss)	<del>_</del>			
		Gross income from fundraising				
пe		events (not including				
Other Revenue		\$ of contributions reported on line 1c)				
Ве		See Part IV, line 18				
er		a				
oth		Net income or (loss) from fundraising events				
_		Gross income from gaming activities	_			
		See Part IV, line 19				
		a				
		Net income or (loss) from gaming activities	_			
		Gross sales of inventory, less	•			
		returns and allowances .				
	_	a				
		Less cost of goods sold b				
	_ <u>_                                   </u>	Net income or (loss) from sales of inventory  Miscellaneous Revenue Business Co				<del>                                     </del>
	11a		00099 16,44	16,444		
	ь	1120 1100112	<u> </u>	<u> </u>		<del>                                     </del>
	c					<del>                                     </del>
	d	All other revenue				
	e	Total. Add lines 11a-11d	<b>▶</b>	1		
	12	Total revenue. See Instructions	16,44			

	990 (2013)				Page 10
	Statement of Functional Expenses	- EL		.1.6	
ectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All				<u></u>
<b>.</b>	Check if Schedule O contains a response or note to any line in this		(B)	(c)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	129,367			
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	2,240,251			
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	2,208,025			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	122,978			
9	Other employee benefits	218,179			
LO	Payroll taxes	91,155			
l1	Fees for services (non-employees)				
а	Management				
b	Legal	47,203			
c	Accounting	26,193			
d	Lobbying	3,760			
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)	35,473			
.2	Advertising and promotion	125,038			
.3	Office expenses	91,691			
4	Information technology	12,706			
.5	Royalties	12,700			
.6	Occupancy	206 014			
.o .7	Travel	206,914 56,598			
.8	Payments of travel or entertainment expenses for any federal, state, or local public officials	30,396			
.9	Conferences, conventions, and meetings	699			
:0	Interest	1,007			
<b>1</b>	Payments to affiliates				
2	Depreciation, depletion, and amortization	28,910			
23	Insurance	7,286			
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)				
а	PROJECT EXPENSES	732,024			
Ь	STRATEGIC INITIATIVES	166,888			
c	BAD DEBT EXPENSE	33,066			
d	REIMBURSEMENT FOR SHARE	-2,907,785			
e	All other expenses	18,382			
25	Total functional expenses. Add lines 1 through 24e	3,696,008			
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)				

Form 990 (2013)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in th	ıs Part	x			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing		•	802,817	1	1,300,328
	2	Savings and temporary cash investments			916,805	2	714,558
	3	Pledges and grants receivable, net		159,250	3	0	
	4	Accounts receivable, net		262,827	4	259,242	
4ssets	5	Loans and other receivables from current and former officers, diremployees, and highest compensated employees Complete Par Schedule L		5			
	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and coand sponsoring organizations of section $501(c)(9)$ voluntary emorganizations (see instructions) Complete Part II of Schedule L	ntribut	ing employers		6	
Š.	7	Notes and loans receivable, net				7	
ď	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			6,236	9	5,973
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	   10a	. <b>.</b> 414,689	,		0,070
	ь	Less accumulated depreciation	10b	260,668	159,532	10c	154,021
	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	
				ı	1,000	15	1,000
	15	Other assets See Part IV, line 11			2,308,467		2,435,122
	16	Total assets. Add lines 1 through 15 (must equal line 34)			' '	16	
	17	Accounts payable and accrued expenses		•	155,567	17	100,612
	18	Grants payable			40.000	18	
	19	Deferred revenue		•	40,000	19	36,000
	20	Tax-exempt bond liabilities				20	
<u>ن</u> ش	21	Escrow or custodial account liability Complete Part IV of Scheo				21	
Liabilitie	22	Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualifie	ed				
<u> </u>		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 relate and other liabilities not included on lines 17-24) Complete Part	XofS		113,783	25	103,411
	26	D		•	309,350	26	240,023
	26	Total liabilities. Add lines 17 through 25			309,330	20	240,023
љ Ф		Organizations that follow SFAS 117 (ASC 958), check here ► □ lines 27 through 29, and lines 33 and 34.	and co	ompiete			
2	27	Unrestricted net assets			1,999,117	27	2,195,099
<u>ਹ</u>	28	Temporarily restricted net assets	1,222,111	28	_,,		
	29	Permanently restricted net assets		-		29	
<u><u> </u></u>		Organizations that do not follow SFAS 117 (ASC 958), check her	 ro.⊫ ⊏	· ~and		رے	
Ī		complete lines 30 through 34.	- F	anu			
0	30	Capital stock or trust principal, or current funds				30	
Assets or Fund Balance	31	Paid-in or capital surplus, or land, building or equipment fund				31	
51 51 51	32	Retained earnings, endowment, accumulated income, or other fu				32	
	33	Total net assets or fund balances		_	1,999,117	33	2,195,099
Š	34	Total liabilities and net assets/fund balances		-	2 308 467		2,135,555

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,8	391,990
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,6	596,008
3	Revenue less expenses Subtract line 2 from line 1	3		:	195,982
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,9	999,117
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		2,:	195,099
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
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 review a separate basis, consolidated basis, or both	wed on			
	☐ 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 sepa basis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
3 <b>a</b>	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?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

DLN: 93493287013384

## OMB No 1545-0047

Inspection

## **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. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 Complete if the organization is exempt under section 501(c) or is a section 527 organization. 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). 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 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Was a correction made? ☐ Yes ┌ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 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 **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

Sch	hedule C (Form 990 or 990-EZ) 2013					Page <b>2</b>
P	art II-A Complete if the organization	is exempt under	section 501(	c)(3) and file	ed Form 5768	
_	under section 501(h)).		Link in Donk IV an			a adduces FIN
٠.	Check ► If the filing organization belongs to a expenses, and share of excess lobb		list in Part IV ea	ch amiliated gro	up members nam	e, address, EIN,
3	Check ► ☐ If the filing organization checked bo		ol" provisions app	ly		
	Limits on Lobbying E (The term "expenditures" means ar		l.)		(a) Filing organization's totals	( <b>b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisl	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount to	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
		1.6				
_	Grassroots nontaxable amount (enter 25% of lir	•				
	Subtract line 1g from line 1a If zero or less, ent			_		1
	Subtract line 1f from line 1c If zero or less, ente			L		1
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t	he instructions fo	ection do not r lines 2a thre	have to con ough 2f on p		ne five
	Lobbying Exp	enditures During	4-Year Avera	ging Period	1	1
	Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	(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))

Grassroots lobbying expenditures

		d	( a		(b)		
	each "Yes" response to lines 1a through 11 below, p //ty.	rovide in Part IV a detailed description of the lobbying	Yes	No	An	nount	t
1	legislation, including any attempt to influence through the use of	empt to influence foreign, national, state or local public opinion on a legislative matter or referendum,					
а	Volunteers?						
b		nion in expenses reported on lines 1c through 1i)?			-		
c d	Media advertisements?  Mailings to members, legislators, or the public?						
u e	<sup>7</sup>						
f	Grants to other organizations for lobbying pur	<u> </u>					
	Direct contact with legislators, their staffs, go	·					
g h	Rallies, demonstrations, seminars, convention						
 i	Other activities?	is, speeches, rectures, or any similar means.					
i	Total Add lines 1c through 1i	<u> </u>					
ر 2a	Did the activities in line 1 cause the organization	tion to be not described in section 501(c)(3)?	ı				
b	If "Yes," enter the amount of any tax incurred						
c		by organization managers under section 4912					
	If the filing organization incurred a section 49		I				
		n is exempt under section 501(c)(4), section 5	501(c	)(5), c	or sec	ctior	1
	501(c)(6).			, ,,			
				_	\	Yes	No
1	Were substantially all (90% or more) dues red	•			1		Νo
2	Did the organization make only in-house lobby				2		Νo
3		ing and political expenditures from the prior year?		L	3		Νo
'aı		n is exempt under section 501(c)(4), section 5 BOTH Part III-A, lines 1 and 2, are answered "					
1	Dues, assessments and similar amounts from	members	1		1	L ,0 8 9	,00
2		olitical expenditures (do not include amounts of political				•	•
а	Current year		2a			3	76,
b	Carryover from last year		2b				
С	Total		2c			3	76,
3		e)(1)(A) notices of nondeductible section 162(e) dues	3				
4		e exceeds the amount on line 3, what portion of the excess e reasonable estimate of nondeductible lobbying and					
	political expenditure next year?		4				
5	Taxable amount of lobbying and political expe	nditures (see instructions)	5			3	76,
P	art IV Supplemental Information						
	ovide the descriptions required for Part I-A, line rt II-B, line 1 Also, complete this part for any a	1, Part l-B, line 4, Part l-C, line 5, Part II-A (affiliated groudditional information	ıp lıst),	Part II	-A, lın	e 2, a	and
	Return Reference	Explanation					
	l l						

201104410 0 (101111 330 01 330 12) 2013		- I age -			
Part IV Supplemental Information	on <i>(continued)</i>				
Return Reference	Explanation				

Schedule D (Form 990) 2013

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DLN: 93493287013384

OMB No 1545-0047

**SCHEDULE D** 

(Form 990)

Department of the Treasury

## **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. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.aov/form990.

Open to Public

emai	Revenue Service and its instruct				Tiishect	.1011
	me of the organization TRAL INDIANA CORPORATE PARTNERSHIP INC			oloyer identifica 2065459	ition numbe	<u></u>
Pa	organizations Maintaining Donor Adv				. Complet	e if the
	organization answered Tes to Form 550	(a) Donor advised funds		(b) Funds and	other accou	nts
	Total number at end of year					
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		nor adv	ısed	┌ Yes	┌ No
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benef conferring impermissible private benefit?				☐ Yes	┌ No
Ī	t II Conservation Easements. Complete if	the organization answered "Yes"	to Forr	n 990, Part I\	/, line 7.	
	Purpose(s) of conservation easements held by the organization of land for public use (e.g., recreation Protection of natural habitat  Preservation of open space  Complete lines 2a through 2d if the organization held a	or education)  Preservation of a Preservation of a	certifie	d historic struc	ture	
	easement on the last day of the tax year			1		
				Held at the	End of the	Year
	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements		2b			
	Number of conservation easements on a certified histo	• •	2c			
	Number of conservation easements included in (c) acq historic structure listed in the National Register		2d		4	
	Number of conservation easements modified, transferr the tax year -	ed, released, extinguished, or terminat	ea by tr	ne organization	auring	
	Number of states where property subject to conservati	ion easement is located ►				
	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?			f violations, and	│ ├ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, inspec	cting, and enforcing conservation ease	ments	during the year		
	A mount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easement	ts durın	g the year		
	Does each conservation easement reported on line 2 (c) and section $170(h)(4)(B)(II)$ ?	d) above satisfy the requirements of se	ction 1	70(h)(4)(B)(ı)	☐ Yes	┌ No
	In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financia				
1	Complete if the organization answered "Y		or Ot	her Similar	Assets.	
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education	, or rese	earch in furthera		
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to these	16 (ASC 958), to report in its revenue its held for public exhibition, education	statem	nent and balanc		ıc
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X					
	If the organization received or held works of art, historic following amounts required to be reported under SFAS					
	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	Assets included in Form 990, Part X			<b>-</b>		
	meradea mir omi 200, i dit A			· · ·		

Part	••• Organizations Maintaining Co	llections of Art,	, Hist	tori	cal T	<u>reasu</u>	res, or (	<u> </u>	r Similar A	ssets	(con	tinued)
3	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other record	ds, ch	eck	any of	the follo	owing that	are a	sıgnıfıcant us	e of its	S	
а	Public exhibition		d	Γ	Loan	or exch	nange prog	rams				
b	Scholarly research		e	Γ	Othe	r						
С	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	llections and explai	n how	the	y furth	er the o	rganızatıo	n's ex	empt purpose	ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t	o be maintained as	part o	fthe	organ	ızatıon':	s collectio	n?		ΓYe	es	┌ No
Par	Escrow and Custodial Arrange Part IV, line 9, or reported an am						n answere	ed "Y	es" to Form	990,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for c	ontribi	utions o	or other as	sets ı	not	ΓYe	es	∏ No
b	If "Yes," explain the arrangement in Part XII $$	I and complete the	follow	/ıng t	able							
							-		Α	mount		
С	Beginning balance							1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21?							ΓY€	es	∏ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	natı	on has	been p	rovided in	Part	XIII			Γ
Pai	t V Endowment Funds. Complete											
4_	Danimum of warmhalana	(a)Current year	(b)	Prior	year	<b>b (c)</b> Tv	vo years bac	k (d)	Three years back	<b>(e)</b> Fo	our yea	ars back
1a 	Beginning of year balance							+				
b	Contributions							+				
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
e	Other expenditures for facilities											
e	and programs							+				
'	End of year balance							+				
g	,		- //		1	(- )) !						
2	Provide the estimated percentage of the curr	ent year end balanc	e (IIn	еід	, colun	ın (a)) r	ieia as					
a	Board designated or quasi-endowment ►											
b	Permanent endowment ►											
С	Temporarily restricted endowment	11.000/										
_	The percentages in lines 2a, 2b, and 2c shou	·										
3a	Are there endowment funds not in the posses organization by	ssion of the organiza	ition t	nat	are nei	a ana a	aministere	а тог	tne	Г	/es	No
	(i) unrelated organizations								За	(i)		
	(ii) related organizations								3a	(ii)		
b	If "Yes" to 3a(II), are the related organization	•						-	🗀	Bb		
4	Describe in Part XIII the intended uses of th						1.157		- 000 B			
Par	t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line 1		ne or	rgar	iizatio	n answ	verea Ye	s' to	Form 990, P	art IV	, iin	e
	Description of property				ı) Cost d sıs (ınve	or other estment)	(b)Cost or basis (ot		(c) Accumulate depreciation		d) Boo	ok value
1a	and			t								
b I	Buildings											
c l	_easehold improvements						15	1,438	74,	478		76,960
d I	Equipment						26	3,251	186,	190		77,061
	Othor			1	_			_	I	1 -	_	
	Other											

Part VII Investments—Other Securities. Con	nplete if the organization	answered 'Yes' to Forn	n 990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category	(b)Book value	(c) Method of val	
(including name of security)		Cost or end-of-year n	narket value
(1) Financial derivatives			
(2)Closely-held equity interests Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>•</b>		
Part VIII Investments—Program Related. Co	mplete if the organizatio	n answered 'Yes' to For	m 990, Part IV, line 11c.
See Form 990, Part X, line 13.			
(a) Description of investment	(b) Book value	(c) Method of val Cost or end-of-year n	
		Cost of elia-of-year if	iaiket value
Total (column (2) must equal term 330) tare 1, col (2) mile 13 )	<b>•</b>		
Part IX Other Assets. Complete if the organization		O, Part IV, line 11d See Fo	
(a) Descri	ption		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1.			
Part X Other Liabilities. Complete if the organization Form 990, Part X, line 25.	inization answered 'Yes' t	o Form 990, Part IV, lii	ne 11e or 11f. See
1 (a) Description of liability	(b) Book value		
Federal income taxes	<u> </u>		
RENT PAYABLE	94,390		
OTHER LIABILITIES	9,021		
OTHER EIABIEITIES	3,021		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	103,411		
2 Liability for uncortain tay positions In Part VIII. provide			-1-11-11-1

ADJUSTMENTS

CHANGE IN NET ASSETS

Par	Reconciliation of Reven the organization answered	ue per Audited Financial Sta 'Yes' to Form 990, Part IV, line		ts Wit	h Revenue	per R	<b>eturn</b> Complete If
1	<del>-</del>	ort per audited financial statements				1	4,213,547
2	Amounts included on line 1 but not o	n Form 990, Part VIII, line 12					
а	Net unrealized gains on investments		2a				
ь	Donated services and use of facilitie	s	2b		159,799	1	
С	Recoveries of prior year grants .		2c			1	
d	Other (Describe in Part XIII )		2d		167,004	1	
e	Add lines <b>2a</b> through <b>2d</b>		·			2e	326,803
3	Subtract line <b>2e</b> from line <b>1</b>					3	3,886,744
4	Amounts included on Form 990, Par	t VIII, line 12, but not on line <b>1</b>					
а	Investment expenses not included o	n Form 990, Part VIII, line 7b .	4a		1,007		
b	Other (Describe in Part XIII )		4b		4,239	1	
c	Add lines <b>4a</b> and <b>4b</b>					4c	5,246
5	Total revenue Add lines 3 and 4c. (T	his must equal Form 990, Part I, line	e 12) .			5	3,891,990
Part		ses per Audited Financial St		nts Wi	th Expense	s per	Return. Complete
	<u> </u>	ed 'Yes' to Form 990, Part IV, line				T .	2017.405
1	Total expenses and losses per audit			• •		1	3,817,495
2	Amounts included on line 1 but not o		ا م	ı	150700		
a	Donated services and use of facilitie				159,799	-	
Ь	Prior year adjustments		2b			-	
С	Other losses		2c			4	
d	Other (Describe in Part XIII )		2d			4 _	
e	Add lines 2a through 2d					2e	159,799
3						3	3,657,696
4	Amounts included on Form 990, Part		1 -	ı			
a	Investment expenses not included o				1,007	┥	
Ь	Other (Describe in Part XIII )		4b		37,305	1	
_ C	Add lines 4a and 4b					4c	38,312
5	Total expenses Add lines 3 and 4c.		ne 18 )	• •	<u> </u>	5	3,696,008
Prov Part	Supplemental Information de the descriptions required for Part I V, line 4, Part X, line 2, Part XI, lines mation	I, lines 3, 5, and 9, Part III, lines 1a					de any additional
	Return Reference	Explanation					
PART	THE TAXI NO U CICF SUB	PIS EXEMPT FROM FEDERAL AND SINTERNAL REVENUE CODE THERIES HAS BEEN INCLUDED IN THE CONRELATED BUSINESS INCOME FOR FILES US FEDERAL AND STATE PROBLEM FOR STATE PROBLEM IN STATE	EFORE, ONSOL OR THE OF IND:	NO PRO IDATED YEARS I IANA TA	VISION OR L FINANCIAL S ENDED DECEN AX RETURNS,	IABIL: STATE 4BER 3 AND T	ITY FOR INCOME MENTS THERE WAS 31, 2013 AND 2012 HEY ARE NO LONGER
	XI, LINE 2D - OTHER ADJU	JSTMENT DUE TO CHANGE FROM I	MODIFI	ED CAS	H BASIS TO A	CCRU	IAL BASIS 167,004
	XI, LINE 4B - OTHER RECI	ASSIFICATION OF ABANDONDOR	NED AS	SETS 4,	239		
PART	XII, LINE 4B - OTHER ADJU	JSTMENT DUE TO CHANGE FROM I	MODIFI	ED CAS	H BASIS TO A	CCRU	AL BASIS 33.066

RECLASSIFICATION OF ABANDONDONED ASSETS 4,239

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 19 IS 195,982 THE AUDITED FINANCIAL STATEMENTS SHOW A CHANGE IN NET ASSETS OF 396,052 THE DIFFERENCE BETWEEN THE RETURN AND AUDITED FINANCIAL STATEMENTS IS THE ADJUSTMENT FROM MODIFIED CASH BASIS TO ACCRUAL 200,070

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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CENTRAL INDIANA CORPORATE PARTNERSHIP INC

Schedule I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990
► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

2013

Employer identification number

2013

OMB No 1545-0047

DLN: 93493287013384

Open to Public Inspection

						35-2065459	
Part I General Inform	nation on Grants a	and Assistance				•	
<ol> <li>Does the organization ma the selection criteria used</li> <li>Describe in Part IV the or</li> </ol>	d to award the grants of ganization's procedure	r assistance? es for monitoring the use	of grant funds in the U	Jnited States			☐ Yes ☑
		Governments and received					"Yes" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) TECHPOINT FOUNDATION FOR YOUTH 615 N ALABAMA ST SUITE 119 INDIANAPOLIS,IN 46204	35-2155455	501(C)(3)	108,735				SUPPORT FOR MIRA AWARDS EVENT
2 Enter total number of sect	tion 501(c)(3) and gov	ernment organizations l	ısted ın the lıne 1 table	· · · · · ·		<u>.</u> <b>▶</b>	<u>1</u> 1

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

П	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990,	Part IV, line 22.
	Part III can be duplicated if additional space is needed.	

(a)Type of grant or assistance	(b)Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Part IV Supplemental Info	rmation. Provide the inf	ormation required in Pa	art I, line 2, Part III, co	lumn (b), and any other a	dditional information.
Return Reference Ex	planation				
PART I, LINE 2 CI	CICP WORKED CLOSELY WITH THE TECHPOINT FOUNDATION FOR YOUTH ON SEVERAL EVENTS IN 2013 THIS CLOSE WORKING				

RELATIONSHIP ENABLED CICP TO ENSURE THAT ITS CONTRIBUTION WAS USED FOR INTENDED PURPOSES

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493287013384

OMB No 1545-0047

Schedule J (Form 990)

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization CENTRAL INDIANA CORPORATE PARTNERSHIP INC **Employer identification number** 

35-2065459

Pai	t I Questions Regarding Compensation	l			
				Yes	No
1a		vided any of the following to or for a person listed in Form 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 org	ganization follow a written policy regarding payment or scribed above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to redirectors, trustees, officers, including the CEO/Exec	eimbursing or allowing expenses incurred by all utive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all thoused by a related organization to establish compensation				
	✓ 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, P or a related organization	Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	payment?	4a		No
b	Participate in, or receive payment from, a supplemen	ital nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	ised compensation arrangement?	<b>4</b> c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mus	st complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, compensation contingent on the revenues of				
а	The organization?		5a		
ь	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, compensation contingent on the net earnings of	line 1a, did the organization pay or accrue any			
а	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, payments not described in lines 5 and 6? If "Yes," do		7		
8	Were any amounts reported in Form 990, Part VII, pa	aid 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			
	ın Part III		8		
9	If "Yes" to line 8, did the organization also follow the section 53 $4958\text{-}6(c)$ ?	rebuttable presumption procedure described in Regulations	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 (i) Base compensation	f W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation reported as deferred in prior Form 990
(1)DAVID LAWTHER JOHNSON PRESIDENT/CEO & PRESIDENT BIOCROSSRO	(i) (ii)	375,647 0	100,000	120 0	0	1	528,876 0	0 0
(2)STEVE DWYER PRESIDENT CONEXUS INDIANA	(i) (ii)	206,000	0			1 -71	247,871 0	. 0
(3)PAUL MITCHELL PRESIDENT ENERGY SYSTEMS N	(i) (ii)	274,284 0	25,000 0	120	I	37,453 0	336,857 0	0 0
(4)MIKE LANGELLIER PRESIDENT TECHPOINT	(i) (ii)	180,000 0	0			35,988 0	216,108 0	0 0
(5)NORA DOHERTY SR VP/MANAGING DIRECTOR IN SEED FUN	(i) (ii)	229,157 0	20,360 0	120 0	0	1		0
(6)TROY HEGE PROJECT DIRECTOR/BIOCROSSR	(i) (ii)	196,356 0	22,140	120 0	0	39,928 0	258,544 0	0 0
(7)DAVID HOLT PROJECT DIRECTOR/CONEXUS I	(i) (ii)	179,960 0	0		0	1 , 1	217,361 0	0 0
(8)RONALD GIFFORD EXEC VICE PRESIDENT POLIC	(i) (ii)	222,498 0	10,000			1,1	280,471 0	. 0
(9)BRIAN STEMME PROJECT DIRECTOR/BIOCROSSR	(i) (ii)	160,184 0	7,585 0	120	0	39,126 0	207,015	0 0

#### Part III Supplemental Information

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

Return Reference	Explanation
	ESTABLISHMENT OF CEO COMPENSATION AS DESCRIBED ELSEWHERE IN THE FORM 990, THE CICP EXECUTIVE COMMITTEE SETS THE CEO'S COMPENSATION, IN CONJUNCTION WITH, AND IN PART BASED ON, THE COMPENSATION REVIEW PROCESS OF THE BIOCROSSROADS EXECUTIVE COMMITTEE (AS THE CEO OF CICP, DAVID LAWTHER JOHNSON, IS ALSO THE PRESIDENT OF BIOCROSSROADS) ALSO, SEE THE SCHEDULE O REFERENCE TO FORM 990, PART VI, SECTION B, LINES 15 A AND B

**Schedule J (Form 990) 2013** 

### **Additional Data**

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	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
DAVID LAWTHER JOHNSON PRESIDENT/CEO & PRESIDENT BIOCROSSRO	(I) (II)	) 375,647 ) 0	100,000	120	0	53,109	528,876 0	0
STEVE DWYER PRESIDENT CONEXUS INDIANA	(I) (II)		0	120	0	41,751	247,871 0	0
PAUL MITCHELL PRESIDENT ENERGY SYSTEMS N	(I) (II)		25,000	120	0	37,453	336,857 0	0
MIKE LANGELLIER PRESIDENT TECHPOINT	(I) (II)		0	120	0	35,988	216,108	0
NORA DOHERTY SR VP/MANAGING DIRECTOR IN SEED FUN	(I) (II)		20,360	120	0	46,324	295,961	0
TROY HEGE PROJECT DIRECTOR/BIOCROSSR	(I) (II)		22,140	120	0	39,928	258,544	0
DAVID HOLT PROJECT DIRECTOR/CONEXUS I	(I) (II)	) 179,960 ) 0	0	120	0	37,281	217,361 0	0
RONALD GIFFORD EXEC VICE PRESIDENT POLIC	(ı) (ıı)		10,000	120	0	47,853 0	280,471	0
BRIAN STEMME PROJECT DIRECTOR/BIOCROSSR	(I) (II)		7,585 0	120	0	39,126	207,015	0

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE 0** 

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493287013384

OMB No 1545-0047

2013

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## 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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE NINE-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 2014 BOARD MEETING

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 CICPS 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

FORM 990, PART VI, SECTION B, LINE FRESIDENT/CEO OF CICP, DAVID JOHNSON, IS ALSO THE PRESIDENT OF THE BIOCROSSROADS INITIATIVE HIS PERFORMANCE AND COMPENSATION IS REVIEWED, ANALYZED AND SET BY TWO GROUPS (1) THE CICP EXECUTIVE COMMITTEE, AND (2) THE BIOCROSSROADS EXECUTIVE COMMITTEE. THE TWO-PART REVIEW PROCESS BEGINS WITH THE BIOCROSSROADS EXECUTIVE COMMITTEE. WHICH USES A DISTINCT SET OF COMPANABLES TO THE COMPENSATION OF OTHER EXECUTIVES IN SIMILAR POSITIONS IN OTHER ORGANIZATIONS, AS WELL AS A SEPARATE REVIEW OF COMPENSATION FOR THE ROLE OF PRESIDENT OF BIOCROSSROADS (AS FURTHER DESCRIBED IN THE FOLLOWING PARAGRAPH), TO ARRIVE AT A SALARY FIGURE THIS FIGURE IS ALLOCATED AS A PART OF THE COMPENSATION FOR THE ROLE OF PRESIDENT/CEO OF CICP AND EFFECTIVELY DETERMINES SEVENTY PERCENT (70%) OF JOHNSON'S OVERALL SALARY THE PROCESS THEM MOVES TO THE CICP EXECUTIVE COMMITTEE. THERE IS AN OVERLAP OF CICP MEMBERS WHO ARE ON BOTH THE BIOCROSSROADS EXECUTIVE COMMITTEE. AND THE CICP EXECUTIVE COMMITTEE. THE CICP EXECUTIVE COMMITTEES THE DETERMINES THE COMPENSATION SEVERAL KEY BIPLOYEES WERE REVIEWED BY THEIR RESPECTIVE EXECUTIVE COMMITTEES OF CICP AND JOHNSON'S RESULTING OVERALL COMPENSATION HISTORY FOR THE ROLE OF THE MEETING AT WHICH COMPENSATION SAND PRESENTS THE COMPENSATION HISTORY FOR THE INDIVIDUAL AND REVIEW THE SELF-ASSESSMENT WITH THE COMMITTEE. THE COMMITTEE THE INDIVIDUAL MAY REVIEW THE SELF-ASSESSMENT WITH THE COMPENSATION HISTORY FOR THE INDIVIDUAL AT THE MEETING, THE INDIVIDUAL MAY REVIEW THE SELF-ASSESSMENT WITH THE COMMITTEE. THE COMMITTEE THE ROLE TO WHICH THE ROLE OF OTHER MEMBER MEET WITH THE INDIVIDUAL AND REVIEW THE CONCUMENTED THE ROLL OF THE MEETING, THE ROLD AND FORWARDED TO CICPS CPO AND CEO THE COMMI	Return Reference	Explanation
lacksquare	PART VI, SECTION B,	PERFORMANCE AND COMPENSATION IS REVIEWED, ANALYZED AND SET BY TWO GROUPS (1) THE CICP EXECUTIVE COMMITTEE, AND (2) THE BIOCROSSROADS EXECUTIVE COMMITTEE. THE TWO-PART REVIEW PROCESS BEGINS WITH THE BIOCROSSROADS EXECUTIVE COMMITTEE, WHICH USES A DISTINCT SET OF COMPARABLES TO THE COMPENSATION OF OTHER EXECUTIVES IN SIMILAR POSITIONS IN OTHER ORGANIZATIONS, AS WELL AS A SEPARATE REVIEW OF COMPENSATION FOR THE ROLE OF PRESIDENT OF BIOCROSSROADS (AS FURTHER DESCRIBED IN THE FOLLOWING PARAGRAPH), TO ARRIVE AT A SALARY FIGURE. THIS FIGURE IS ALLOCATED AS A PART OF THE COMPENSATION FOR THE ROLE OF PRESIDENT/CEO OF CICP AND EFFECTIVELY DETERMINES SEVENTY PERCENT (70%) OF JOHNSON'S OVERALL SALARY THE PROCESS THEN MOVES TO THE CICP EXECUTIVE COMMITTEE. THERE IS AN OVERLAP OF CICP MEMBERS WHO ARE ON BOTH THE BIOCROSSROADS EXECUTIVE COMMITTEE AND THE CICP EXECUTIVE COMMITTEE. THE CICP EXECUTIVE COMMITTEE THE PROCESS (AS DESCRIBED IN MORE DETAIL IN THE FOLLOWING PARAGRAPH), AND THEN, TAKING INTO ACCOUNT THE SALARY FIGURE FROM THE BIOCROSSROADS EXECUTIVE COMMITTEE. DETERMINES THE COMPENSATION FOR THE ROLE OF PRESIDENT/CEO OF CICP AND JOHNSON'S RESULTING OVERALL COMPENSATION SEVERAL KEY EMPLOYEES WERE REVIEWED BY THEIR RESPECTIVE EXECUTIVE COMMITTEES OR DESIGNATED SUBCOMMITTEES EACH YEAR (INCLUDING 2013), EACH INDIVIDUAL SUBMITS A WRITTEN SELF-ASSESSMENT TO THE APPROPRIATE COMMITTEE SEACH YEAR (INCLUDING 2013), EACH INDIVIDUAL SUBMITS A WRITTEN SELF-ASSESSMENT TO THE APPROPRIATE COMMITTEE THEN REVIEW THE EIGEN COMPENSATION IS ADDRESSED THE COMPENSATION AGAINST THAT OF OTHER EXECUTIVES IN SIMILAR POSITIONS IN OTHER ORGANIZATIONS AND PRESENTS THE COMPENSATION HISTORY FOR THE INDIVIDUAL AT THE MEETING, THE INDIVIDUAL MAY REVIEW THE SELF-ASSESSMENT WITH THE COMMITTEE. THE COMMITTEE THEN REVIEWS THE LIST OF COMPENSATION ON DETERMINES ANY COMPENSATION ADJUSTMENT. THE COMMITTEE THEN REPEBEL FOR THE REPORT OF THE MEETING ARE DOCUMENTED AND FORWARDED TO CICPS CFO AND COD THE COMMITTEE. WHO WERE PRESENT AND VOTED ON THE COMPENSATION T

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

Return Reference	Explanation
	COMPENSATION ARRANGEMENT 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

Return Reference	Explanation
FORM 990, PART IX, LINE 24	OTHER EXPENSES AS DISCUSSED IN THE SCHEDULE O REFERENCE TO FORM 990, PART IX, LINE 5-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 \$-2,907,785 SHOULD NOT BE INCLUDED ON CICPS FUNCTIONAL EXPENSE SALARY LINE, BUT BROKEN OUT ON PART IX, LINE 24D AS SHOWN

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	COMMITTEE OVERSIGHT OF AUDIT 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

Return Reference	Explanation
FORM 990, PART XII, LINE 1	BASIS OF ACCOUNTING 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

DLN: 93493287013384

OMB No 1545-0047

Open to Public **Inspection** 

**Employer identification number** 

# SCHEDULE R

Name of the organization

(Form 990)

**Related Organizations and Unrelated Partnerships** 

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

Department of the Treasury Internal Revenue Service

► Information about Schedule R	(Form 990) and i	its instructions is at	www.irs.gov	<u>/form990</u> .

CENTRAL INDIANA CORPORATE PARTNERSHIP INC 35-2065459 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (c) (d) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) (13) controlled entity entity? Yes No SUPPORT COMMUNITY (1) CICP FOUNDATION INC CENTRAL INDIANA IN 501(C)(3) 509(A)(3) Yes DEVELOPMENT IN CENTRAL CORPORATE PARTNERSHIP 111 MONUMENT CIRCLE STE 1800 INDIANA INC INDIANAPOLIS, IN 46204 35-2065457 (2) INDIANA HEALTH INFORMATION EXCHANGE INC CLINICAL MESSAGING IN 501(C)(3) 509(A)(3) No SERVICE TO REDUCE COSTS 846 NORTH SENATE AVENUE SUITE 300 TO HEALTH CARE N/A **PROVIDERS** INDIANAPOLIS, IN 46202 36-4550324 (3) FAIRBANKS INSTITUTE FOR HEALTHY COMMUNITIES INC SUPPORTING ORGANIZATION IN 501(C)(3) 509(A)(3) No TO CONDUCT DISEASE 300 NORTH MERIDIAN STREET SUITE 950 SPECIFIC STUDIES AND N/A RESEARCH INDIANAPOLIS, IN 46204 20-4588519

	ed organızatıons trea	p			,	a									
<b>(a)</b> Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominome(refunce) unrelate excluded tax unsections 514	inant elated, t ted, I from ider 512-	<b>(f)</b> Share of total incom	(g) Share of e end-of-year assets	(h Disprop allocat	ortionate	(i) Code V amount 20 ( Schedul (Form 1	-UBI n box of e K-1	<b>(j</b> Gener mana partr	al or	<b>(k)</b> Percentage ownership
					314,	<u> </u>			Yes	No			Yes	No	
Part IV Identification of Related Orga	nizations Tayabla	20.2 Corno	ration	or Truct (	Complet	o if the	0.0000	zation and	Worod	1 "Voc	" on Fo	rm 0	000	Dart I	V
line 34 because it had one or mo									wered	ı res	Oll FC	ל וווו	90,	Paiti	ν,
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal			(d) controlling	Type o	e)	<b>(f)</b> Share of total	Share	(g) of end-	end-of- Percentage ear ownership		nge Section (b) cont		(i) ection 512
,		domicile (state or fo	e reign		ntity	(C corp,	, S corp, rust)	income		year assets		wnersł	hip	c	(b)(13) ontrolled
			e reign			(C corp,	, S corp,			year		wnersh	nıp	C	
(1) TECHPOINT VENTURES INC  111 MONUMENT CIRCLE STE 1800 INDIANAPOLIS, IN 46204	TECHNOLOGY INITIATIVE AND PROJECT FACILIATION	(state or fo	e reign	е	ntity  L INDIANA RATE	(C corp, or tr	, S corp,		ā	year		00 000		c	ontrolled entity?
(1) TECHPOINT VENTURES INC  111 MONUMENT CIRCLE STE 1800 INDIANAPOLIS, IN 46204 26-3662235 (2) BC INITIATIVE INC 300 NORTH MERIDIAN ST STE 950 INDIANAPOLIS, IN 46204	AND PROJECT	(state or fo country	e reign	CENTRA CORPOR PARTNE	L INDIANA RATE RSHIP	(C corp, or tr	, S corp,	income	ā	year assets	85 1		) %	c	entity?
(1) TECHPOINT VENTURES INC  111 MONUMENT CIRCLE STE 1800 INDIANAPOLIS, IN 46204 26-3662235 (2) BC INITIATIVE INC 300 NORTH MERIDIAN ST STE 950	AND PROJECT FACILIATION  IDENTIFYING AND BUILDING INDIANA'S LIFE	(state or fo country IN	e reign	CENTRA CORPOR PARTNE CENTRA CORPOR PARTNE	L INDIANA ATE RSHIP  L INDIANA ATE RSHIP	(C corp, or tr	, S corp,	income	ā	year assets 74,9	.56 1	00 000	%	c	es No No
(1) TECHPOINT VENTURES INC  111 MONUMENT CIRCLE STE 1800 INDIANAPOLIS, IN 46204 26-3662235 (2) BC INITIATIVE INC  300 NORTH MERIDIAN ST STE 950 INDIANAPOLIS, IN 46204 20-0882485 (3) CLEANTECH SYSTEMS SOLUTIONS INC  111 MONUMENT CIRCLE STE 1800 INDIANAPOLIS, IN 46204	AND PROJECT FACILIATION  IDENTIFYING AND BUILDING INDIANA'S LIFE SCIENCES  TECHNOLOGY INITIATIVE AND PROJECT	(state or fo country IN	e reign	CENTRA CORPOR PARTNEI CENTRA CORPOR PARTNEI	L INDIANA ATE RSHIP  L INDIANA ATE RSHIP	(C corp, or tr	, S corp,	-106 -22,617	ā	year assets 74,9 571,4	.56 1	00 000 1 400 °	%	Y	es No No
(1) TECHPOINT VENTURES INC  111 MONUMENT CIRCLE STE 1800 INDIANAPOLIS, IN 46204 26-3662235 (2) BC INITIATIVE INC  300 NORTH MERIDIAN ST STE 950 INDIANAPOLIS, IN 46204 20-0882485 (3) CLEANTECH SYSTEMS SOLUTIONS INC  111 MONUMENT CIRCLE STE 1800 INDIANAPOLIS, IN 46204	AND PROJECT FACILIATION  IDENTIFYING AND BUILDING INDIANA'S LIFE SCIENCES  TECHNOLOGY INITIATIVE AND PROJECT	(state or fo country IN	e reign	CENTRA CORPOR PARTNEI CENTRA CORPOR PARTNEI	L INDIANA ATE RSHIP  L INDIANA ATE RSHIP	(C corp, or tr	, S corp,	-106 -22,617	ā	year assets 74,9 571,4	.56 1	00 000 1 400 °	%	Y	es No No
(1) TECHPOINT VENTURES INC  111 MONUMENT CIRCLE STE 1800 INDIANAPOLIS, IN 46204 26-3662235 (2) BC INITIATIVE INC  300 NORTH MERIDIAN ST STE 950 INDIANAPOLIS, IN 46204 20-0882485 (3) CLEANTECH SYSTEMS SOLUTIONS INC  111 MONUMENT CIRCLE STE 1800 INDIANAPOLIS, IN 46204	AND PROJECT FACILIATION  IDENTIFYING AND BUILDING INDIANA'S LIFE SCIENCES  TECHNOLOGY INITIATIVE AND PROJECT	(state or fo country IN	e reign	CENTRA CORPOR PARTNEI CENTRA CORPOR PARTNEI	L INDIANA ATE RSHIP  L INDIANA ATE RSHIP	(C corp, or tr	, S corp,	-106 -22,617	ā	year assets 74,9 571,4	.56 1	00 000 1 400 °	%	Y	es No No

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more re	lated organizations lis	sted in Parts II-IV?		$\Box$		
	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	nacca organizacions na	, cca iii i ares 11 1 v		1a		No
	Gift, grant, or capital contribution to related organization(s)				1b		No
	Gift, grant, or capital contribution from related organization(s)				1c		No
d					1d		No
	Loans or loan guarantees by related organization(s)				1e		No
Ĭ	Louis of four guarantees by related organization(5)						
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
	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
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		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	
0	Sharing of paid employees with related organization(s)				10	Yes	
р	Reimbursement paid to related organization(s) for expenses				<b>1</b> p	Yes	
q	Reimbursement paid by related organization(s) for expenses				1q	Yes	
r	O ther 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	1					
	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining am	ount II	nvolved	İ
<b>1)</b> C	ICP FOUNDATION INC	N	9,144	FMV			
<b>2)</b> C	ICP FOUNDATION INC	0	2,601,365	FMV			
<b>3)</b> B0	C INITIATIVE INC	0	306,420	FMV			
-			·				

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

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

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

evenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships																			
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?								(f) Share of total Income	total end-of-year	( <b>h)</b> Disproprtiona allocations <sup>7</sup>	_	(i) Code V <sup>2</sup> UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No							
												1							
													_						
			<u> </u>				l					<u> </u>							

### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
	ALTHOUGH CICP OWNS 11 4% 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 FOR CONEXUS INDIANA, CICP FOUNDATION, INC (FOUNDATION) AND CENTRAL INDIANA CORPORATE PARTNERSHIP, INC (CICP) SHARE OFFICE SPACE EXPENSES ARE ALLOCATED BASED ON EMPLOYEE TIME ALLOCATIONS FOR 2013, MOST ADMINISTRATIVE EXPENSES WERE BORNE BY CICP
AND (3)	SHARING OF PAID EMPLOYEES CENTRAL INDIANA CORPORATE PARTNERSHIP, INC (CICP) IS AFFILIATED WITH CICP FOUNDATION, INC (FOUNDATION), 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
AND (Q)	TO THE EXTENT CICP INCURS EXPENSES ON BEHALF OF CICP FOUNDATION INC (FOUNDATION) OR BC INITIATIVE INC (BCI), THE APPROPRIATE ENTITY REGULARLY REIMBURSES CICP EACH MONTH CICP PREPARES AN INTERCOMPANY REPORT THAT DETAILS AMOUNTS DUE FROM THE FOUNDATION, AND BCI AND OWED TO CICP BCI AND THE FOUNDATION PREPARE A SIMILAR RECONCILING REPORT OF THE AMOUNTS DUE TO CICP REIMBURSEMENTS ARE MADE AS SOON AS POSSIBLE AFTER THE BOOKS ARE CLOSED EACH MONTH

Schedule R (Form 990) 2013

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

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors													
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th perso and a	ion ( nan o n is b	ne b oth ctor/	ox, ι an o ⁄trus	inless fficer tee)		(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			
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations			
DENNIS D OKLAK	1 00	х		х				0	0	0			
CO-CHAIR  DAYTON MOLENDORP	1 00	×		×				0	0	0			
CO-CHAIR STEPHEN FERGUSON	1 00	X		Х				0	0	0			
SECRETARY DAVID N SHANE	1 00	х		х				0	0	0			
TREASURER CATHERINE A LANGHAM	1 00	Х						0	0	0			
DOUGLAS F ESAMANN	1 00	X						0	0	0			
DIRECTOR AT LARGE RICHARD J GIROMINI	1 00	×						0	0	0			
DANIEL F EVANS	1 00	×						0	0	0			
JO ANN GORA	1 00	×						0	0	0			
IMMEDIATE PAST CO-CHAIR DAVID BECKER	1 00												
DIRECTOR LEONARD J BETLEY	1 00	X						0	0	0			
DIRECTOR DANIEL J BRADLEY	1 00	_ ^ _						0	0	0			
DIRECTOR STEPHEN F BURNS	1 00												
DIRECTOR JEFF BURT	1 00	X						0	0	0			
DIRECTOR CARL L CHAPMAN	1 00	X						0	0	0			
DIRECTOR JUSTIN P CHRISTIAN	1 00	X						0	0	0			
DIRECTOR  JAMES C CONWELL	1 00	Х						0	0	0			
DIRECTOR KAREN F CROTCHFELT		Х						0	0	0			
DIRECTOR	1 00	х						0	0	0			
MITCHELL E DANIELS  DIRECTOR	1 00	х						0	0	0			
SCOTT DORSEY  DIRECTOR	1 00	х						0	0	0			
TIM DUNN DIRECTOR	1 00	х						0	0	0			
CHIP E EDGINGTON DIRECTOR	1 00	х						0	0	0			
MARK A EMMERT DIRECTOR	1 00	х						0	0	0			
RON FAUQUHER DIRECTOR	1 00	х						0	0	0			
ANTONIO GALINDEZ DIRECTOR	1 00	х						0	0	0			
22.23700	ı	L				1	1	1	1	<u> </u>			

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual trustee or director organizations related Institutional Trustee mer below organizations emplo)ee dotted line) t compensated ee MARK HILL 1 00 Χ 0 0 DIRECTOR ROBERT W HILLMAN 1 00 Χ 0 0 **DIRECTOR** ALLAN B HUBBARD 1 00 0 0 DIRECTOR JOHN C LECHLEITER 1 00 0 0 0 Х DIRECTOR RUDY C LEWIS 1 00 Х 0 0 0 DIRECTOR TOM LINEBARGER 1 00 Χ 0 0 DIRECTOR CAREY B LYKINS 1 00 Χ 0 0 0 DIRECTOR GLENN S LYON 1 00 Х 0 0 0 DIRECTOR WILLIAM G MAYS 1 00 Χ 0 0 DIRECTOR MICHAEL A MCROBBIE 1 00 0 0 Χ DIRECTOR JAMIE P MERISOTIS 1 00 Х 0 0 0 DIRECTOR KELLY PFLEDDERER 1 00 Χ 0 0 0 DIRECTOR JACK J PHILLIPS 1 00 Χ 0 0 DIRECTOR JOE RAVER 1 00 0 0 Х 0 DIRECTOR MARK C RHODES 1 00 Χ 0 0 0 DIRECTOR JAMES K RISK III 1 00 Χ 0 0 DIRECTOR N CLAY ROBBINS 1 00 Χ 0 0 **DIRECTOR** STEPHEN RUSSELL 1 00 Χ 0 0 0 DIRECTOR BETH SCHWARTING 1 00 0 Χ 0 0 DIRECTOR ZACHARY B SCOTT 1 00 0 0 Χ DIRECTOR JOE SLAUGHTER 1 00 Х 0 0 0 DIRECTOR J ALBERT SMITH 1 00 0 0 Х 0 DIRECTOR JEFF SMULYAN 1 00 Χ 0 0 DIRECTOR THOMAS J SNYDER 1 00 Χ 0 0

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DIRECTOR
WILLIAM SOARDS II

DIRECTOR

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

	Compensated Employees, and Independent Contractors  (A) (B) (C) (D) (F) (F)													
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	Posit more th perso and a	ion ( nan o n is b	ne booth a	ox, u an of 'trus	nless ficer tee)		( <b>D)</b> 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				
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-M13C)	2/1099-M13C)	related organizations				
CONNIE BOND STUART	1 00	l x						0	0	0				
DIRECTOR														
JOE SWEDISH	1 00	l x						0	0	0				
DIRECTOR		_ ^								0				
PHILLIP A TERRY	1 00	,												
DIRECTOR		×						0	0	0				
JOHN T THOMPSON	1 00													
DIRECTOR		X						0	0	0				
STEVE WALKER	1 00													
	100	х						0	0	0				
DIRECTOR														
KEN ZAGZEBSKI	1 00	×						0	0	0				
DIRECTOR														
DAVID LAWTHER JOHNSON	36 00			x				475,767	0	53,109				
PRESIDENT/CEO & PRESIDENT BIOCROSSROADS	4 00			^				473,707		33,109				
PEGGY MARGARET BOEHM	7 00													
CHIEF FINANCIAL OFFICER	1 00			Х				30,000	0	4,860				
STEVE DWYER	40 00													
DECIDENT CONFYLIC INDIANA					Х			206,120	0	41,751				
PRESIDENT CONEXUS INDIANA PAUL MITCHELL	40 00		-											
	40 00				Х			299,404	0	37,453				
PRESIDENT ENERGY SYSTEMS N  MIKE LANGELLIER														
MIKE LANGELLIER	40 00				х			180,120	0	35,988				
PRESIDENT TECHPOINT			ļ					,						
NORA DOHERTY	36 00					×		249,637	0	46,324				
SR VP/MANAGING DIRECTOR IN SEED FUNDS I&II						_^_		2+3,037		40,324				
TROY HEGE	40 00								_					
PROJECT DIRECTOR/BIOCROSSR						×		218,616	0	39,928				
DAVID HOLT	40 00													
DDOLECT DIRECTOR/CONEVUC I						Х		180,080	0	37,281				
PROJECT DIRECTOR/CONEXUS I RONALD GIFFORD	40 00													
	1 40 00					х		232,618	0	47,853				
EXEC VICE PRESIDENT POLIC		<u> </u>	<u> </u>				_							
BRIAN STEMME	40 00					×		167,889	0	39,126				
PROJECT DIRECTOR/BIOCROSSR														