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Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

Inspection

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A F	or the	2013 calendar year, or tax year beginning January 1 , 2013, and ending D	ecembe	r 31 , 20 13	
Вс	heck if aç	opticable. C Name of organization D En	Employer identification number		
	Address o	hange Indy Convergence, Inc.	8	0-0253483	
□ ·	Name cha		lephone n		
ıДı	nitial retu	PO Box 55641	31	O-990-1698	
=	Terminate	City or town, state or province, country, and ZIP or foreign postal code	oup Exe		
=	Amended	recum g	umber	•	
- THE		Indianapolis, in 40203		if the organization is not	
	/ebsite	· · · · · · · · · · · · · · · · · · ·		ach Schedule B	
				0-EZ, or 990-PF).	
			300, 33	5 · L2, 0 555-1 1).	
		organization: 🗹 Corporation 🔲 Trust 🔲 Association 🔲 Other s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asse		 	
		umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	• ▶ ∧		
_			wations	8,667.37	
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instr		-	
		Check if the organization used Schedule O to respond to any question in this Part I	· · · · · ·		
	1	Contributions, gifts, grants, and similar amounts received	1	6,679.93	
	2	Program service revenue including government fees and contracts	2	n/a	
	3	Membership dues and assessments	3	n/a	
	4	Investment income	4	n/a	
	5a		la l		
	b	· · · · · · · · · · · · · · · · · · ·	/a		
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	n/a	
	ի 6	Gaming and fundraising events			
Č	§ a	Gross income from gaming lattach Schedule G if greater than			
Ž,	ן	\$15,000) CEIVED : : \	la l		
JA kravanus nar	b	Gross in the from fundraising events (not including \$ of contributions			
2	i	from fundraising events reported on line 1) (attach Schedule G if the			
4		sulm of such gross (nobine and contributions exceeds \$15,000) 6b			
	С	Less direct expenses from gaming and fundraising events 6c	7		
	d	Net income or floss from saming and fundraising events (add lines 6a and 6b and subtract	7		
SCANNED		line &c)	6d	1,573.04	
Z	7a	Gross sales of inventory, less returns and allowances			
S.	b	Less: cost of goods sold	7		
8	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	n/a	
U	8	Other revenue (describe in Schedule O)	8	414.03	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	8,667.30	
	10	Grants and similar amounts paid (list in Schedule O)	10	0	
	11	Benefits paid to or for members	11	0	
9	12	Salaries, other compensation, and employee benefits	12	0	
8	13	Professional fees and other payments to independent contractors	13	350.00	
Expense	14	Occupancy, rent, utilities, and maintenance	14	2,640.66	
盃	15	Printing, publications, postage, and shipping	15	131.67	
	16	Other expenses (describe in Schedule O)	16	5,481.04	
	17	Total expenses. Add lines 10 through 16	17		
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		8,603.37	
82	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		63.93	
88		end-of-year figure reported on prior year's return)		F440 00	
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		-5442.82	
Ž	21			5 500 75	
<u> </u>			21	5,506.75 Form 990-EZ (2013)	
FOR	raper	work Reduction Act Notice, see the separate instructions. Cat. No. 10642		TURN 000 EA (2013)	

Pai	Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule		ny question in this	Part II		🗆
	<u> </u>			(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			5.01	22	5.01
23	Land and buildings		[23	0
24	Other assets (describe in Schedule O)		[0	24	0
25	Total assets		[5.01	25	5.01
26	Total liabilities (describe in Schedule O)		[26	0
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)		27	
Par	III Statement of Program Service Accom	plishments (see th	e instructions for F	Part III)		Expenses
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part III 🔲	(Re	equired for section
What	is the organization's primary exempt purpose?	To provide space an	d material for artists	in resedencies.	501	1(c)(3) and 5O1(c)(4)
as m	nbe the organization's program service accompli easured by expenses. In a clear and concise mans benefited, and other relevant information for ea	nanner, describe the			494	anizations and section 47(a)(1) trusts; optional others)
28	Indy Convergence two week residency: held annuall professional artists with time, space, materials and f					
	interdisciplinary projects. Artist teach free, commun	ity workshops and pe	rform their work for	the public.		
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ 🔲	28	a 3,446.54
29	Indy Convergence- Haiti: In 2013 the Artistic Director	and five IC past part	icipants continued to	build programs		
	at the Sa-K-La-K-Wel community center in Oban, Hai	ti. The programs inclu	ıde karate, dance, Er	nglish, music and		
	soccer. In March of 2013, IC and SLW hosted a fet wi	th performances and	competitions with o	ver 500 attendees		
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ 🗀	29	a 800.00
30	Community Workshops: Indy Convergence hosted n	ine community works	hops that were free	and open to the		
	public. There were approximately 50 attendees total.					
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ 🗆	30	a 100.00
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ □	31	a
32	Total program service expenses (add lines 28a	through 31a)		🕨	32	4,346.54
Par	IV List of Officers, Directors, Trustees, and Key	y Employees (list each	one even if not com	pensated-see the in	stru	actions for Part IV)
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part IV		<u></u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	ľ) Estimated amount of other compensation
Caitli	n Negron					
Exec	tive Director	20	0		0	0
Robe	t Negron					
Artist	ic Director	20	0		0	0
lan G	arrett					
Resid	ent Designer	10	0		0	0
Laura	Mason					
Board	Member	2	0		0	0
Gary	Comeaux				1	
Board	Member	2	0		0	0
Jaso	Cooper					
Board	Member	2	0)	0	0
Lee F	ainboth					
Board	Member	2	0		0	0
					\perp	
					T	
		<u></u>				
]			Т	
					\top	
					1	-
		1				

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	V Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		res	NO
34	detailed description of each activity in Schedule O	33		. ✓
34	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		√
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		<u> </u>
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	 		
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a pnor year and still outstanding at the end of the tax year covered by this return? .	38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	┨		
b 40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
_	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	100		
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
θ	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶ Indiana			
42a	The organization's books are in care of ▶ Caitlin Negron Telephone no. ▶	310-99	0-169	В
	Located at ▶ 4076 N. College Ave Indianapolis, IN ZIP + 4 ▶	46	205	
Ь	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)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country: ▶	1		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	1	✓_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		163	140
	completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		J

Page	4

46		ne organization engage, directly or in ndidates for public office? If "Yes," o						
Part	VI :	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.	only					es
		Check if the organization used Sch	nedule O to respond	to any question ir	this Part \	/I	. <u></u>	
47		ne organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) elect		-	1 1 1	No /
48 49a b 50	Is the Did th If "Yes Comp	organization a school as described in the organization make any transfers to s," was the related organization a se olete this table for the organization's oyees) who each received more than	n section 170(b)(1)(A)(i o an exempt non-cha oction 527 organizatio five highest compen	ritable related organ on?	nization? . other than o	fficers, direct	. 48 49a 49b ors, trustees and	√ √ √ d key
	(a) (Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribution benefit plai	eith benefits, ons to employee ons, and deferred pensation	(e) Estimated amou other compensati	
None								
							<u> </u>	
f 51	Comp	number of other employees paid over olete this table for the organization' 000 of compensation from the orga	s five highest compe	ensated independe	nt contracto	ors who each	received more	than
	(a)	Name and business address of each independ	ent contractor	(b) Type of s	ervice	(c	Compensation	
None								
								
						-	· · · · · · · · · · · · · · · · · · ·	
							<u></u>	
	· 			-				
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	.▶	n	one	
52		ne organization complete Schedule A kempt charitable trusts must attach a					N	
Under p		of perjury, I declare that I have examined this r	····		ments, and to			NO Itis
		d complete Declaration of preparer (other than						
Sign		Sygnature of officer				17-/-	-14-	
Here		Cartlin Negron Type or print name and tritle				 		
D-::		Print/Type preparer's name	Preparer's signature	<u> </u>	Date		PTIN	
Paid Pren		Type property a neutro				Check L	rf	
•	aror l			į.		self-emplo	yed	
Use (arer Only	Firm's name ▶			F	self-emplo	yed	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name	of the organization	e. Indu	Convergence	, INC.				Employer id	entification	number 3483	}	
Par			rity Status (All orga			omplete	this pa					
The c	A church, con	vention of churc	ation because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac	churches	s describ		•	•).			
3 4	A medical reso		spital service organiza on operated in conjunce:						D(b)(1)(A)	(iii). Enter	the	
5		on operated for)(1)(A)(iv). (Com	the benefit of a collect plete Part II.)	ge or uni	versity o	wned or	operated	by a go	vernment	tal unit de	escribed	in
6 7	☐ An organization	on that normally	nment or government: receives a substantia (A)(vi). (Complete Par	d part of					it or fron	n the gen	eral pub	lic
8	A community	trust described i	n section 170(b)(1)(A)(vi). (Cor	nplete Pa	urt II.)						
9	receipts from support from	activities related gross investme	receives: (1) more that to its exempt funct ent income and unrelater June 30, 1975. Se	ions—sul lated bus	bject to o siness ta	certain ex xable inc	ceptions ome (les	s, and (2) ss section	no more	than 33	1/3% of	its
10 11	An organization	on organized ar one or more put	l operated exclusively nd operated exclusive licly supported organ describes the type of	ely for th	ne benefi describe	t of, to p d in secti	perform to ion 509(a	the funct a)(1) or se	ions of, ection 50	9(a)(2). Se		
е	a ☐ Type I ☐ By checking to	b 🗍 Type his box, I certify indation manage		Functio	nally inte	grated lirectly or	d 🔲	Type II⊢N y by one	lon-funct or more	ionally int disqualifie	ed perso	ns
f	organization, o	check this box	a written determination							e III sup		
g	following pers	ons?	he organization accep	-	_			-				
	(iii) below,	the governing b	ndirectly controls, eitlody of the supported o	organizat	ion?					nd 11g(i)	Yes N	<u>-</u>
	(iii) A 35% cor	ntrolled entity of	on described in (i) abo a person described in	i (i) or (ii) a	above? .					11g(ii) 11g(iii)		
<u>h</u>			on about the support	. 	· · · · · · · · · · · · · · · · · · ·					 		
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	sted in your document?	the organ	ou notify hization in of your port?	organizat (i) organi	s the ion in col zed in the S ?	(vii) Amoun	t of monet oport	агу
				Yes	No	Yes	No	Yes	No]		
(A)	7000											_
(B)	····											
(C)												
(D)									_			
(E)	Marin di ci											
Tatal								1		1		

	,						· ugo -
Part	Support Schedule for Organiza	ations Descr	ibed in Secti	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	i)
	(Complete only if you checked the	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and				Ì		
	membership fees received. (Do not						
•	include any "unusual grants.")		ļ			·	
2	Tax revenues levied for the organization's benefit and either paid					<u> </u>	
	to or expended on its behalf					1	'
3	The value of services or facilities					 	
•	furnished by a governmental unit to the			<u> </u>			
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by		1				
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount		:				
	shown on line 11, column (f)				ŀ		
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support		1	<u> </u>	<u> </u>		L
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
9	Net income from unrelated business	·			 	ļ	
9	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or				 		
	loss from the sale of capital assets						•
	(Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12 13	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he				-		
Secti	on C. Computation of Public Suppor		<u></u>	<u> </u>	· · · · ·		<u>· · · </u>
14	Public support percentage for 2013 (line			1. column (f))		14	%
15	Public support percentage from 2012 Sch					15	%
16a	331/3% support test - 2013. If the organiz	zation did not	check the box	on line 13, and	d line 14 is 331	3% or more, c	heck this
	box and stop here. The organization qua						
b	331/3% support test—2012. If the organ	nization did no	ot check a box	on line 13 or	16a, and line	15 is 331/3%	_ '
	check this box and stop here. The organ				•		· • 🗅
17 a	10%-facts-and-circumstances test —20	013. If the orga	anization did no	ot check a box	on line 13, 16	a, or 16b, and	line 14 is
	10% or more, and if the organization me Part IV how the organization meets the "f	ets the "tacts- acts-and-circu	and-circumsta: .metanaes" tes	nces" test, che	ock this box ar	nd stop here. E	Explain in
	organization			ino organizi	anon qualines	as a publicly S	upportea . ▶ □
b	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organizat	ion meets the	o "facts-and-ci	rcumstances"	test, check th	is box and st	op here
	Explain in Part IV how the organization m	eets the "fact:	s-and-circumst	ances" test. T	he organizatio	n qualifies as a	a publicly
	supported organization						`. ▶ ⊓
18	Private foundation. If the organization di						
	instructions						. ▶ □

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support	44.		, , , , , , , , , , , , , , , , , , , ,	inpioto i art		
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,000	300	3,257	9,901	6,679.93	29,867.93
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	10,000	300	3.257	9,901	6,679,53	29,867.93
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b						29.867.93
Secti	on B. Total Support					•	
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	10,000	300	3,257	9,901	6,679.93	29,867.43
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	,			·		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	n/a	n/a	n/a	nla	4/4	9/2
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	,					,
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						1,987.07
13	Total support. (Add lines 9, 10c, 11, and 12.)						31,855
14	First five years. If the Form 990 is for the organization, check this box and stop he	•	-	•	•	ear as a sectio	````
	on C. Computation of Public Suppor						
15	Public support percentage for 2013 (line to						70 %
16 Saati	Public support percentage from 2012 Sci					16 /6	<u>%</u>
	on D. Computation of Investment In			Ľ - 10 - 1	(0)	1 42 1	
17 18	Investment income percentage for 2013 (Investment income percentage from 2012)						
19a	331/3% support tests—2013. If the organ						
	17 is not more than 33½%, check this box						
b	331/3% support tests-2012. If the organiz	ation did not o	check a box on	line 14 or line 1	9a, and line 16	is more than 3	3 ¹ /3 % , and
20	line 18 is not more than 331/3%, check this line 18 is not more th	_	_	•			_
20	rivate iounication, il die organization di	a not check a	DUX ON IMB 14	, 19a, Of 19D, C	HECK HIS DOX	ariu see instru	ctions 🕨 🗌

Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
Sch	dule A
PART	III line 12: Other revenue came from two fundraising
ev.	11th hosted by Sunking Brewing Co. Indy Covengence was
91	sted the heersales from their First Inday events in February
ane	May of 2013. The remaining revenue came from our
a	pplication fees for our annual events.
	·
	·