



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



Form 990-EZ

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)

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: THE INDY HUB INC
Number and street (or P O box, if mail is not delivered to street address): 705 E WALNUT ST NO A
City or town, state or province, country, and ZIP or foreign postal code: INDIANAPOLIS, IN 46202

D Employer identification number: 20-2984853
E Telephone number: (317) 759-4829
F Group Exemption Number

G Accounting Method: Cash, Accrual, Other (specify)

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: WWW.INDYHUB.ORG

J Tax-exempt status (check only one): 501(c)(3), 501(c)(6), 4947(a)(1), 527

K Form of organization: Corporation, Trust, Association, Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$137,899

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Table with 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values include 137,877, 22, 137,899, 55,995, 9,919, 9,210, 6,738, 81,862, 56,037, 54,612, 0, 110,649.

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	54,853	<b>22</b> 7,046
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .	16,889	<b>24</b> 141,400
<b>25 Total assets</b> . . . . .	71,742	<b>25</b> 148,446
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	17,130	<b>26</b> 37,797
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	54,612	<b>27</b> 110,649

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

INDYHUB'S MISSION IS TO ATTRACT, ENGAGE AND MOTIVATE YOUNG PROFESSIONALS OF ALL VARIETIES TO MAKE INDIANAPOLIS A BETTER PLACE TO LIVE, WORK AND PLAY WE BELIEVE THAT SUCCESS WITH THIS MISSION WILL MEAN AN ENHANCED QUALITY OF LIFE FOR YOUNG PROFESSIONALS AND A GREATER TALENT POOL FOR LOCAL EMPLOYERS TO DO THIS, INDYHUB HOSTS A VARIETY OF EDUCATIONAL, PROFESSIONAL DEVELOPMENT AND CHARITABLE OPPORTUNITIES THROUGHOUT INDIANAPOLIS

**Expenses**  
(Required for section 501 (c)(3) and 501(c)(4) organizations, optional for others )

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

<b>28</b> INDYHUB HOSTED UNIQUE AND ORIGINAL EVENTS PROVIDING EXPOSURE FOR YOUNG PROFESSIONALS TO THE CIVIC, ART AND CULTURE, AND PHILANTHROPIC COMMUNITIES THOSE EVENTS INCLUDED INDY REDEFINED - A HALF-DAY RETREAT FOR YOUNG PROFESSIONALS TO ENVISION INDIANAPOLIS' FUTURE, PASSPORT TO THE ARTS - A TICKET SAMPLER SHOWCASING THE INDIANA REPERTORY THEATER, DANCE KALEIDOSCOPE, INDIANAPOLIS MUSEUM OF ART AND OTHERS, 9TH ANNUAL GET INDYVOLVED DREW OVER 800 YOUNG PROFESSIONALS TO LEARN ABOUT MORE THAN 80 LOCAL VOLUNTEER, CHARITABLE AND MEMBERSHIP ORGANIZATIONS THEY COULD ENGAGE WITH ATTENDANCE AT THESE EVENTS VARIED FROM 30 TO 800 (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	0
<b>29</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	<b>32</b>	

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(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 employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
TREVOR BELDEN CHAIR	2 00	0	0	0
DESMA BELSAAS TREASURER	2 00	0	0	0
KRISTEN FUHS WELLS SECRETARY	2 00	0	0	0
ELIZABETH CHILDERS DIRECTOR	1 00	0	0	0
JULIE CURRISE DIRECTOR	1 00	0	0	0
MATTHEW HALL DIRECTOR	1 00	0	0	0
MICHAEL KAUFMANN DIRECTOR	1 00	0	0	0
JOSH MALARSKY DIRECTOR	1 00	0	0	0
DAVID NIJHAWAN DIRECTOR	1 00	0	0	0
JILLIAN SCHMEIDT DIRECTOR	1 00	0	0	0
KATIE MEISTER VICARS DIRECTOR	1 00	0	0	0
COREY WILSON DIRECTOR	1 00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V . . . . . [X]

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 40e regarding organizational activities, financials, and tax matters.

41 List the states with which a copy of this return is filed IN
42a The organization's books are in care of CLIFTONLARSONALLEN LLP Telephone no (317) 574-9100
Located at 9365 COUNSELORS ROW STE 200 INDIANAPOLIS, IN ZIP +4 46240

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign accounts and offices.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, tanning services, and controlled entities.

	Yes	No
46		No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47		
48		
49a		
49b		

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

b If "Yes," was the related organization a section 527 organization? . . . . .

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. . . . .

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A . . . . .  Yes  No

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

**Sign Here** \*\*\*\*\*  
 Signature of officer  
 Date 2015-11-13  
 MOLLY WILKINSON CHAVERS EXECUTIVE DIRECTOR  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name RT MURPHY  
 Preparer's signature  
 Date  
 Check  if self-employed PTIN P00843752  
 Firm's name CLIFTONLARSONALLEN LLP Firm's EIN 41-0746749  
 Firm's address 9365 COUNSELORS ROW STE 200  
 INDIANAPOLIS, IN 46240 Phone no (317) 574-9100

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

## TY 2014 Transfers Personal Benefits Contracts Declaration

**Name:** THE INDY HUB INC

**EIN:** 20-2984853

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ 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](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization  
THE INDY HUB INC

Employer identification number

20-2984853

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 22
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION OFFICE COSTS AMOUNT 3,575 DESCRIPTION MARKETING, PROMOTION & EVENTS AMOUNT 3,098 DESCRIPTION PROGRAM-RELATED EXPENSE AMOUNT 65 TOTAL TO FORM 990-EZ, LINE 16 6,738
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION ACCOUNTS RECEIVABLE - RELATED PARTY BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 129,108 DESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 1,365 END OF YEAR AMOUNT 2,404 DESCRIPTION INTANGIBLE ASSETS BEG OF YEAR AMOUNT 659 END OF YEAR AMOUNT 0 DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 14,865 END OF YEAR AMOUNT 9,888
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 7,051 END OF YEAR AMOUNT 12,088 DESCRIPTION ACCRUED EXPENSES BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 15,630 DESCRIPTION WAGES PAYABLE BEG OF YEAR AMOUNT 10,079 END OF YEAR AMOUNT 10,079