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Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

DLN: 93493275007205

Open to Public Inspection

A FO	rtne 20)14 cak	endar year, or tax year beginning 01-01-2014 , and ending 12-31-2014				
	ck if app		C Name of organization CENTRAL INDIANA CORPORATE PARTNERSHIP INC		D Employ	yer ider	ntification number
Add	ress chai	nge			35-20	65459	9
☐ Nar	ne chang	je	Doing business as				
Init	al return	ı			E Telepho	ne num	her
Fina			Number and street (or P O box if mail is not delivered to street address) Room/sui 111 MONUMENT CIRCLE NO 1800	te	· ·		
	ırn/termı				(317)	532-4	802
	ended re		City or town, state or province, country, and ZIP or foreign postal code INDIANAPOLIS, IN 462045178		G Gross re	eceipts \$	4,531,226
J App	lication p	pending					· · ·
			F Name and address of principal officer DAVID LAWTHER JOHNSON		s this a group	return	
			111 MONUMENT CIRCLE STE 1800	S	ubordinates?		Γ Yes Γ No
			INDIANAPOLIS,IN 46204		re all subordi	nates	┌ Yes ┌ No
	r-exemp	t etatue	501(c)(3) ▼ 501(c)(6) ◀ (insert no)		ncluded?	a list	(see instructions)
	<u> </u>			1	i No, attacii	a list	(see ilistructions)
	ebsite:	► WW	W CICPINDIANA COM	H(c) (Group exempti	on nur	mber 🟲
K Forn	n of orga		Corporation Trust Association Other	L Year	of formation 199	98 M	State of legal domicile IN
Pa	rt I	Sum	mary				
Activities & Governance	T	HE CEI OGETH RESIDI UILDIN NIFIEI NDIAN	escribe the organization's mission or most significant activities NTRAL INDIANA CORPORATE PARTNERSHIP (CICP) IS TRANSFOR IER THE CEOS OF CENTRAL INDIANA'S LARGEST AND MOST CIVI ENTS TO ADVANCE "BIG PICTURE" PRIORITIES LIKE ENCOURAG! NG A WORLD-CLASS WORKFORCE AND CREATING A PRO-GROWTH O STRUCTURE FOR REGIONAL ECONOMIC DEVELOPMENT, LEADIN A'S MOST DYNAMIC, FAST-GROWING INDUSTRIES - LIFE SCIENC ITION, ADVANCED MANUFACTURING AND LOGISTICS, AND CLEA	CALLY E ING INNO BUSINE NG A FAM ES, TECH	NGAGED EMF DVATION AN SS CLIMATE 11LY OF INIT: HNOLOGY, AG	PLOYE DENT CICP IATIV GRICU	RS & UNIVERSITY REPRENEURSHIP, HAS BUILT A ES FOCUSED ON
ঞ জ	_				250/ 51		
8	2 (1	neck tr	is box দ if the organization discontinued its operations or disposed o	f more th	an 25% of its	net as	sets
Ē	3 N	umber	of voting members of the governing body (Part VI, line 1a)			3	58
₹ E	4 N	umber	of independent voting members of the governing body (Part VI, line 1b)			4	58
•	5 To	otal nu	mber of individuals employed in calendar year 2014 (Part V, line 2a) .			5	48
	6 To	otal nu	mber of volunteers (estimate if necessary)			6	250
			related business revenue from Part VIII, column (C), line 12			7a	0
	b Ne	et unre	lated business taxable income from Form 990-T, line 34			7b	0
					Prior Year		Current Year
					2 90 2 0	ادير	1 E1E 261
₫			butions and grants (Part VIII, line 1h)		3,802,9	-	· · · · · · · · · · · · · · · · · · ·
venue	9	Progra	m service revenue (Part VIII, line 2g)		69,5	91	0
Revenue	9 10	Progra Invest	m service revenue (Part VIII, line 2g)		69,5 3,0	91	4,515,361 0 2,393 13,472
Ravenue	9 10 11	Progra Invest Other	m service revenue (Part VIII, line 2g)		69,5 3,0 16,4	91	0 2,393 13,472
Revenue	9 10 11 12	Progra Invest Other Total (12) .	m service revenue (Part VIII, line 2g)		69,5 3,0 16,4 3,891,9	91 12 44 90	0 2,393 13,472 4,531,226
Revenue	9 10 11 12	Progra Invest Other Total r 12) .	m service revenue (Part VIII, line 2g)		69,5 3,0 16,4	91 12 44 90	0 2,393 13,472 4,531,226 118,450
Revenue	9 10 11 12 13 14	Progra Invest Other Total r 12) . Grants Benefi	m service revenue (Part VIII, line 2g)		69,5 3,0 16,4 3,891,9 129,3	91 12 44 90 67	0 2,393 13,472 4,531,226 118,450
	9 10 11 12 13 14	Progra Invest Other Total r 12) . Grants Benefi	m service revenue (Part VIII, line 2g)		69,5 3,0 16,4 3,891,9	91 12 44 90 67	0 2,393 13,472 4,531,226 118,450
	9 10 11 12 13 14 15	Progra Invest Other Total (12) . Grants Benefi Salarie 5-10)	m service revenue (Part VIII, line 2g)		69,5 3,0 16,4 3,891,9 129,3	91 12 44 90 67	0 2,393 13,472 4,531,226
	9 10 11 12 13 14 15	Progra Invest Other Total r 12) . Grants Benefi Salario 5-10) Profes	m service revenue (Part VIII, line 2g)		69,5 3,0 16,4 3,891,9 129,3	91 12 44 90 67 0	0 2,393 13,472 4,531,226 118,450 0 4,930,086
Expenses Revenue	9 10 11 12 13 14 15 16a b	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu	m service revenue (Part VIII, line 2g)		69,5 3,0 16,4 3,891,9 129,3	91 12 44 90 67 0 88	0 2,393 13,472 4,531,226 118,450 0 4,930,086
	9 10 11 12 13 14 15 16a b	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu	m service revenue (Part VIII, line 2g)		69,5 3,0 16,4 3,891,9 129,3 4,880,5	91 12 44 90 67 0 88 0	0 2,393 13,472 4,531,226 118,450 0 4,930,086
Expenses	9 10 11 12 13 14 15 16a b	Progra Invest Other Total (12) . Grants Benefi Salario 5-10) Profes Total fu Other Total 6	m service revenue (Part VIII, line 2g)		69,5 3,0 16,4 3,891,9 129,3 4,880,5	91 12 44 90 67 0 88 0	0 2,393 13,472 4,531,226 118,450 0 4,930,086 0
Expenses	9 10 11 12 13 14 15 16a b	Progra Invest Other Total (12) . Grants Benefi Salario 5-10) Profes Total fu Other Total 6	m service revenue (Part VIII, line 2g)		69,5 3,0 16,4 3,891,9 129,3 4,880,5 -1,313,9 3,696,0 195,9 nning of Currer	91 12 44 90 67 0 88 0	0 2,393 13,472 4,531,226 118,450 0 4,930,086 0
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total (12) . Grants Benefi Salar(65-10) Profes Total fu Other Total 6 Reven	m service revenue (Part VIII, line 2g)		69,5 3,0 16,4 3,891,9 129,3 4,880,5 -1,313,9 3,696,0 195,9 nning of Currer Year	91 12 44 90 67 0 88 0 47 08 82	0 2,393 13,472 4,531,226 118,450 0 4,930,086 0 -1,228,236 3,820,300 710,926 End of Year
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other Total e Reven	m service revenue (Part VIII, line 2g)	. Begin	69,5 3,0 16,4 3,891,9 129,3 4,880,5 -1,313,9 3,696,0 195,9 nning of Currer Year 2,435,1	91 12 44 90 67 0 88 0 47 08 82 at	0 2,393 13,472 4,531,226 118,450 0 4,930,086 0 -1,228,236 3,820,300 710,926 End of Year 3,141,368
	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total (12) . Grants Benefi Salario 5-10) Profes Total fu Other Total of Reven	m service revenue (Part VIII, line 2g)	. Begin	69,5 3,0 16,4 3,891,9 129,3 4,880,5 -1,313,9 3,696,0 195,9 nning of Currer Year 2,435,1 240,0	91 12 44 90 67 0 88 0 47 08 82 st	0 2,393 13,472 4,531,226 118,450 0 4,930,086 0 -1,228,236 3,820,300 710,926 End of Year 3,141,368 235,343
Not Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total (12) . Grants Benefi Salario 5-10) Profes Total fu Other Total of Reven Total I Net as	m service revenue (Part VIII, line 2g)	. Begin	69,5 3,0 16,4 3,891,9 129,3 4,880,5 -1,313,9 3,696,0 195,9 nning of Currer Year 2,435,1	91 12 44 90 67 0 88 0 47 08 82 st	0 2,393 13,472 4,531,226 118,450 0 4,930,086 0 -1,228,236 3,820,300 710,926 End of Year 3,141,368 235,343
A but Assets of the balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III	Progra Invest Other Total (1) Grants Benefi Salario 5-10) Profes Total fu Other Total of Reven Total a Sign ties of ge and	m service revenue (Part VIII, line 2g)	Begin	69,5 3,0 16,4 3,891,9 129,3 4,880,5 -1,313,9 3,696,0 195,9 nning of Currer Year 2,435,1 240,0 2,195,0 edules and state	91	0 2,393 13,472 4,531,226 118,450 0 4,930,086 0 -1,228,236 3,820,300 710,926 End of Year 3,141,368 235,343 2,906,025 ts, and to the best of
Met Assets of Expenses by Fund Balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t TII	Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other Total of Reven Total a Total I Net as Sign i any kr	m service revenue (Part VIII, line 2g)	Begin	69,5 3,0 16,4 3,891,9 129,3 4,880,5 -1,313,9 3,696,0 195,9 nning of Currer Year 2,435,1 240,0 2,195,0 dules and state of is based on a	91	0 2,393 13,472 4,531,226 118,450 0 4,930,086 0 -1,228,236 3,820,300 710,926 End of Year 3,141,368 235,343 2,906,025 ts, and to the best of
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orm 9	990 (2014)		Page 2
Part	1111		Accomplishments e or note to any line in this Part III	
_EAD PROP	ENTE ERS C OSIT	OMING TOGETHER TO FOSTER LONG- ION THAT THE PUBLIC, PRIVATE AND	HIP IS AN ALLIANCE OF INDIANA'S BU -TERM PROSPERITY FOR THE REGION ACADEMIC SECTORS MUST PLAN AND 21ST CENTURY ECONOMY IN CENTRAL	CICP IS DEDICATED TO THE DINVEST STRATEGICALLY AND
		ne organization undertake any significant Pior Form 990 or 990-EZ?	program services during the year which we	ere not listed on
3	Dıd th	s," describe these new services on Scheo ne organization cease conducting, or make ces?	dule O e significant changes in how it conducts, a	ny program
4	If "Y e Desci exper	s," describe these changes on Schedule or the organization's program service ac	complishments for each of its three larges ganizations are required to report the amo	st program services, as measured by
4a	USING CONN THRO MULT WERE MARK ATTEI CORP THE F DEVE NATU FLEET BEST-CONS THEM IN A I	GY SYSTEMS NETWORK (ESN) IS AN INDUSTRY-DIG INNOVATION TO CONFRONT GLOBAL ENERGY CHARCES PARTNER COMPANIES AND INSTITUTIONS WOUGHOUT 2014, ENERGY SYSTEMS NETWORK'S (ESTIPLE WORKSHOP EVENTS BRINGING TOGETHER SUBJECT OF THROUGH ACTIVITIES ORGANIZED THROUGH OF BLUEIND ORATION BOLLORE GROUP, SERVING AS THEIR FIRM PROJECT, WHICH WILL PROVIDE UP TO 1,000 CHARCES (EACH OF ESN'S NEWLY DEFINED PROJECT RAL GAS FLEET INITIATIVE IS A PROJECT AIMING TOF-CLASS TRUCK AND NATURAL GAS FUELING TESTIFING OF INDUSTRY AND UNIVERSITY PARTNERS HELISTING OF INDUSTRY AND UNIVERSITY PARTNERS TO SUCCESSFULLY MEET THE ENERGY GOALS OUT	ALLENGES WITH SYSTEMS- LEVEL SOLUTIONS ESN' ITH INDUSTRY TO ADDRESS ENERGY NEEDS AND O IN) PROJECT DEVELOPMENT EFFORTS GAINED TRA ISBJECT MATTER EXPERTS FROM ACROSS THE COUN INSNETWORK COM PROJECT PLUG-IN 2 0ESN BREAT INDUR PARTNERSHIP WITH THE CITY OF INDIANAPOLL IN, THE ALL-ELECTRIC CARSHARING SERVICE BROU- RST CARSHARING PROGRAM OUTSIDE OF EUROPE IS FROM THE PREVIOUS YEAR MADE STRIDES IN 20 IN DEMONSTRATE BOTH THE TECHNOLOGY AND ECC. INDUSTRATE BOTH THE TECHNOLOGY AND ECC. IN SEVERAL WORKSHOPS THROUGHOUT THE YEAR THE CHOLOGY FOR MID-SIZE CARRIERS IN THE MIDW IS TO DEVELOP A COMPREHENSIVE ENERGY PLAN STI ITLINED BY THE U.S. DEPARTMENT OF DEFENSE IN 15 IT DEGIN EVALUATING PROPER STEPS TO INCREASE	14 THROUGH CONTINUED PROJECT DEVELOPMENT THE ONOMICS OF NATURAL GAS IN HEAVY DUTY TRUCKING O BEGIN OUTLINING A MID-HAUL FLEET PILOT USING EST SECONDLY, ESN ORGANIZED A PROJECT TEAM RATEGY FOR THE MILITARY BASE THAT WOULD ALLOW 2012 ESN IS CURRENTLY LEADING PROJECT PARTNERS
4b	THE COURTERANTECH ADVECTOR OF THE COUNTER THE COURTER	POINT IS THE VOICE AND CATALYST FOR INDIANA' COMMUNITY THROUGH EVENTS, SHARING THE STO MOST PROMISING COMPANIES WITH CAPITAL AND SFORMING INTO AN EVEN MORE POWERFUL ECOS -SKILLED FORMER HOOSIERS, SUCCEEDED IN GET RTISING, PARTNERSHIPS WITH UNIVERSITY ALUMI OYERS ATTRACT THE TALENT THEY NEED XPAT W. HITRY WHO PARTICIPATED IN THE PROGRAM BEFO DIANAPOLIS AFTER GRADUATION AFTER XTERN, 9 THE TECH SCENE THE XTERN PROGRAM WILL DOI NA'S OFFI CE OF SMALL BUSINESS AND ENTREPRE ARE OFTEN HARD TO COME BY, LIKE CUSTOMER I COMMUNITY THROUGH ESTABLISHED AND RESPECT	ORIES OF COMPANIES AND PEOPLE ON TECHPOINT OF CUSTOMERS VISIT WWW TECHPOINT ORG IN 201- YSTEM GROWTH AND ACCELERATOR XPAT, AN EVE TING PEOPLE TO COME BACK TO INDIANA FOR OPE NI ASSOCIATIONS, AND A HOLIDAY EVENT CALLED II ILL ADD REGIONAL RECRUITING EVENTS IN 2015 X RE THEIR XTERN EXPERIENCE, 67 PERCENT OF PAI 11 PERCENT ARE NOW STRONGLY CONSIDERING RE UBLE IN SIZE AND SCOPE IN 2015 TAILWIND, A SCA 12 PECHPOINT IS HELPED DEFRAGMENT ACCESS TO TECHPOINT IS HELPING TO ACCELERATE GROWTH PROSPECTS, PROMOTIONAL OPPORTUNITIES, AND I	ENTS AND COMMUNICATION PROGRAM TARGETING EN TECH JOBS THROUGH PINPOINTED DIGITAL NDYXMAS, XPAT HAS NOW HELPED DOZENS OF INDIANA TERN RECRUITED 50 STUDENTS FROM AROUND THE RITICIPATING STUDENTS WERE NOT CONSIDERING A JOB ETURNING TO INDIANAPOLIS AFTER GRADUATION TO ALE-UP "FAST LANE" FOR STARTUPS POWERED BY CAPITAL AND OTHER GROWTH RESOURCES FOR 120 BY CONNECTING ENTREPRENEURS TO RESOURCES MENTORS TECHPOINT EVENTS CONNECT AND EDUCATE MY NEW RULES, TECH THURSDAY, AND ENTREPRENEUR
4c	SUPPO INDUS AS WI CENTI GOVE SHOR COUN OR VI FUTU LOGIS OF IM PROG AWAR WRITT AWAR MATC	EXUS INDIANA PROMOTES THE STATE'S ADVANCED ORTS GROWTH AND INVESTMENT IN AN INDUSTRY STRY, ACADEMIA, AND GOVERNMENT, CONEXUS IN SHEPHERDED THE DEVELOPMENT OF INDUSTRY-LE ELL AS THE AUTOMOTIVE AND AEROSPACE AND DE ER STAGE AMONG MEMBERS OF THE INDIANA AUTOMOTIVE AND AEROSPACE AND DE ER STAGE AMONG MEMBERS OF THE INDIANA STREAM ORDER, BUILDING ON CONEXUS INDIANA'S EXIS ICIL, MORE THAN 150 POSTSECONDARY STUDENTS INCENNES UNIVERSITY WHILE THE CONEXUS INDIANE, IT ALSO MOBILIZED MORE THAN 250 LOGISTIC STICS PRIORITIES AT THE REQUEST OF THE INDIANA, CONEXUS INDIANA FORMED SIX REGIONAL IS INFRASTRUCTURE, PUBLIC POLICY, PUBLIC AWAST INDIANA'S 92 COUNTIES IN 2014 AND LAID THE FRANT BLUEPRINT TO STRENGTHEN AND BUILD THE RAM DESIGNED BY THE INDIANA AEROSPACE AND ALSO THROUGH THE PROGRAM, THE OFFICE OF SM ING ASSISTANCE, WHILE ELEVATE VENTURES UTILITIES WITH MATCHING STATE FUNDS-\$0 50 FOR EVENTURES ALL OF	Y SEGMENT VITAL TO INDIANA'S ECONOMY A STATE NDIANA HAS SPEARHEADED INNOVATIVE PROGRAMS D COUNCILS THAT IDENTIFY AND PRIORITIZE OPPORTURE SECTORS VISIT WWW CONEXUSINDIANA COMOTIVE COUNCIL, A STATEWIDE LEADERSHIP GROUNCIL DELIVERED KEY WORKFORCE DEVELOPMENT THE SENFOLLED IN THE INDUSTRIAL MAINTENANCE TRANA LOGISTICS COUNCIL LAUNCHED ITS STATEWID IS BUSINESS EXECUTIVES AND LEADERS THROUGHOUND LEADERS THROUGHOUND ARENESS AND WORKFORCE DEVELOPMENT THE RESOUNDATION TO LAUNCH EACH OF THE SIX STRATE HE NEXT GENERATION OF INDIANA LOGISTICS ASSEDENCE OF THE SIX STRATE HE NEXT GENERATION OF INDIANA LOGISTICS ASSEDENCE OF THE SIX STRATE HE NEXT GENERATION OF INDIANA LOGISTICS ASSEDENCE OF THE SIX STRATE OF THE SIX S	TO HELP PREPARE STUDENTS FOR AML CAREERS, AND DRIVINITIES FOR GROWTH IN THE LOGISTICS INDUSTRY OM EDUCATION AND TALENT DEVELOPMENT TOOK DUP OF AUTOMOTIVE INDUSTRY EXECUTIVES, ENT COMPONENTS OF ITS 2013 STRATEGIC PLAN IN THE SUPPORT AND DIRECTION OF ITS 32 MEMBER AINING PROGRAM WITH IVY TECH COMMUNITY COLLEGE E LOGISTICS PLANDELIVERING INDIANA'S LOGISTICS DUT THE STATE TO IDENTIFY REGIONAL AND LOCAL CONOMIC DEVELOPMENT CORPORATION AND THE PORTS STRATEGIC PLANS FOCUSED ON FOUR STRATEGIC EGIONAL COUNCILS IDENTIFIED PRIORITY PROJECTS IN GIC PLANS IN 2015 THESE PLANS WILL SERVE AS AN IS IN 2014, THE STATE OF INDIANA LAUNCHED A NEW SSES PURSUE FEDERAL RESEARCH AND DEVELOPMENT VIDES SMALL BUSINESSES WITH FREE PROPOSAL-CHNOLOGY FUND TO SUPPLEMENT CERTAIN R&D IN ITS FIRST YEAR, THE PROGRAM DISTRIBUTED 23

4e Total program service expenses ▶

(Expenses \$

Other program services (Describe in Schedule O $\,)\,$

including grants of \$

4d

) (Revenue \$

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f colored}$	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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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		No
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		N o
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	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		Νo
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 "Yes," complete Schedule F, Parts III and IV</i>	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 $11e^{7}$ 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		N o
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 domestic 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 or for domestic individuals 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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	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 "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2014)

	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
	· · · · · · · · · · · · · · · · · · ·	29			
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1	.c	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	48			
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)	2	ь	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3	a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3	b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4	a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5	a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	-	ь		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	F			
		5	c		
	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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gift		а	Yes	
ь	were not tax deductible?		ь	Yes	
	Organizations that may receive deductible contributions under section 170(c).				
	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?		a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<u> </u>	ь		
	file Form 8282?		c		
d	If "Yes," indicate the number of Forms 8282 filed during the year				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7	e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7	f		Νo
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 required?	7	g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	ľ	3		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	<u> </u>	a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	⊢	ь		
10	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				
11	Section 501(c)(12) organizations. Enter				
а	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)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	2a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	\dashv			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13	За		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				
c	Enter the amount of reserves on hand				
	Did the organization receive any payments for indoor tanning services during the tax year?	14	la		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14	1b		

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 of Schedule O. contains a response or note to any line in this Part VI.

	Check it Schedule O contains a response or note to any line in this Part VI	•		·
Se	ection A. Governing Body and Management		Yes	No
1 -	Enter the number of voting members of the governing body at the end of the tax		res	NO
Lu	year			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
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, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ıe Cod	e.)
			Yes	No
				$\overline{}$
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		Yes	No
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b	Yes	No
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	10b		No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a 12b 12c	Yes Yes Yes	No
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
b 111a b 112a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	

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

►LATOYA ALEXANDER

111 MONUMENT CIRCLE SUITE 1800

INDIANAPOLIS, IN 462040000 (317) 532-4802

Form 990 (2014)	
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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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form 990 (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					j	(D) Reportable compensation from the organization (W-	ortable Reportable ensation compensation m the from related ration (W- organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustiee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

lb	Sub-Total	•			
C	Total from continuation sheets to Part VII, Section A	Þ			
d	Total (add lines 1b and 1c)	Þ	2,471,126	0	402,140

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization►12

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
KREIG DEVAULT LLP ONE INDIANA SQUARE STE 2800 INDIANAPOLIS, IN 46204	LEASED EMPLOYEE AGREEMENT	308,750
ICE MILLER 27230 NETWORK PLACE CHICAGO, IL 60673	CONSULTING AND LEGAL SERVICES	172,657
	STRATEGIC INITIATIVE REGIONAL CITIES	145,545
	MARKETING/COMMUNICATIONS CONSULTANT	102,009

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 ►4

Part V		Statement of Revenue					Page S
ent V		Check if Schedule O contains a respoi	nse or note to any lu	ne in this Part VIII	<u></u>	<u></u> .	<u></u> .୮
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2 2	1a	Federated campaigns 1a					
i aut	b	Membership dues 1b	1,149,000				
s, Grants Amounts	c	Fundraising events 1c					
£, ₹	d	Related organizations 1d					
ons, Gifte Similar							
ns,	е						
₽ <u>~</u>	f	All other contributions, gifts, grants, and 1f similar amounts not included above	3,366,361				
Contributions, Giffs, Grants and Other Similar Amounts	g	Noncash contributions included in lines	i				
탈	_	1a-1f \$		4 545 054			
Com	h	Total. Add lines 1a-1f		4,515,361			
<u>e</u>			Business Code				
Program Serwce Revenue	2a						
₽ <u>.</u>	b						
93	c						
er l	d						
ج 1	е						
ଅଷ୍ଟ	f	All other program service revenue					
<u>&</u>	g	Total. Add lines 2a-2f					
	3	Investment income (including dividen					
		and other similar amounts)		2,393			2,393
	4	Income from investment of tax-exempt bond	proceeds 🕨 🕨				
	5	Royalties	►				
		(ı) Real	(II) Personal				
	6a	Gross rents					
	Ь	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
		(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other					
	ь	than inventory Less cost or					
		other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c)					
ē. Ķ	b	See Part IV, line 18 a Less direct expenses b					
5	c	Net income or (loss) from fundraising					
	9a	Gross income from gaming activities See Part IV, line 19					
	b	Less direct expenses b					
		Net income or (loss) from gaming acti	vities				
	10a	Gross sales of inventory, less returns and allowances .					
	b	Less cost of goods sold b					
	С	Net income or (loss) from sales of inv	entory 🛌				
		Miscellaneous Revenue	Business Code				
İ	11a	MISC INCOME	900099	13,472	13,472		
	b						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d	🕨	13,472			
	12	Total revenue. See Instructions .					
	_		· · · · •	4,531,226	13,472	C	2,393

	990 (2014)				Page 10
	Statement of Functional Expenses	- El		.1.4	
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All Check if Schedule O contains a response or note to any line in this		·		<u></u>
Do no	ot include amounts reported on lines 6b,		(B)	(c)	(D)
	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 domestic organizations and		СХРЕПЗЕЗ	general expenses	ехрепосо
_	domestic governments See Part IV, line 21	118,450			
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15				
4	and 16				
-	Compensation of current officers, directors, trustees, and				
5	key employees	2,471,126			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,387,552			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	295,171			
9	Other employee benefits	550,242			
10	Payroll taxes	225,995			
11	Fees for services (non-employees)				
а	Management				
b	Legal	31,861			
C	Accounting	23,832			
d	Lobbying	2,640			
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)	9,603			
12	Advertising and promotion	227,661			
13	Office expenses	84,141			
14	Information technology	10,336			
15	Royalties				
16	Occupancy	178,165			
17	Travel	54,742			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	354			
20	Interest	699			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	28,552			
23	Insurance	11,989			
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	973,665			
b	STRATEGIC INITIATIVES	148,458			
c	BAD DEBT EXPENSE	25,479			
d	REIMBURSEMENT FOR SHARE	-3,054,559			
e	All other expenses	14,146			
25	Total functional expenses. Add lines 1 through 24e	3,820,300			
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 (2014)

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) End of year
	1	Cash-non-interest-bearing		•	1,300,328	1	1,888,284
	2	Savings and temporary cash investments			714,558	2	741,801
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			259,242	4	378,842
	5	Loans and other receivables from current and former officers, diremployees, and highest compensated employees Complete Par Schedule L	t II of [°]			5	
ste	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	
assets	7	Notes and loans receivable, net				7	
₫	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			5,973	9	5,973
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	 10a	. . 414,689	,	-	0,070
	ь	Less accumulated depreciation	10b	289,221	154,021	10c	125,468
	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	
					1,000	15	1,000
	15	Other assets See Part IV, line 11			2,435,122		3,141,368
	16	Total assets. Add lines 1 through 15 (must equal line 34)			· ' '	16	
	17	Accounts payable and accrued expenses		•	100,612	17	146,675
	18	Grants payable			00.000	18	40.000
	19	Deferred revenue		•	36,000	19	18,900
	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		tees,			
<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	X of So		103,411	25	69,768
	٦.	D		•	240,023		235,343
	26	Total liabilities. Add lines 17 through 25			240,023	26	230,343
d) J		lines 27 through 29, and lines 33 and 34.	and co	ompiete			
2	27	Unrestricted net assets			2,195,099	27	2,906,025
<u>ਹ</u>	28	Temporarily restricted net assets		-		28	_,,
	29	Permanently restricted net assets		-		29	
<u>Š</u>		Organizations that do not follow SFAS 117 (ASC 958), check her	 role –	· ~and		23	
<u>_</u>		complete lines 30 through 34.	- F	ana			
O .0	30	Capital stock or trust principal, or current funds				30	
Assets of Fund Balance	31	Paid-in or capital surplus, or land, building or equipment fund				31	
S.	32	Retained earnings, endowment, accumulated income, or other fu				32	
	33	Total net assets or fund balances		_	2,195,099	33	2,906,025
Ĕ	34	Total liabilities and net assets/fund balances	- •	=	2 435 122	-	3 141 368

Pai	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		4,5	531,226
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,8	320,300
3	Revenue less expenses Subtract line 2 from line 1	3		7	710,926
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			 L95,099
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		2,9	906,025
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 o	n		
	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?	t of th	1e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	9	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Software ID: **Software Version:**

EIN: 35-2065459

Name: CENTRAL INDIANA CORPORATE PARTNERSHIP INC

Form 990, Part VII - Compensation Compensated Employees, and Inde	of Officers,	Direct	ors,	Tru	ste	es, k	(ey	Employees, High	nest	
(A) Name and Title	(B) Average hours per week (list any hours for related	Posit more th perso and a	ion (e nan o n is b	ne b oth ctor/	ox, u an of /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)			Officei	Key employee	Highest compensated employee	Former	2,2333 11333,	2,2033 11200,	related organizations
(1) DENNIS D OKLAK	1 00	х		х				0	0	0
CO-CHAIR (1) DAYTON MOLENDORP- NON VOTING	1 00									
CO-CHAIR		х		х				0	0	0
(2) STEPHEN FERGUSON	1 00	x		х				0	0	0
SECRETARY		_ ^						Ů	0	0
(3) DAVID N SHANE- NON VOTING TREASURER	1 00	х		х				0	0	0
(4) CATHERINE A LANGHAM	1 00	х		х				0	0	0
DIRECTOR AT LARGE (5) DOUGLAS F ESAMANN	1 00									
DIRECTOR AT LARGE (6) RICHARD J GIROMINI	1 00	X		X				0	0	0
DIRECTOR AT LARGE		X		Х				0	0	0
(7) DANIEL F EVANS IMMEDIATE PAST CO-CHAIR	1 00	x						0	0	0
(8) DAVID BECKER	1 00	x						0	0	0
DIRECTOR (9) LEONARD J BETLEY	1 00	X						0	0	0
DIRECTOR (10) DANIEL J BRADLEY	1 00	×						0	0	
DIRECTOR (11) STEPHEN F BURNS	1 00	^						Ů		
DIRECTOR		х						0	0	0
(12) JEFF BURT DIRECTOR	1 00	×						0	0	О
(13) CARL L CHAPMAN	1 00	х						0	0	0
DIRECTOR (14) JUSTIN P CHRISTIAN	1 00	×						0	0	0
DIRECTOR (15) JAMES C CONWELL	1 00	X						0	0	0
DIRECTOR (16) MITCHELL E DANIELS	1 00							_		
DIRECTOR (17) J SCOTT DAVISON	1 00	X						0	0	0
DIRECTOR		×						0	0	0
(18) TIM DUNN DIRECTOR	1 00	х						0	0	0
(19) CHIP E EDGINGTON DIRECTOR	1 00	x						0	0	0
(20) MARK A EMMERT DIRECTOR	1 00	х						0	0	0
(21) RON FAUQUHER	1 00	х						0	0	0
DIRECTOR (22) KAREN FERGUSON	1 00	X						0	0	0
DIRECTOR (23) PAUL FERGUSON	1 00	X						0	0	0
DIRECTOR	1.00							Ů	0	
(24) TIM HASSINGER DIRECTOR	1 00	х						0	0	0

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

Compensated Employees, and Inde	1	ntracto 						l	l	l I
(A) Name and Title	(B) Average hours per week (list any hours	Posit more th person and a	ion (d nan o n is b	ne bo	ox, u an of	ınless fficer	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations	옥글	=	Ω.	줎	马走	Į,	2/1099-MISC)	2/1099-MISC)	organization and related
	below	Individual trustee or director	Institutional	Officei	Ke, emplojee	Highest compensat	Former			organizations
	dotted line)	[월달	<u>#</u>	<u></u>	Ę	9 3	₽.			
		2 ₹	<u> ĕ</u>		ġ	le S				
		@	I∃		6	គ ្គ				
		E:	Trustee			180				
			č							
(26) MARK HILL	1 00					_				
DIRECTOR		X						0	0	0
(1) ROBERT W HILLMAN- SHARED VOTE	1 00									
		x						0	0	0
DIRECTOR (2) ALLAN B HUBBARD	1 00									
		х						0	0	0
DIRECTOR (2) DOBERT JONES	1.00									
(3) ROBERT JONES	1 00	×						0	0	0
DIRECTOR	1.00									
(4) JA LACY	1 00	×						0	0	0
DIRECTOR										
(5) JOHN C LECHLEITER	1 00	l x						0	0	0
DIRECTOR								· ·		
(6) RUDY C LEWIS	1 00	l x						0	0	0
DIRECTOR		^							Ŭ.	
(7) TOM LINEBARGER	1 00									
DIRECTOR		X						0	0	0
(8) CAREY B LYKINS	1 00									
DIRECTOR		×						0	0	0
(9) GLENN S LYON	1 00									
DIRECTOR		X						0	0	0
(10) WILLIAM G MAYS	1 00									
DIRECTOR		X						0	0	0
(11) SCOTT MCCORKLE	1 00									
		x						0	0	0
DIRECTOR (12) MICHAEL A MCROBBIE	1 00									
		x						0	0	0
DIRECTOR (13) JAMIE P MERISOTIS	1 00									
		х						0	0	0
DIRECTOR (14) MARK MILES	1 00									
(14) MARK MILLS		x						0	0	0
DIRECTOR (45) PRIVANI MILLS	1.00									
(15) BRYAN MILLS	1 00	×						0	0	0
DIRECTOR	1									
(16) KELLY PFLEDDERER	1 00	l x						0	0	0
DIRECTOR										
(17) JACK J PHILLIPS	1 00	l x						0	0	0
DIRECTOR									•	
(18) JOE RAVER	1 00	l x						0	0	0
DIRECTOR		^							Ů	<u> </u>
(19) MARK C RHODES	1 00	x						0	0	0
DIRECTOR		^						0	0	U
(20) JAMES K RISK III	1 00							_	_	
DIRECTOR		X						0	0	0
(21) N CLAY ROBBINS	1 00									
DIRECTOR		×						0	0	0
(22) STEPHEN RUSSELL	1 00									
DIRECTOR		X						0	0	0
(23) ZACHARY B SCOTT	1 00						\vdash			
DIRECTOR		×						0	0	0
(24) DAVID SIMON	1 00						\vdash			
		×						0	0	0
DIRECTOR		l .	<u> </u>			<u> </u>				

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

Compensated Employees, and Inde (A) Name and Title	(B) A verage	Posit	((C)	nt ch	neck		(D) Reportable	(E) Reportable	(F) Estimated amount
wanie and Fide	hours per week (list any hours	more the perso	nan o n ıs b	ne b	ox, u an o	ınless fficer	3	compensation from the organization (W-	compensation from related organizations (W-	of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
(51) J ALBERT SMITH	1 00	х						0	0	0
DIRECTOR (1) JEFF SMULYAN	1 00	х						0	0	0
DIRECTOR (2) THOMAS J SNYDER	1 00									
DIRECTOR		X						0	0	0
(3) WILLIAM SOARDS II	1 00	х						0	0	0
DIRECTOR (4) CONNIE BOND STUART	1 00									
DIRECTOR		х						0	0	0
(5) JOE SWEDISH- SHARED VOTE	1 00	х						0	0	0
DIRECTOR								0	0	0
(6) PHILLIP A TERRY	1 00	х						0	0	0
DIRECTOR (7) JOHN T THOMPSON	1 00									
DIRECTOR		Х						0	0	0
(8) STEVE WALKER DIRECTOR	1 00	х						0	0	0
(9) JEFF WEBB DIRECTOR	1 00	х						0	0	0
(10) KEN ZAGZEBSKI DIRECTOR	1 00	х						0	0	0
(11) DAVID LAWTHER JOHNSON	14 00									
PRESIDENT/CEO OF CICP, INC AND BIOCROSSROADS	26 00			Х				518,309	0	55,996
(12) LATOYA ALEXANDER	32 00			x				163,827	0	30,940
CHIEF FINANCIAL OFFICER (13) STEVE DWYER	8 00				х			251,259	0	26,352
PRESIDENT AND CEO, CONEXUS INDIANA (14) PAUL MITCHELL	40 00				x			342,428	0	41,857
PRESIDENT AND CEO, ESN (15) MIKE LANGELLIER	40 00				<u> </u>			342,420		41,037
PRESIDENT AND CEO, TECHPOINT					Х			217,812	0	43,292
(16) NORA DOHERTY WD FINANCE BIOCHOSSHOADS	36 00					x		243,848	0	49,439
VP FINANCE, BIOCROSSROADS (17) TROY HEGE	40 00					х		194,741	0	39,295
(18) DAVID HOLT	40 00					х		185,460	0	39,376
VICE PRESIDENT, OPERATIONS & DEVT, CONEXUS (19) ELIZABETH MCCAW	40 00							170.045		22.226
VICE PRESIDENT, STRATEGY & OPERATIONS	40.00					X		178,845	0	33,236
(20) BRIAN STEMME PROJECT DIRECTOR, BIOCROSSROADS	40 00					x		174,597	0	42,357
FROJECT DIRECTOR, DIUCKUSSKUADS	1	<u> </u>		<u> </u>	<u> </u>					<u> </u>

DLN: 93493275007205

OMB No 1545-0047

Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Political Campaign and Lobbying Activities

▶ 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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III **Employer identification number** Name of the organization CENTRAL INDIANA CORPORATE PARTNERSHIP INC Part I-A 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 Political expenditures 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 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ┌ Yes 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 1 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? 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 (e) A mount of political (a) Name (b) Address (c) EIN (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-

5 c	hedule C (Form 990 or 990-EZ) 2014					Page 2
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768	
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	ying)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax				
	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 \$500,00	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	00		
	Over \$17,000,000					
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	ır - 0 -				
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
ь	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

	filed Form 5768 (election under section 501(h)).		a)	(b)	
For e activ	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying vity.	Yes	No	Amou	
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?				
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? **TIII-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), (or section Yes	
1	Were substantially all (90% or more) dues received nondeductible by members?		۲	1	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	No
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."				
1	Dues, assessments and similar amounts from members	1		1,1	49,00
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a			2,64
a b	Current year Carryover from last year	2b			2,04
c	Total	2c			2,64
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			2,64
Pro	Supplemental Information ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grose instructions), and Part II-B, line 1 Also, complete this part for any additional information	up list),	Part II	-A, lines	1 and
	Return Reference Explanation				_

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

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DLN: 93493275007205

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.

Open to Public **Inspection**

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** CENTRAL INDIANA CORPORATE PARTNERSHIP INC 35-2065459 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Γ Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	••• Organizations Maintaining Co	llections of Art	<u>, His</u>	<u>tori</u>	<u>cal Tr</u>	<u>easu</u>	<u>res, or Ot</u>	the	r Similar As	sets (continued)
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other record	ds, ch	neck	any of t	he follo	owing that a	re a	sıgnıfıcant use	of its	
а	Public exhibition		d	Γ	Loan	or exch	nange progra	ams			
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	llections and expla	ın hov	v the	y furthe	r the o	rganızatıon'	s ex	empt purpose i	n	
5	During the year, did the organization solicit of									_	_
D-	assets to be sold to raise funds rather than t		·							Yes	No
Par	Escrow and Custodial Arrange Part IV, line 9, or reported an am						answered	1 "Y	es" to Form S	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	for c	ontrıbu	tions o	r other asse	ets r	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follow	ving t	able		_				
									An	nount	
С	Beginning balance						 	1c			
d	Additions during the year						<u> </u>	1d			
е	Distributions during the year						<u> :</u>	1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	e 21,	for e	scrow o	rcusto	dıal accoun	it lia	bility?	│ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatı	on has l	been pi	rovided in P	art)	KIII		Γ
Pa	t V Endowment Funds. Complete		n ans	wer							
		(a)Current year	(b))Prior	year	b (c) Tw	vo years back	(d) ¹	hree years back	(e)Four	years back
1a	Beginning of year balance										
Ь	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	e (lın	e 1g	, colum	n (a)) h	neld as				
а	Board designated or quasi-endowment 🕨										
ь	Permanent endowment ►										
С	Temporarily restricted endowment ▶										
	The percentages in lines 2a, 2b, and 2c show	ıld equal 100%									
За	Are there endowment funds not in the posses	ssion of the organiza	ation t	that	are held	and a	dmınıstered	for	the		
	organization by									Yes	No No
	(i) unrelated organizations			•				•	3a(_	
L	(ii) related organizations								3a(
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the							•	31	,	
	t VI Land, Buildings, and Equipme					answ	iarad 'Vas'	to	Form 990 Da	rt IV	line.
I GII	11a. See Form 990, Part X, line 1		.110 01	rgar	iizatioi	i answ	rerea res	to	101111 330, 1 0	ii (I v ,	
	Description of property				o) Cost oi sis (inves		(b)Cost or of basis (othe		(c) Accumulated depreciation	d (d)	Book value
1a	and			+							
	Buildings										
	easehold improvements						151,	438	85,3	29	66,109
	Equipment						263,		203,8		59,359
		_		-			,		,-	_	
e	Other										

Part VII Investments—Other Securities. Com	plete if the organization	answered 'Yes' to For	m 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of va	
(including name of security)		Cost or end-of-year	market value
(1)Financial derivatives (2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Co	mplete if the organization	n answered 'Yes' to Fo	orm 990, Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of va	Aluation
(a) Description of investment	(b) Book value	Cost or end-of-year	
	•		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization			Form 990 Part X line 15
(a) Descrip		,, ratery, mie rra oce i	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	· · · · ·		
Part X Other Liabilities. Complete if the organ			ine 11e or 11f. See
Form 990, Part X, line 25.		. ,	
1 (a) Description of liability	(b) Book value		
Federal income taxes			
RENT PAYABLE	64,994		
OTHER LIABILITIES	4,774		
Total (Column (h) must oqual Form 000 Part V L(D) (35)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	69,768	h	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue p the organization answered 'Yes' to Form 990, Part IV, line 12a.	er Re	turn Complete If
1	Total revenue, gains, and other support per audited financial statements	1	4,703,829
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	173,302
3	Subtract line 2e from line 1	3	4,530,527
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 699		
b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b	4c	699
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	4,531,226
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses if the organization answered 'Yes' to Form 990, Part IV, line 12a.	per l	Return. Complete
1	Total expenses and losses per audited financial statements	1	3,851,804
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII) 2d		
e	Add lines 2a through 2d	2e	57,682
3	Subtract line 2e from line 1	3	3,794,122
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 699		
b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b	4c	26,178
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	3,820,300
Part	Supplemental Information		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b		

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Return Reference	Explanation
PART X, LINE 2	CICP IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS THERE WAS NO UNRELATED BUSINESS INCOME FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013 CICP FILES US FEDERAL AND STATE OF INDIANA TAX RETURNS, AND THEY ARE NO LONGER SUBJECT TO US FEDERAL AND STATE TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2011
PART XI, LINE 2D - OTHER ADJUSTMENTS	ADJUSTMENT DUE TO CHANGE FROM MODIFIED CASH BASIS TO ACCRUAL BASIS 115,620
PART XII, LINE 4B - OTHER ADJUSTMENTS	ADJUSTMENT DUE TO CHANGE FROM MODIFIED CASH BASIS TO ACCRUAL BASIS 25,479
CHANGE IN NET ASSETS	THE AUDITED FINANCIAL STATEMENTS WERE ISSUED ON MODIFIED CASH BASIS WHILE THE RETURN IS ON ACCRUAL BASIS THE CHANGE IN NET ASSETS ON FORM 990, PART I, LINE 19 IS 710,926 THE AUDITED FINANCIAL STATEMENTS SHOW A CHANGE IN NET ASSETS OF 852,025 THE DIFFERENCE BETWEEN THE RETURN AND AUDITED FINANCIAL STATEMENTS IS THE ADJUSTMENT FROM MODIFIED CASH BASIS TO ACCRUAL 141,099

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

Schedule D (Form 990) 2014

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Schedule I (Form 990)

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

DLN: 93493275007205 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public **Inspection**

Name of the organization CENTRAL INDIANA CORPORATE PARTNERSHIP INC

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

Employer identification number

35-2065459

Part T	General Information on Grants and Assistance	

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) TECHPOINT FOUNDATION FOR YOUTH 615 N ALABAMA ST SUITE 119 INDIANAPOLIS,IN 46204	35-2155455	501(C)(3)	103,250				SUPPORT FOR MIRA AWARDS EVENT
(2) BATTERY INNOVATION CENTER 7970 S ENERGY DRIVE NEWBERRY,IN 47449	45-4110850	501(C)(6)	5,200				2014 SPONSORSHIP- GENERAL OPERATIONS SUPPORT

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

Schedule I	(Form 990) 2014
Part III	Grants and Other Assistance to Domestic Individuals. 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	(c) 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 Ir	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.				
Return Reference	Explanation				
	CICP WORKED CLOSELY WITH THE TECHPOINT FOUNDATION FOR YOUTH ON THE MIRA AWARDS IN 2014 THIS CLOSE WORKING RELATIONSHIP ENABLED CICP TO ENSURE THAT ITS CONTRIBUTION WAS USED FOR INTENDED PURPOSES THE CLOSE WORKING RELATIONSHIP CICP HAS WITH BATTERY INNOVATION CENTER ENABLES CICP TO ENSURE THAT ITS CONTRIBUTION WAS USED FOR INTENDED PURPOSES				

Schedule I (Form 990) 2014

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DLN: 93493275007205

OMB No 1545-0047

Compensation Information

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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

35-2065459 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? **4**c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5b Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Any related organization? If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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)(1)-(111) 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 o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Schedule J (Form 990) 2014

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, LINE 15

Schedule J (Form 990) 2014

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 and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Petirement and (D) Nontavable

(A) Name and Title		• •	f W-2 and/or 1099-MIS	•	(C) Retirement and	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
	1	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther reportable compensation	other deferred compensation	Denents	(B)(ı)-(D)	reported as deferred in prior Form 990
1 DAVID LAWTHER JOHNSON, PRESIDENT/CEO OF CICP, INC AND BIOC	(I) (II)	443,189 0	75,000 0	120	0	55,996 0	574,305 0	0 0
1 LATOYA ALEXANDER, CHIEF FINANCIAL OFFICER	(I) (II)	143,707 0	20,000 0	120	0	30,940 0	194,767 0	0
2 STEVE DWYER, PRESIDENT AND CEO, CONEXUS INDIANA	(I) (II)	226,139 0	25,000 0	120	0	26,352 0	277,611 0	0 0
3 PAUL MITCHELL, PRESIDENT AND CEO, ESN	(I) (II)	307,308 0	35,000 0	120	0	41,857 0	384,285 0	0
4 MIKE LANGELLIER, PRESIDENT AND CEO, TECHPOINT	(I) (II)	197,692 0	20,000	120	0	43,292 0	261,104 0	0
5 NORA DOHERTY, VP FINANCE, BIOCROSSROADS	(I) (II)	215,628 0	28,100 0	120	0	49,439 0	293,287 0	0 0
6 TROY HEGE, DIRECTOR OF PROJECTS, BIOCROSSROADS	(I) (II)	171,181 0	23,440 0	120	0	39,295 0	234,036 0	0 0
7 DAVID HOLT, VICE PRESIDENT, OPERATIONS & DEVT, C	(I) (II)	185,340 0	0	120	0	39,376 0	224,836 0	0
8 ELIZABETH MCCAW, VICE PRESIDENT, STRATEGY & OPERATION	(I) (II)	158,725 0	20,000	120	0	33,236 0	212,081 0	0
9 BRIAN STEMME, PROJECT DIRECTOR, BIOCROSSROADS	(1)	165,077 0	9,400 0	120	0	42,357 0	216,954 0	0

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DLN: 93493275007205

SCHEDULE O

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number		
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 2015 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 CICP'S CONFLICT OF INTEREST POLICY (WHICH IMPOSES UPON DIRECTORS, OFFICERS, AND STAFF A CONTINUING, AFFIRMATIVE DUTY TO REPORT ANY PERSONAL OWNERSHIP, INTEREST, OR RELATIONSHIP THAT MIGHT AFFECT HIS OR HER ABILITY TO EXERCISE IMPARTIAL, ETHICAL, AND BUSINESS-BASED JUDGMENTS IN FULFILLING THEIR RESPONSIBILITIES TO CICP), (II) THAT HE OR SHE IS IN COMPLIANCE WITH THE POLICY, (III) THAT HE OR SHE IS REPORTING (WITH HIS OR HER COMPLETED QUESTIONNAIRE) ALL ACTUAL OR POTENTIAL CONFLICTS OF INTEREST THAT ARISE AS A RESULT OF HIS OR HER ROLE WITH CICP, AND EACH POSITION THAT HE OR SHE HOLDS AS A DIRECTOR, TRUSTEE, OFFICER, OR EMPLOYEE OF ANY OTHER NONPROFIT ORGANIZATION, AND (IV) THAT HE OR SHE WILL REPORT PROMPTLY ANY CHANGES IN THE INFORMATION REPORTED IN HIS OR HER QUESTIONNAIRE OR IN ANY OTHER MATTERS THAT MIGHT AFFECT COMPLIANCE WITH THE POLICY THE EXECUTIVE ASSISTANT TO THE CEO COLLECTS AND REVIEWS THE QUESTIONNAIRES AS THEY ARE RETURNED, ALERTS THE CEO TO ANY CONFLICTS THAT HAVE BEEN REPORTED, AND MAKES SURE THAT ALL WHO ARE REQUIRED TO COMPLETE A CONFLICT QUESTIONNAIRE HAVE DONE SO WHEN AN INDIVIDUAL REPORTS AN ACTUAL, POTENTIAL, OR PERCEIVED CONFLICT OF INTEREST, CICP FOLLOWS THE PROCEDURES OUTLINED IN ITS POLICY FOR DISCLOSURE OF CONFLICTS TO THE APPLICABLE BODY OF DECISION-MAKERS AND RECUSAL OF INDIVIDUAL(S) WITH CONFLICTS FROM THE DECISION-MAKING PROCESS PURSUANT TO THE POLICY, THE CICP BOARD IS RESPONSIBLE FOR THE OVERSIGHT OF, AND ACTION REGARDING, ALL DISCLOSURES AND/OR FAILURES TO DISCLOSE.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE PRESIDENTI/CEO OF CICP, DAVID L. 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 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 PRESIDENTICEO OF CICP AND EFFECTIVELY DETERMINES FIFTY PERCENT (50%) OF JOHNSONS 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 ROLE OF PRESIDENTICEO OF CICP AND JOHNSONS RESULTING OVERALL COMPENSATION SEVERAL KEY EMPLOYEES, INCLUDING ALL BRANDED INITIATIVE PRESIDENTS, ARE REVIEWED BY THEIR RESPECTIVE EXECUTIVE COMMITTEES OR DESIGNATED SUBCOMMITTEES, WHICH INCLUDES CICPS CEO, ON AN ANNUAL BASIS EACH INDIVIDUAL SUBMITS A WRITTEN SELF-ASSESSMENT TO THE APPROPRIATE COMMITTEE PRIOR TO THE MEETING AT WHICH COMPENSATION IS ADDRESSED THE COMMITTEE RECOVERY. AND RELIGIOUS OF THE COMPENSATION ADDUSTMENT TO BE MADE THE CO

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 \$-3,054,559 SHOULD NOT BE INCLUDED ON CICP'S 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

Return Reference	Explanation
SCHEDULE B, PART I, LINE 13	CICP FOUNDATION, INC (FOUNDATION) PROVIDED A GRANT TO CENTRAL INDIANA CORPORATE PARTNERSHIP, INC (CICP) IN THE AMOUNT OF \$90,000 IN 2014 THE GRANT WAS A RESTRICTED USE CONTRIBUTION IT IS RESTRICTED TO WORKFORCE DEVELOPMENT EFFORTS

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SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

DLN: 93493275007205

2014

Open to Public Inspection

35-2065459

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

Part I Identification of Disregarded Entities Complete If the organization answered "Yes" on Form 990, Part IV, line 33.						
(a) Name, address, and EIN (ıf applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) co ent	512(b)
						Yes	No
111 MONUMENT CIRCLE STE 1800	SUPPORT COMMUNITY DEVELOPMENT IN CENTRAL INDIANA	IN	501(C)(3)	509(A)(3)	CENTRAL INDIANA CORPORATE PARTNERSHIP INC	Yes	
846 NORTH SENATE AVENUE SUITE 300	CLINICAL MESSAGING SERVICE TO REDUCE COSTS TO HEALTH CARE PROVIDERS	IN	501(C)(3)	509(A)(3)	N/A		No

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j))	(k)
Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Disprop	rtionate	Code V-UBI	Gener	al or	Percentage
related organization		domicile	controlling	income(related,	total income	end-of-year	allocat	ions?	amount in box	. mana	ging	ownership
		(state or	entity	unrelated,		assets			20 of	partn	ner?	
		foreign		excluded from					Schedule K-1			
		country)		tax under					(Form 1065)			
				sections 512-					'			
				514)								
				·			Yes	No		Yes	No	
							•	•				

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section (b)(i contro entit	1512 13) olled
								Yes	No
(1) TECHPOINT VENTURES INC 111 MONUMENT CIRCLE STE 1800 INDIANAPOLIS, IN 46204 26-3662235	TECHNOLOGY INITIATIVE AND PROJECT FACILIATION	IN	CENTRAL INDIANA CORPORATE PARTNERSHIP	С	15,000	37,832	100 000 %	Yes	
(2) BC INITIATIVE INC 300 NORTH MERIDIAN ST STE 950 INDIANAPOLIS, IN 46204 20-0882485	IDENTIFYING AND BUILDING INDIANA'S LIFE SCIENCES	IN	CENTRAL INDIANA CORPORATE PARTNERSHIP	С	51,461	579,060	11 110 %		No
(3) CLEANTECH SYSTEMS SOLUTIONS INC 111 MONUMENT CIRCLE STE 1800 INDIANAPOLIS, IN 46204 45-3762473	TECHNOLOGY INITIATIVE AND PROJECT FACILIATION	IN	CENTRAL INDIANA CORPORATE PARTNERSHIP	С	49,859	16,618	100 000 %	Yes	

chedule	e R (Form 990) 2014		Рa	ge 3
Part \	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 3	6.		
No	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 Durın	g the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Re	eceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b Gr	ft, grant, or capital contribution to related organization(s)	1b		No
c Gıf	ft, grant, or capital contribution from related organization(s)	1c	Yes	
d Lo	ans or loan guarantees to or for related organization(s)	1d		No
e Lo	ans or loan guarantees by related organization(s)	1e		No
f Div	vidends from related organization(s)	1 f		No
g Sa	ale of assets to related organization(s)	1 g		No
h Pu	rchase of assets from related organization(s)	1h		No
i Exc	change of assets with related organization(s)	1 i		No
j Lea	ase of facilities, equipment, or other assets to related organization(s)	1 j		No
	Constitution of the consti	41.		NI.

ı	K	Lease	of	facıl	ıtıes,	equipment	, or	other	assets	s from	related	l organıza	tıon((s))

- I Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- **s** Other transfer of cash or property from related organization(s)

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CICP FOUNDATION INC	N	9,469	FMV
(2) CICP FOUNDATION INC	0	2,847,426	FMV
(3) CICP FOUNDATION INC	С	90,000	FMV
(4) BC INITIATIVE INC	0	207,133	FMV

No

No

No No

1m

10 Yes

1r

1n Yes

Yes

Yes

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

1 <u> </u>													
(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	so 50 organ	(e) all partners section 01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionat allocations?	7	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
	<u> </u>	<u> </u>	514)	Yes	No	1	<u> </u>	Yes	No	<u> </u>	Yes	No	
								<u>, </u>	\Box	1			

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R, PART IV	ALTHOUGH CICP OWNS 11 11% 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 RAS A RELATED ORGANIZATION ON PART IV
SCHEDULE R, PART V, LINE 1(P) 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, PART V, LINE 2 (1)	SHARING OF FACILITIES, EQUIPMENT, MAILING LISTS, OR OTHER ASSETS CICP FOUNDATION, INC (FOUNDATION) AND CENTRAL INDIANA CORPORATE PARTNERSHIP, INC (CICP) SHARE OFFICE SPACE EXPENSES ARE ALLOCATED BASED ON EMPLOYEE TIME ALLOCATIONS
SCHEDULE R, PART V, LINES 2 (2) AND (4)	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
SCHEDULE R, PART V, LINE 2 (3)	GRANT TO RELATED ORGANIZATIONS CICP FOUNDATION, INC (FOUNDATION) PROVIDED A GRANT TO CENTRAL INDIANA CORPORATE PARTNERSHIP, INC (CICP) IN THE AMOUNT OF \$90,000 IN 2014 THE GRANT WAS A RESTRICTED USE CONTRIBUTION IT IS RESTRICTED TO WORKFORCE DEVELOPMENT EFFORTS

Schedule R (Form 990) 2014