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EXTENDED TO NOVEMBER 15, 2017

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning and ending

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

C Name of organization
CICP FOUNDATION, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
111 MONUMENT CIRCLE 1800

City or town, state or province, country, and ZIP or foreign postal code
INDIANAPOLIS, IN 46204-5178

F Name and address of principal officer: DAVID LAWTHER JOHNSON
111 MONUMENT CIRCLE, INDIANAPOLIS, IN 46204

D Employer identification number
35-2065457

E Telephone number
317-532-4802

G Gross receipts $ 21,141,518.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( )◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.CICPINDIANA.COM

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1998 M State of legal domicile: IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities: CICP FOUNDATION, INC. OPERATES EXCLUSIVELY FOR THE BENEFIT OF AND CARRIES OUT THE PURPOSES OF

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	55
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	20,044,735.	21,087,186.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	44,911.	54,332.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,809.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,095,455.	21,141,518.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,644,867.	20,986,476.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 367,358.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,088,726.	7,264,666.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	8,733,593.	28,251,142.
19	Revenue less expenses Subtract line 18 from line 12	11,361,862.	<7,109,624.>

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	38,290,500.	31,222,868.
21	Total liabilities (Part X, line 26)	132,344.	174,336.
22	Net assets or fund balances Subtract line 21 from line 20	38,158,156.	31,048,532.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 10-11-2017

▶ DAVID LAWTHER JOHNSON, PRESIDENT AND CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: KEITH T. GAMBREL	Preparer's signature: KEITH T. GAMBREL	Date: 09/20/17	Check ☐ if self-employed	PTIN: P00150740
Firm's name ▶ KSM BUSINESS SERVICES, INC.			Firm's EIN ▶ 35-2123203	
Firm's address ▶ P.O. BOX 40857 INDIANAPOLIS, IN 46240-0857			Phone no. (317) 580-2000	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:
CENTRAL INDIANA CORPORATE PARTNERSHIP (CICP) IS AN ALLIANCE OF INDIANA BUSINESS AND RESEARCH UNIVERSITY LEADERS COMING TOGETHER TO FOSTER LONG-TERM PROSPERITY FOR CENTRAL INDIANA. CICP IS DEDICATED TO THE PROPOSITION THAT THE PUBLIC, PRIVATE AND ACADEMIC SECTORS MUST PLAN

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 22,058,442. including grants of $ 20,560,374.) (Revenue $)
BIOCROSSROADS ADVANCES INDIANA'S SIGNATURE STRENGTHS IN THE LIFE SCIENCES SECTOR BY CONNECTING WITH CORPORATE, ACADEMIC AND PHILANTHROPIC PARTNERS; FACILITATING AND BUILDING NEW ENTERPRISES; AND EDUCATING THROUGH CONFERENCES, REPORTS AND MARKET DEVELOPMENT KNOWLEDGE. THE INITIATIVE SUPPORTS THE REGION'S EXISTING RESEARCH AND CORPORATE STRENGTHS WHILE ENCOURAGING NEW BUSINESS DEVELOPMENT AND HAS FORMED SEVERAL NEW NONPROFIT ORGANIZATIONS, INCLUDING THE INDIANA BIOSCIENCES RESEARCH INSTITUTE, INDIANA HEALTH INFORMATION EXCHANGE, INDY HUB, ORTHOWORX, AND DATALYS CENTER. VISIT WWW.BIOCROSSROADS.COM.

FOR THE BIOTECH SECTOR, NATIONAL AND EVEN GLOBAL FORCES DRIVE CONSTANT CHANGE FOR BUSINESS MODELS, PRODUCT APPROVALS AND INVESTMENTS, AND

4b (Code) (Expenses $ 2,131,751. including grants of $ 63,000.) (Revenue $)
CONEXUS INDIANA PROMOTES THE STATE'S ADVANCED MANUFACTURING AND LOGISTICS (AML) INDUSTRY, PREPARES A SKILLED WORKFORCE PIPELINE, AND SUPPORTS GROWTH AND INVESTMENT IN AN INDUSTRY SEGMENT VITAL TO INDIANA'S ECONOMY. A STATEWIDE CATALYST FOR COLLABORATION BETWEEN INDUSTRY, ACADEMIA, AND GOVERNMENT, CONEXUS INDIANA HAS SPEARHEADED INNOVATIVE PROGRAMS TO HELP PREPARE STUDENTS FOR AML CAREERS, AND HAS SHEPHERDED THE DEVELOPMENT OF INDUSTRY-LED COUNCILS THAT IDENTIFY AND PRIORITIZE OPPORTUNITIES FOR GROWTH IN THE LOGISTICS INDUSTRY AS WELL AS THE AUTOMOTIVE AND AEROSPACE AND DEFENSE SECTORS. VISIT WWW.CONEXUSINDIANA.COM.

SINCE INTRODUCING ITS FIRST WORKFORCE DEVELOPMENT PROGRAM IN 2012,

4c (Code) (Expenses $ 846,227. including grants of $ 6,786.) (Revenue $)
TECHPOINT IS THE VOICE AND CATALYST FOR INDIANA'S TECHNOLOGY COMPANIES AND OVERALL TECH ECOSYSTEM. THE TEAM IS FOCUSED ON: CONNECTING THE COMMUNITY THROUGH EVENTS, SHARING THE STORIES OF COMPANIES AND PEOPLE ON TECHPOINT.ORG, ATTRACTING VALUABLE TALENT, AND CONNECTING OUR MOST PROMISING COMPANIES WITH CAPITAL AND CUSTOMERS. VISIT WWW.TECHPOINT.ORG.

TECHPOINT'S WORK THROUGH CICP FOUNDATION FOCUSES ON ATTRACTING AND RETAINING CENTRAL INDIANA'S TOP TECH SECTOR TALENT THROUGH EDUCATION AND RESEARCH PROGRAMMING. EMPLOYERS IN INDIANA CONTINUE TO CREATE NEW TECH JOBS FASTER THAN THE EXISTING WORKFORCE PIPELINES CAN FILL THEM. THE TECH SECTOR ALSO PAYS ALMOST DOUBLE THE AVERAGE WAGE IN CENTRAL

4d Other program services (Describe in Schedule O.)
(Expenses $ 1,779,733. including grants of $ 356,316.) (Revenue $)

4e Total program service expenses ▶ 26,816,153.

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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
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		X
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		X
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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		X
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? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
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		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	X	
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 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		X
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		X
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
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		X
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	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		
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	X	
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		X
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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	48		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
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)		4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	N/A	
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? N/A		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A		9b		
10	**Section 501(c)(7) organizations.** Enter.				
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders N/A	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? N/A		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.	1a	7		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	7		
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			X
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			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
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			X
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			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ IN

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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

LATOYA ALEXANDER BOTTERON - 317-532-4802
111 MONUMENT CIRCLE, SUITE 1800, INDIANAPOLIS, IN 46204-0000

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

Check if Schedule O contains a response or note to any line in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors; institutional trustees, officers, key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CATHERINE A. LANGHAM DIRECTOR; CHAIR	1.00	X		X				0.	0.	0.
(2) JACK J. PHILLIPS DIRECTOR; VICE-CHAIR	1.00	X		X				0.	0.	0.
(3) STEPHEN FERGUSON DIRECTOR; SECRETARY	1.00	X		X				0.	0.	0.
(4) CONNIE BOND STUART DIRECTOR; TREASURER	1.00	X		X				0.	0.	0.
(5) JEFF SMULYAN DIRECTOR AT-LARGE	1.00	X						0.	0.	0.
(6) RICHARD J. GIROMINI DIRECTOR AT-LARGE	1.00	X						0.	0.	0.
(7) DENNIS D. OKLAK DIRECTOR; PAST CO-CHAIR	1.00	X						0.	0.	0.
(8) DAVID LAWTHER JOHNSON PRESIDENT/CEO CICP, INC.	27.00 13.00			X				0.	580,146.	63,447.
(9) LATOYA ALEXANDER BOTTERON CFO	15.00 25.00			X				0.	187,519.	37,213.
(10) ELIZABETH MCCAW COO	10.00 30.00			X				0.	223,906.	39,758.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total ▶								0.	991,571.	140,418.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								0.	991,571.	140,418.

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 ▶ 0

		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		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

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
TECONOMY PARTNERS 1355 OAKVIEW DRIVE, COLUMBUS, OH 43235	RESEARCH CONSULTING FEES	229,853.
IPS GLOBAL CONSULTING, LLC 9865 E. 116TH ST., #400, FISHERS, IN 46037	APPLIED RESEARCH INSTITUTE CONSULTANT	196,223.
AMATROL, INC., 2400 CENTENNIAL BLVD, JEFFERSONVILLE, IN 47130	HIRE TECHNOLOGY CURRICULUM UPDATES	184,099.
THE BROOKINGS INSTITUTION, 1775 MASSACHUSETTS AVENUE, NW, WASHINGTON, DC	MEMBERSHIP METROPOLITAN LEADERS	150,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 4

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b	95,000.			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	660,827.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	20,331,359.			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f	▶	21,087,186.			
Program Service Revenue		**Business Code**				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	54,332.			54,332.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	▶				
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events	▶				
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	**Business Code**				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d	▶				
	12 **Total revenue.** See instructions.	▶	21,141,518.	0.	0.	54,332.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX [X]

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	20,986,476.	20,986,476.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
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				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal	53,277.		53,277.	
c	Accounting	18,758.		18,758.	
d	Lobbying				
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 Sch O.)	173,994.	126,701.	34,546.	12,747.
12	Advertising and promotion	424,283.	424,283.		
13	Office expenses	146,906.	102,083.	32,742.	12,081.
14	Information technology	39,034.	28,424.	7,750.	2,860.
15	Royalties				
16	Occupancy	178,294.	129,832.	35,400.	13,062.
17	Travel	46,337.	33,742.	9,200.	3,395.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	19,624.	14,290.	3,896.	1,438.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,882.	2,099.	572.	211.
23	Insurance	11,046.	8,044.	2,193.	809.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	SHARED EMPLOYEES	4,211,350.	3,066,672.	836,153.	308,525.
b	PROJECT EXPENSE	1,771,948.	1,771,948.		
c	DUES & SUBSRIPTIONS	154,897.	112,795.	30,754.	11,348.
d	MEALS & ENTERTAINMENT	12,036.	8,764.	2,390.	882.
e	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24e	28,251,142.	26,816,153.	1,067,631.	367,358.
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ [ ] if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	441,192.	1	1,747,175.
	2	Savings and temporary cash investments	37,777,486.	2	29,398,793.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	19,754.	4	48,897.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	40,602.	9	19,420.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 41,608.			
	b	Less: accumulated depreciation — 10b: 33,025.	11,466.	10c	8,583.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	38,290,500.	16	31,222,868.
Liabilities	17	Accounts payable and accrued expenses	48,331.	17	155,650.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	84,013.	25	18,686.
	26	**Total liabilities.** Add lines 17 through 25	132,344.	26	174,336.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	38,158,156.	27	31,048,532.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	38,158,156.	33	31,048,532.
	34	Total liabilities and net assets/fund balances	38,290,500.	34	31,222,868.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,141,518.
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,251,142.
3	Revenue less expenses. Subtract line 2 from line 1	3	<7,109,624.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	38,158,156.
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	31,048,532.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☒

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
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		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization	Employer identification number
CICP FOUNDATION, INC.	35-2065457

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☒ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations: 1

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
CENTRAL INDIANA CORPORATE PARTNERSH	35-2065459	501(c)(6)	X		7,321,877.	
Total					7,321,877.	0.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2015 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2015** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1	X	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		X
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a	X	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b	X	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c	X	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		X
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		X
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6	X	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		X
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		X
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		X
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		X
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*	10a		X
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		X
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	11c		X

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1	X	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization*	2		X

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea* ***(see Instructions).***

a ☐ The organization satisfied the Activities Test. *Complete line 2 below*

b ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions)*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**).			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART IV, SECTION A, LINE 3B

CENTRAL INDIANA CORPORATE PARTNERSHIP PROVIDES CICP FOUNDATION WITH A CALCULATION OF PUBLIC SUPPORT FOR THE TAXABLE YEAR, CONFIRMING THAT THE PUBLIC SUPPORT TESTS UNDER 509(A)(2) WERE SATISFIED.

AS FUNDING SOURCES ARE IDENTIFIED, THE PURPOSE OF SUPPORT IS DESIGNATED BEFORE FUNDING IS RECEIVED. PROJECTS ARE ALSO IDENTIFIED AS TO ELIGIBILITY BASED ON WHETHER THEY ARE CHARITABLE, EDUCATIONAL OR OTHERWISE DESCRIBED IN SECTION 170(C)(2)(B) OF THE INTERNAL REVENUE CODE. ACTIVITIES USUALLY FALL INTO THE CATEGORIES OF EDUCATION, RESEARCH AND/OR WORKFORCE DEVELOPMENT. EXPENSES ARE MONITORED TO VERIFY FUNDING IS USED FOR THE PURPOSE AWARDED AND INTENDED BY THE DONOR.

PART IV, SECTION A, LINE 3C

CICP FOUNDATION WORKS CLOSELY WITH CENTRAL INDIANA CORPORATE PARTNERSHIP TO ENSURE THAT ALL SUPPORT IS USED FOR SECTION 170(C)(2)(B) PURPOSES.

PART IV, SECTION A, LINE 6:

CICP FOUNDATION ALSO PROVIDED FUNDING TO THE FOLLOWING ORGANIZATIONS IN FURTHERANCE OF THE EXEMPT PURPOSES OF CENTRAL INDIANA CORPORATE PARTNERSHIP: INDIANA BIOSCIENCES RESEARCH INSTITUTE, HEALTH AND HOSPITAL CORPORATION, AMERICAN HEART ASSOCIATION, AMERICAN LUNG ASSOCIATION, PURDUE UNIVERSITY, SOUTHERN NEW HAMPSHIRE UNIVERSITY, MSD OF PIKE TOWNSHIP

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
CICP FOUNDATION, INC.

Employer identification number
35-2065457

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

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

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		24,101.	16,700.	7,401.
d Equipment		8,640.	8,640.	0.
e Other		8,867.	7,685.	1,182.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				8,583.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	18,686.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	18,686.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	28,199,375.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	28,199,375.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	<7,057,857.>		
c	Add lines **4a** and **4b**			4c	<7,057,857.>
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	21,141,518.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	28,251,142.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	28,251,142.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*			5	28,251,142.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

CICP FOUNDATION IS EXEMPT UNDER SECTION 501(C)(3). THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS. IN ADDITION, THE FOUNDATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE INTERNAL REVENUE CODE. THERE WAS NO UNRELATED BUSINESS INCOME FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015.

CICP FOUNDATION FILES U.S. FEDERAL AND STATE OF INDIANA INFORMATIONAL TAX RETURNS, AND IS NO LONGER SUBJECT TO U.S. FEDERAL AND STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2013.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ADJUSTMENT DUE TO CHANGE FROM MODIFIED CASH BASIS TO ACCRUAL BASIS -7,057,857.

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 -7,109,624. THE AUDITED FINANCIAL STATEMENTS SHOW A CHANGE IN NET ASSETS OF -51,767. THE DIFFERENCE BETWEEN THE RETURN AND AUDITED FINANCIAL STATEMENTS IS THE ADJUSTMENT FROM MODIFIED CASH BASIS TO ACCRUAL: -7,057,857.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
CICP FOUNDATION, INC.

Employer identification number
35-2065457

Part I **General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 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" on 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HEALTH AND HOSPITAL CORPORATION OF MARION COUNTY - 3838 NORTH RURAL STREET, 8TH FLOOR - INDIANAPLIS, IN 46205	35-6005697	501(C)(3)	225,000.	0.			GRANT TO PROMOTE SCIENTIFIC ACTIVITIES, PUBLIC HEALTH AND AWARENESS IN AND AROUND
PURDUE UNIVERSITY 610 PURDUE MALL WEST LAFAYETTE, IN 47907	35-6002041	501(C)(3)	337,759.	0.			ISTEM AND CONFERENCE
CENTRAL INDIANA CORPORATE PARTNERSHIP, INC. - 111 MONUMENT CIRCLE STE 1800 - INDIANAPLIS, IN 46204	35-2065459	501(C)(6)	66,786.	0.			TO SUPPORT WORKFORCE DEVELOPMENT EFFORTS OF INDUSTRY COUNCIL-RESTRICTED GRANT
AMERICAN HEART ASSOCIATION PO BOX 50035 PRESCOTT, AZ 86304	13-5613797	501(C)(3)	10,000.	0.			SUPPORT FOR GENERAL OPERATIONS
AMERICAN LUNG ASSOCIATION 115 W. WASHINGTON STREET, STE 1180$ INDIANAPOLIS, IN 46204	20-4392201	501(C)(3)	5,000.	0.			EVENING OF PROMISE GALA SPONSORSHIP
INDIANA BIOSCIENCES RESEARCH 1345 W 16TH STREET, SUITE 300 INDIANAPLIS, IN 46202	46-2882271	501(C)(3)	20,320,374.	0.			TO SUPPORT THE ADVANCEMENT OF IBRI

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 5.

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

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) (2016)**

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

632101 11-01-16

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE FOUNDATION REGULARLY REQUIRES REPORTING AND OTHER APPROPRIATE DUE DILIGENCE OF ITS GRANTEES. CONSISTENT WITH THE GRANT AGREEMENTS, WE RECEIVE REGULAR PROGRAM AND FINANCIAL REPORTS FROM GRANTEES WHICH ARE REVIEWED AND KEPT ON FILE. FOR SIGNIFICANT GRANT PROGRAMS, THESE REPORTS ARE ALSO PROVIDED TO THE ORIGINATING GRANTOR.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

HEALTH AND HOSPITAL CORPORATION OF MARION COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT TO PROMOTE SCIENTIFIC ACTIVITIES, PUBLIC HEALTH AND AWARENESS IN AND AROUND MARION COUNTY

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on 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.***

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

CICP FOUNDATION, INC.

Employer identification number

35-2065457

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 indemnification and gross-up payments ☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account ☐ Personal services (such as, maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III		
	☒ Compensation committee ☐ Written employment contract		
	☐ Independent compensation consultant ☐ Compensation survey or study		
	☒ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment? **4a**		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**		X
c	Participate in, or receive payment from, an equity-based compensation arrangement? **4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization? **5a**		X
b	Any related organization? **5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization? **6a**		X
b	Any related organization? **6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7**		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DAVID LAWTHER JOHNSON	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT/CEO CICP, INC.	(ii)	469,750.	110,000.	396.	23,850.	39,597.	643,593.	0.
(2) LATOYA ALEXANDER BOTTERON	(i)	0.	0.	0.	0.	0.	0.	0.
CFO	(ii)	162,465.	25,000.	54.	17,268.	19,945.	224,732.	0.
(3) ELIZABETH MCCAW	(i)	0.	0.	0.	0.	0.	0.	0.
COO	(ii)	208,846.	15,000.	60.	18,420.	21,338.	263,664.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

SCHEDULE J, PART I, LINE 3

ESTABLISHMENT OF CEO COMPENSATION:

COMPENSATION FOR CICP FOUNDATION'S CEO (WHO IS EMPLOYED BY CENTRAL INDIANA CORPORATE PARTNERSHIP, INC.) IS DETERMINED AS DESCRIBED IN THE CICP FORM 990. THE PROCESS (AS ALSO DESCRIBED IN THE CICP FORM 990) IS AS FOLLOWS:

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 JOHNSON, IS ALSO THE PRESIDENT OF BIOCROSSROADS). ALSO, SEE THE SCHEDULE O REFERENCE TO FORM 990, PART VI, SECTION B, LINE 15 A.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization: CICP FOUNDATION, INC.

Employer identification number: 35-2065457

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CENTRAL INDIANA CORPORATE PARTNERSHIP, INC. (CICP) BY ENGAGING IN AND SUPPORTING ACTIVITIES IN FURTHERANCE OF PURPOSES THAT ARE CHARITABLE, EDUCATIONAL OR OTHERWISE DESCRIBED IN SECTION 170(C)(2)(B) OF THE INTERNAL REVENUE CODE.

FORM 990, PAGE 1, LINE J

WEBSITE: WWW.CICPINDIANA.COM

THE WEBSITE LISTED IS THAT OF THE FOUNDATION'S SUPPORTED ORGANIZATION AND ONLY A PORTION OF THE INFORMATION ON THE SITE DESCRIBES THE FOUNDATION'S PROGRAMS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND INVEST STRATEGICALLY AND COLLABORATIVELY TO BUILD A COMPETITIVE 21ST CENTURY ECONOMY IN THE REGION. CICP FOUNDATION SUPPORTS THE CHARITABLE AND EDUCATIONAL PROGRAMS AND ACTIVITIES OF CICP.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ULTIMATELY, INNOVATION, BUT INDIANA'S LIFE SCIENCES INDUSTRY MAINTAINED ITS STRONG LEADERSHIP POSITION IN 2016 WITH AN OUTSIZED NUMBER OF EMPLOYEES, COMPANIES AND EXPORTS.

THE ECONOMIC IMPACT OF PHARMACEUTICAL, MEDICAL DEVICE AND EQUIPMENT, AGBIOSCIENCES, RESEARCH, TESTING AND MEDICAL LABORATORIES AND BIOLOGISTICS CLIMBED TO $63 BILLION - A RESULT OF MORE THAN 56,000

EMPLOYEES AND NEARLY 1,700 COMPANIES EXPORTING NEARLY $10 BILLION IN PRODUCTS, THE SECOND HIGHEST IN THE U.S.

AND WHILE THIS VIBRANT INDUSTRY IS STRONG THROUGHOUT THE STATE, SEVEN INDIANA CITIES HAVE BEEN CITED FOR PARTICULARLY SIGNIFICANT ACTIVITY, ACCORDING TO THE 2016 BIOTECHNOLOGY INDUSTRY ORGANIZATION (BIO) AND TECONOMY PARTNERS BI-ANNUAL REPORT THE VALUE OF BIOSCIENCE INNOVATION IN GROWING JOBS AND IMPROVING QUALITY OF LIFE 2016: BLOOMINGTON, EVANSVILLE, INDIANAPOLIS, LAFAYETTE, MICHIGAN CITY, SOUTH BEND AND TERRE HAUTE. IN ADDITION, BLOOMINGTON, INDIANAPOLIS, LAFAYETTE AND SOUTH BEND WERE NAMED AS HAVING SOME OF THE STRONGEST INDUSTRY PERFORMANCE IN THE U.S. IN INDIANA, WARSAW-STILL THE "ORTHOPEDICS CAPITAL OF THE WORLD"-WOULD ALSO READILY FIT WITHIN THIS DISTINGUISHED LEADERSHIP GROUP, BUT WITH A POPULATION OF UNDER 20,000 (ABOUT A THIRD OF WHOM WORK IN THE ORTHOPEDICS SECTOR), WARSAW IS SIMPLY TOO SMALL TO BE INCLUDED AMONG THE CITIES THAT ARE SURVEYED.

OTHER INDICATORS OF ADVANCEMENT WERE DETAILED IN BIOCROSSROADS' REPORT INDIANA'S HEALTH AND LIFE SCIENCES TALENT AND WORKFORCE: DEVELOPING STRATEGIES TO COMPETE IN A GLOBAL ECONOMY. THE HEALTH AND LIFE SCIENCES INDUSTRY ACCOUNTS FOR ONE OF EVERY 10 PRIVATE SECTOR JOBS IN INDIANA AND HAS EXPERIENCED JOB GROWTH OF MORE THAN 22% SINCE 2001.

IN 2016 CICP FOUNDATION, INC AWARDED A GRANT OF $20,242,105 TO THE INDIANA BIOSCIENCES RESEARCH INSTITUTE(IBRI). IN 2013, SEVERAL STATE, PHILANTHROPIC, AND CORPORATE FUNDERS MADE FINANCIAL COMMITMENTS TO SUPPORT IBRI. BECAUSE IBRI DID NOT RECEIVE A LETTER FROM THE IRS CONFIRMING ITS TAX-EXEMPT STATUS UNTIL AUGUST 2014, THE INITIAL GRANTS

Name of the organization: CICP FOUNDATION, INC.
Employer identification number: 35-2065457

FROM SEVERAL PHILANTHROPIC AND CORPORATE FUNDERS WERE MADE TO CICP FOUNDATION WITH THE USE OF FUNDS RESTRICTED TO THE SUPPORT OF IBRI. BIOCROSSROADS HAS SERVED AS CICP'S CENTRAL ORGANIZING BRANDED INITIATIVE FOR INDIANA BIOSCIENCES RESEARCH INSTITUTE (IBRI). ALL SUPPORT ACTIVITIES FOR IBRI WERE PROVIDED BY BIOCROSSROADS STAFF. IN 2014, IBRI BEGAN BUILDING ITS OWN DEDICATED STAFF AND AT THE TIME OF THE GRANT IN 2016 EMPLOYED 10 PEOPLE INCLUDING MANAGEMENT, FINANCIAL, AND SCIENTIFIC LEADERSHIP AND STAFF. WHILE FUNDS RECEIVED THROUGH CICP FOUNDATION HAD BEEN THE PRIMARY SOURCE OF IBRI'S OPERATING FUNDS IN 2013 AND MOST OF 2014, INCREASINGLY, IBRI HAS BEEN ABLE TO SUPPORT ITS OPERATIONS WITH FUNDS CONTRIBUTED DIRECTLY TO IBRI. IBRI FINANCIAL BACKERS HAD DETERMINED IN 2016 THAT THE ENTITY WAS A POSITION TO RECEIVE ALL FUNDS CURRENTLY HELD FOR IT BY CICP FOUNDATION, WHICH WOULD ALLOW FOR MORE SIMPLIFIED FINANCIAL REPORTING FOR BOTH IBRI AND CICP FOUNDATION. WORKING TOGETHER, CICP FOUNDATION AND IBRI COMMUNICATED WITH FUNDERS TO COMPLETE THE TRANSFER OF FUNDS FROM CICP FOUNDATION TO IBRI IN Q3 2016, AFTER WHICH CICP FOUNDATION WILL BE ABLE TO COMPLETE OR CONSOLIDATE ITS GRANT REPORTING OBLIGATIONS TO THE ORIGINAL FUNDERS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
CONEXUS INDIANA HAS MADE SIGNIFICANT STRIDES IN BUILDING A TALENTED AND SKILLED WORKFORCE. THOUSANDS OF STUDENTS HAVE EARNED INDUSTRY-RECOGNIZED CREDENTIALS, DUAL CREDITS AND INTERNSHIPS, AND PARTICIPATED IN INDUSTRY-SPONSORED AWARENESS PROGRAMS. FROM 2012 THROUGH 2016, CONEXUS INDIANA'S HALLMARK TALENT DEVELOPMENT PROGRAM, HIRE TECH, HAD ENROLLED MORE THAN 5,000 HIGH SCHOOL STUDENTS AND AWARDED NEARLY 4,000 INDUSTRY-RECOGNIZED CREDENTIALS AND 10,000 DUAL CREDITS. OFFERED IN PARTNERSHIP WITH IVY TECH COMMUNITY COLLEGE, HIRE

Name of the organization: CICP FOUNDATION, INC.

Employer identification number: 35-2065457

TECH IS A 2-YEAR COURSE SEQUENCE THAT PREPARES STUDENTS TO SUCCEED IN MIDDLE-SKILL AML CAREERS RIGHT OUT OF HIGH SCHOOL OR TO GET A JUMP-START ON POST-SECONDARY EDUCATION. IT OFFERS STUDENTS OPPORTUNITIES TO EARN UP TO 15 DUAL CREDITS FROM IVY TECH AND INDUSTRY CERTIFICATIONS THAT ARE VALUED BY INDUSTRY EMPLOYERS.

HIRE TECH SCHOOLS CONNECT CLASSROOM INSTRUCTION WITH HANDS-ON EXPERIENCE THROUGH PARTNERSHIPS WITH AML COMPANIES IN THEIR LOCAL COMMUNITIES. THESE COMPANIES, CALLED CONEXUS INDIANA A+ PARTNERS, PROVIDE INDUSTRY-SPECIFIC EXPERIENCE FOR STUDENTS BY HOSTING EVENTS AT THEIR FACILITIES AND ENGAGING STUDENTS IN THE CLASSROOM WITH REAL-WORLD APPLICATIONS. IN 2016, MORE THAN 250 COMPANIES PARTICIPATED IN THE A+ PARTNER PROGRAM. TODAY, THE PROGRAM PROVIDES STUDENTS WITH OPPORTUNITIES IN MANY DIFFERENT INDUSTRY SETTINGS, THANKS TO THE ENTHUSIASTIC SUPPORT OF THE COMPANIES REPRESENTED ON THE CONEXUS INDIANA AUTOMOTIVE, LOGISTICS, AND AEROSPACE AND DEFENSE COUNCILS. THESE SAME COUNCIL MEMBERS HAVE HELPED INCREASE THE NUMBER OF COMPANIES AND STUDENTS PARTICIPATING IN THE CONEXUS INDIANA INTERNS PROGRAM AS WELL. THE CONEXUS INTERNS PROGRAM IS THE ONLY STATEWIDE HIGH SCHOOL INTERNSHIP OPPORTUNITY FOR THE AML INDUSTRY. IT'S A 6-WEEK, PAID WORK EXPERIENCE FOR STUDENTS WHO HAVE EXCELLED IN HIRE TECH, PROJECT LEAD THE WAY OR OTHER AML COURSES, AND IT EXTENDS A STUDENT'S CLASSROOM EXPERIENCE INTO THE WORKPLACE. THE 2016 INTERNS PROGRAM PLACED 230 HIGH SCHOOL STUDENTS IN 79 COMPANIES AND RECEIVED IMPRESSIVE REVIEWS FROM STUDENT AND COMPANY PARTICIPANTS.

THE CONEXUS INTERNS PROGRAM HAS MEASURABLY IMPACTED STUDENT INTEREST IN AML CAREERS, ACCORDING TO CONEXUS INDIANA SURVEY RESULTS. EIGHTY

PERCENT OF THE 2016 CONEXUS INTERNS PROGRAM STUDENTS SAID THEIR INTERNSHIP CHANGED THEIR PERCEPTIONS OF ADVANCED MANUFACTURING AND LOGISTICS AND MADE THEM MORE LIKELY TO PURSUE A CAREER IN THAT FIELD. SIXTY-TWO PERCENT OF THE STUDENTS SAID THE EXPERIENCE INFLUENCED THEIR POST-HIGH SCHOOL PLANS, AND 95% FOUND THE EXPERIENCE VALUABLE.

CONEXUS INDIANA ALSO BUILT ON ITS SUCCESSFUL INDUSTRIAL MAINTENANCE TRAINING PROGRAM DEVELOPED BY THE INDIANA AUTOMOTIVE COUNCIL, IVY TECH AND VINCENNES UNIVERSITY. IN 2016, MORE THAN 800 STUDENTS PARTICIPATED IN THE PROGRAM THAT PROVIDED EXPERIENTIAL CO-OP OPPORTUNITIES AND A COMBINED CLASSROOM STUDY AND WORKPLACE EXPERIENCE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

INDIANA AND IS GROWING TWICE AS FAST AS THE REST OF THE ECONOMY. CONSEQUENTLY, FOCUSING ON ATTRACTING TOP TECH TALENT IS NOT ONLY CRITICAL FOR TECH AND TECH-ENABLED EMPLOYERS, IT'S ALSO A SIGNIFICANT BENEFIT TO THE ECONOMY OF THE STATE OF INDIANA. ATTRACTING HIGH-SKILLED TALENT TO FILL THE INCREASING NUMBER OF TECH JOBS IN INDIANA IS A CORE COMPONENT OF TECHPOINT'S MISSION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ASCEND INDIANA - EXPENSES OF $701,675 INCLUDING GRANTS OF $18,557.

IN 2015, CICP ANNOUNCED THE CREATION OF THE CENTRAL INDIANA WORKFORCE DEVELOPMENT INITIATIVE (CIWDI) AS AN INITIATIVE FOCUSED ON CROSS-SECTOR WORKFORCE DEVELOPMENT THROUGHOUT CENTRAL INDIANA. CIWDI COMPLETED AN IN-DEPTH PLANNING YEAR THAT INCLUDED A COMPREHENSIVE ANALYSIS OF

DOMESTIC, STATE, AND REGIONAL LABOR MARKETS, A REVIEW OF LOCAL AND NATIONAL WORKFORCE DEVELOPMENT BEST PRACTICES, INPUT FROM KEY STATE AND REGIONAL STAKEHOLDERS, AND DISCUSSIONS WITH A STEERING COMMITTEE COMPRISED OF LEADERS FROM THE BUSINESS, EDUCATION, AND PHILANTHROPIC COMMUNITIES. THESE EFFORTS CULMINATED IN A COMPREHENSIVE STRATEGIC PLAN THAT INFORMED THE DIRECTION AND LAUNCH OF ASCEND INDIANA IN OCTOBER 2016 AS CICP'S SIXTH INITIATIVE. ASCEND IS WORKING TO MAKE THE LABOR MARKET MORE EFFICIENT THROUGH A SCALABLE RECRUITMENT EFFORT IN PARTNERSHIP WITH EDUCATION PROVIDERS. ASCEND CONNECTED WITH MULTIPLE INDIANA EDUCATION PROVIDERS AND BEGAN EARLY-STAGE PARTNERSHIP CONVERSATIONS THAT WILL ENABLE THE ASCEND TEAM TO ASSIST CAREER SERVICES WITH JOB PLACEMENT EFFORTS. ONCE FINALIZED, ASCEND WILL IDENTIFY TALENTED INDIVIDUALS THROUGH A MULTI-FACETED AND HIGH-TOUCH RECRUITMENT STRATEGY FOR PLACEMENT AT INDIANA EMPLOYERS IN 2017.

STRATEGIC INITIATIVES AND OTHER —— $791,944 INCLUDING GRANTS OF $337,759

START-UP EXPENSES FOR ESTABLISHMENT AND DEVELOPMENT OF AN APPLIED RESEARCH INSTITUTE (ARI) HAS BEEN FUNDED THROUGH A $16,225,000 GRANT TO CICP FOUNDATION. INITIALLY, THE ARI WILL BE LED BY AN ADVISORY BOARD COMPRISING REPRESENTATIVES OF CRANE, RESEARCH UNIVERSITIES IN INDIANA, AND OTHER CORPORATE AND INSTITUTIONAL PARTNERS. CICP STAFF HAS PROVIDED THE INITIAL STAFFING AND SUPPORT TO STAND UP ARI.
CICP STUDIED THE EXISTING QUALITY STEM PROGRAMS IN INDIANA TO ASSESS HOW THEIR MODELS HELP FOSTER THE IMPACT SOUGHT BY THE ENDOWMENT AND TO DETERMINE THOSE MOST CAPABLE OF SCALING SHOULD THEY BECOME PART OF A STATEWIDE SYSTEM. USING THESE FACTORS AND RELATED EVALUATION CRITERIA,

Name of the organization: CICP FOUNDATION, INC.

Employer identification number: 35-2065457

CICP DEVELOPED THREE CATEGORIES BY WHICH IT CLASSIFIED THE PROGRAMS AROUND THE STATE: CORE PROGRAMS, IN-CLASSROOM SUPPLEMENTAL, AND OUT-OF-CLASSROOM SUPPLEMENTAL. I-STEM, A PURDUE UNIVERSITY LEAD EFFORT, CONTINUES TO FUNCTION AS A CONVENER FOR VARIOUS STATEWIDE STEM GROUPS AND SERVES AS A RESOURCE HUB FOR STEM TEACHERS.

AGRINOVUS INDIANA - EXPENSES OF $193,000. INCLUDING GRANTS OF $0

AGRINOVUS INDIANA CONTINUES TO BUILD ON THE MOMENTUM OF A THRIVING AGBIOSCIENCES SECTOR BY POSITIONING THE STATE AS A GLOBAL LEADER IN FOOD AND AGRICULTURE INNOVATION. IN OCTOBER OF 2016, AGRINOVUS RELEASED INDIANA AGBIOSCIENCES: ENSURING A SUSTAINABLE WORKFORCE FOR OUR FUTURE. THE COMPREHENSIVE STUDY EXAMINED THE STATE'S AGBIOSCIENCES WORKFORCE, INCLUDING THE INDUSTRY'S CURRENT AND FUTURE TALENT NEEDS. IMPORTANTLY, THE ANALYSIS FOUND THAT INDIANA EMPLOYS MORE THAN 75,000 INDIVIDUALS IN THE AGBIOSCIENCES, MANY IN HIGHER WAGE JOBS. KEY RECOMMENDATIONS AND STRATEGIC ACTIONS AROUND CAREER AWARENESS AND ENGAGEMENT, TALENT MENTORING, PROFESSIONAL DEVELOPMENT, AND ENTREPRENEURIAL OPPORTUNITIES WILL BE USED TO PLAN FUTURE AGRINOVUS PROGRAMMING. THE STUDY WAS FUNDED BY A $175K PHILANTHROPIC GRANT.

XTERN BOOTCAMP IS A THREE-WEEK INTENSIVE TRAINING PROGRAM FOR AMBITIOUS COLLEGE STUDENTS WHO ARE ASPIRING TECHNICAL TALENT WITHOUT WORK EXPERIENCE. DESIGNED FOR HIGH-POTENTIAL FRESHMEN AND SOPHOMORES WITH INDUSTRY RELEVANT TECHNICAL EXPERIENCE, XTERN BOOTCAMP PROVIDES TRAINING TO SKILL-UP COLLEGE STUDENTS AND PREPARES THEM FOR THE XTERN PROGRAM. IN 2016, 24 STUDENTS PARTICIPATED IN THE PROGRAM. TECHPOINT AIMS TO PROVIDE 150 COLLEGE STUDENTS WITH THE XTERN BOOTCAMP EXPERIENCE

Name of the organization: CICP FOUNDATION, INC.

Employer identification number: 35-2065457

IN 2017.

XTERN IS "THE ULTIMATE TECH INTERNSHIP EXPERIENCE" THAT ATTRACTS THE NATION'S TOP TECH-SKILLED COLLEGE STUDENTS. THE 10-WEEK SUMMER INTERNSHIP INCLUDES HOUSING ON CAMPUS AT INDIANA UNIVERSITY-PURDUE UNIVERSITY INDIANAPOLIS (IUPUI), PROFESSIONAL NETWORKING WITH TOP TECH LEADERS, SKILLS DEVELOPMENT AND COMMUNITY ENGAGEMENT. SINCE THE PROGRAM LAUNCHED IN 2014, 289 XTERNS REPRESENTING 35 UNIVERSITIES AND 20 STATES COMPLETED THE PROGRAM. OVER 1,300 STUDENTS APPLIED TO BE XTERNS IN 2017, PROVING THAT INDIANA CAN BE AN ATTRACTIVE STATE FOR TECH-SKILLED NEW GRADUATES.

INDY TECH FELLOWSHIP IS A TWO-YEAR PROGRAM FOR NEW GRADS, CRAFTED TO PLACE DEVELOPERS, DESIGNERS, AND PRODUCT MANAGERS WITH LEADING COMPANIES WHERE THEY CAN HONE THEIR SKILLS, FAST-TRACK THEIR CAREERS, AND IMPACT OUR COMMUNITY. LAUNCHED IN JUNE 2016, WITH 21 NEW GRADUATES WORKING AT 13 TECH COMPANIES, THE PROGRAM RECRUITED A NEW CLASS IN JANUARY 2017.

SALES BOOTCAMP IS A SIX-WEEK PROGRAM FOR NEW GRADS AND CAREER CHANGERS DESIGNED TO TRAIN AND PROVIDE THEM A FIRST-HAND LOOK INSIDE THE WORK ENVIRONMENT AT SEVERAL TECH COMPANIES, AND HELP THEM QUICKLY RAMP UP TO BE HIGH-POTENTIAL SALESPEOPLE. LAUNCHED IN JUNE 2016 TO ANSWER THE NEEDS OF GROWING SALES TEAMS FOR TECH COMPANIES, THE INAUGURAL SALES BOOTCAMP EXPERIENCE INCLUDED 17 NEW GRADS AND CAREER CHANGES. ALL 17 PARTICIPANTS RECEIVED JOB OFFERS AT THE END OF THEIR TRAINING.

EXPENSES $ 1,779,733. INCLUDING GRANTS OF $ 356,316. REVENUE $ 0.

Name of the organization: CICP FOUNDATION, INC.

Employer identification number: 35-2065457

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 WILL BE REVIEWED BY THE FULL CICP FOUNDATION BOARD AT ITS JULY 2017 MEETING.

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 FOUNDATION'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 FOUNDATION); (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 FOUNDATION, 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 CICP'S CEO COLLECTS AND REVIEWS THE QUESTIONNAIRES AS THEY ARE RETURNED, ALERTS THE CEO AND CFO 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 FOUNDATION 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

Name of the organization: CICP FOUNDATION, INC.
Employer identification number: 35-2065457

THE POLICY, THE CICP FOUNDATION BOARD IS RESPONSIBLE FOR THE OVERSIGHT OF, AND ACTION REGARDING, ALL DISCLOSURES AND/OR FAILURES TO DISCLOSE.

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION FOR CICP FOUNDATION'S CEO (WHO IS EMPLOYED BY CENTRAL INDIANA CORPORATE PARTNERSHIP, INC.) IS DETERMINED AS DESCRIBED IN THE CICP FORM 990. THE PROCESS (AS ALSO DESCRIBED IN THE CICP FORM 990) IS AS FOLLOWS:

THE PRESIDENT/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 PRESIDENT/CEO OF CICP AND EFFECTIVELY DETERMINES SEVENTY PERCENT (70%) OF JOHNSON'S OVERALL SALARY. THE PROCESS THEN MOVES TO THE CICP EXECUTIVE COMMITTEE. THERE IS AN OVERLAP OF CICP MEMBERS WHO ARE ON BOTH THE BIOCROSSROADS EXECUTIVE COMMITTEE AND THE CICP EXECUTIVE COMMITTEE. THE CICP EXECUTIVE COMMITTEE UNDERGOES AND COMPLETES ITS OWN COMPENSATION REVIEW PROCESS (AS DESCRIBED IN MORE DETAIL IN THE FOLLOWING PARAGRAPH), AND THEN, TAKING INTO ACCOUNT THE SALARY FIGURE FROM THE BIOCROSSROADS EXECUTIVE COMMITTEE, DETERMINES THE COMPENSATION FOR THE ROLE OF PRESIDENT/CEO OF CICP AND JOHNSON'S RESULTING OVERALL COMPENSATION.

Name of the organization: CICP FOUNDATION, INC.

Employer identification number: 35-2065457

SEVERAL KEY EMPLOYEES ARE REVIEWED BY THEIR RESPECTIVE EXECUTIVE COMMITTEES OR DESIGNATED SUBCOMMITTEES ON AN ANNUAL BASIS, INCLUDING 2016. EACH YEAR EACH KEY EMPLOYEE SUBMITS A WRITTEN SELF-ASSESSMENT TO THE APPROPRIATE COMMITTEE PRIOR TO THE MEETING AT WHICH COMPENSATION IS ADDRESSED. THE COMMITTEE RECEIVES A LIST OF COMPENSATION COMPARABLES FROM THE CICP CFO. THE LIST COMPARES EACH EMPLOYEE'S COMPENSATON AGAINST THAT OF OTHER EXECUTIVES IN SIMILAR POSITIONS IN OTHER ORGANIZATIONS AS WELL AS THE COMPENSATION HISTORY FOR THE INDIVIDUAL. IN 2016, CICP ALSO INCLUDED THE RESULTS OF A COMPENSATIONATION STUDY OF MANY KEY EMPLOYEE POSITIONS PERFORMED BY A PROFESSIONAL HUMAN RESOURCES CONSULTING FIRM. AT THE MEETING, THE INDIVIDUAL MAY REVIEW THE SELF-ASSESSMENT WITH THE COMMITTEE. THE INFORMATION PROVIDED IS USED TO DETERMINE ANY COMPENSATION ADJUSTMENT TO BE MADE. THE CHAIRMAN OF THE REVIEWING COMMITTEE AND ONE OTHER MEMBER MEET WITH THE INDIVIDUAL AND REVIEW THE CONCLUSIONS OF THE GROUP REGARDING PERFORMANCE AND COMPENSATION ADJUSTMENT, IF ANY. THE COMPENSATION TERMS AND RESULTS OF THE MEETING ARE DOCUMENTED AND FORWARDED TO CICP'S CFO. THE DOCUMENTATION USUALLY REFLECTS (I) THE DATE ON WHICH THE COMPENSATION WAS APPROVED, (II) THE MEMBERS OF THE COMMITTEE WHO WERE PRESENT AND VOTED ON THE COMPENSATION TERMS, (III) THE COMPARABILITY DATA THAT WAS OBTAINED, REVIEWED, AND RELIED ON BY THE COMMITTEE (AND HOW THE DATA WAS OBTAINED AND USED), AND (IV) ANY RECUSAL OR WITHDRAWAL BY A MEMBER OF THE COMMITTEE WHO HAD A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION (THE LAST POINT IS AN UNLIKELY SCENARIO).

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization: CICP FOUNDATION, INC.

Employer identification number: 35-2065457

FORM 990, PART IX, LINE 24(A)

OTHER EXPENSES: 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 REIMBURSED. SIMILARLY, IF EITHER OF THE OTHER TWO ENTITIES INCURS EXPENSES THAT ARE ALLOCATED TO CICP, CICP PROVIDES REIMBURSEMENT.

FORM 990, PART XII, LINE 2C

COMMITTEE OVERSIGHT OF AUDIT:

THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT AUDITOR. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990, PART XII, LINE 1

BASIS OF ACCOUNTING:

MODIFIED CASH BASIS AS EMPLOYED BY CICP FOUNDATION FOR THE CONSOLIDATED FINANCIAL AUDIT IS AS FOLLOWS:

CICP FOUNDATION RECOGNIZES 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

Name of the organization: CICP FOUNDATION, INC.

Employer identification number: 35-2065457

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.

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.*

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

CICP FOUNDATION, INC.

Employer identification number

35-2065457

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" 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	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
CENTRAL INDIANA CORPORATE PARTNERSHIP, INC. - 35-2065459, 111 MONUMENT CIRCLE, STE 1800, INDIANAPOLIS, IN 46204	PROMOTING LONG TERM GROWTH FOR THE REGION	INDIANA	501(C)(6)		N/A		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2016

632161 09-06-16 LHA

Part 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" 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 512(b)(13) controlled entity? Yes	(i) No
TECHPOINT VENTURES, INC. - 26-3662235 111 MONUMENT CIRCLE, STE 1800 INDIANAPOLIS, IN 46204	TECHNOLOGY INITIATIVE AND PROJECT FACILIATION.	IN	CICP	C CORP	0.	0.	.00%		X
BC INITIATIVE, INC. - 20-0882485 300 NORTH MERIDIAN ST, STE 950 INDIANAPOLIS, IN 46204	IDENTIFYING AND BUILDING INDIANA'S LIFE SCIENCES.	IN	CICP	C CORP	0.	0.	.00%		X
CLEANTECH SYSTEMS SOLUTIONS, INC. - 45-3762473, 111 MONUMENT CIRCLE, STE 1800, INDIANAPOLIS, IN 46204	TECHNOLOGY INITIATIVE AND PROJECT FACILIATION.	IN	CICP	C CORP	0.	0.	.00%		X
ASCEND INDIANA STRATEGIES, INC. - 81-2549702 111 MONUMENT CIRCLE, STE 1800 INDIANAPOLIS, IN 46204	EMPLOYER HUMAN CAPITAL CONSULTING SERVICES.	IN	CICP	C CORP	0.	0.	.00%		X

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p	X	
q Reimbursement paid by related organization(s) for expenses	1q	X	
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	CENTRAL INDIANA CORPORATE PARTNERSHIP, INC.	B	66,786.	FMV
(2)	CENTRAL INDIANA CORPORATE PARTNERSHIP, INC.	N	2,883.	FMV
(3)	CENTRAL INDIANA CORPORATE PARTNERSHIP, INC.	O	4,221,350.	FMV
(4)				
(5)				
(6)				

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) orgs ? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) NO	(k) Percentage ownership

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions

SCHEDULE R, PART V, LINE 1 (P) AND (Q)

REIMBURSEMENT PAID TO AND RECEIVED FROM OTHER ORGANIZATION FOR EXPENSES:

TO THE EXTENT BC INITIATIVE, INC. INCURS EXPENSE ON BEHALF OF CICP FOUNDATION, INC., CICP FOUNDATION REGULARLY REIMBURSES BC INITIATIVE, INC. EACH MONTH CICP FOUNDATION PREPARES AN INTERCOMPANY REPORT THAT DETAILS AMOUNTS DUE TO BC INITIATIVE, INC. OWED BY THE FOUNDATION. BC INITIATIVE PREPARES A SIMILAR RECONCILING REPORT THAT DETAILS AMOUNTS DUE FROM CICP FOUNDATION, INC. REIMBURSEMENTS ARE MADE AS SOON AS POSSIBLE AFTER THE BOOKS ARE CLOSED EACH MONTH.

SCHEDULE R, PART V, LINE 2 (1)

GRANT TO RELATED ORGANIZATIONS:

CICP FOUNDATION, INC. (FOUNDATION) PROVIDED A GRANT TO CENTRAL INDIANA CORPORATE PARTNERSHIP, INC. (CICP) IN THE AMOUNT OF $66,786 IN 2016. THE GRANT WAS RESTRICTED TO USE FOR EXEMPT PURPOSES. IT IS RESTRICTED TO WORKFORCE DEVELOPMENT EFFORTS.

SCHEDULE R, PART V, LINE 2 (2)

SHARING OF FACILITIES, EQUIPMENT, MAILING LISTS, OR OTHER ASSETS:

FOR BIOCROSSROADS OPERATIONS, CICP FOUNDATION AND BC INITIATIVE, INC. (BCI) SHARE OFFICE SPACE AND EQUIPMENT. BCI PAYS FOR ALL SHARED COSTS AND CICP FOUNDATION REIMBURSES BCI FOR ITS SHARE BASED ON EMPLOYEE TIME ALLOCATIONS. FOR CONEXUS INDIANA, TECHPOINT, CICP FOUNDATION AND CICP, INC. SHARE OFFICE SPACE. EXPENSES ARE ALLOCATED BASED ON EMPLOYEE TIME ALLOCATIONS. FOR 2016, MOST ADMINISTRATIVE EXPENSE WAS BORNE BY CICP, INC.

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART V, LINE 2 (3)

SHARING OF PAID EMPLOYEES:

CENTRAL INDIANA CORPORATE PARTNERSHIP, INC. (CICP) IS AFFILIATED WITH CICP FOUNDATION, INC. (FOUNDATION), A 501(C)(3) CORPORATION AND BC INITIATIVE, INC., (BCI), A FOR PROFIT C CORPORATION. CICP EMPLOYS ALL WHO WORK FOR THE THREE ENTITIES. BASED ON INFORMATION PROVIDED BY THE FOUNDATION AND BCI, CICP ALLOCATES SALARY AND BENEFIT COSTS TO THE FOUNDATION AND BCI AND IS REGULARLY REIMBURSED FOR THOSE COSTS. ADMINISTRATIVE EXPENSES INCURRED BY CICP FOR THE BENEFIT OF THE OTHER TWO ENTITIES ALSO ARE REIMBURSED. SIMILARLY, IF EITHER OF THE OTHER TWO ENTITIES INCURS EXPENSES THAT ARE ALLOCATED TO CICP, CICP PROVIDES REIMBURSEMENT.