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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private 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 01-01-2016 , and ending 12-31-2016

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

C Name of organization
CENTRAL INDIANA CORPORATE PARTNERSHIP INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
111 MONUMENT CIRCLE NO 1800

City or town, state or province, country, and ZIP or foreign postal code
INDIANAPOLIS, IN 462045178

D Employer identification number
35-2065459

E Telephone number
(317) 532-4802

G Gross receipts $ 5,353,420

F Name and address of principal officer
DAVID LAWTHER JOHNSON
111 MONUMENT CIRCLE STE 1800
INDIANAPOLIS, IN 46204

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) (6) ◀ (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
THE CENTRAL INDIANA CORPORATE PARTNERSHIP (CICP) IS TRANSFORMING OUR REGIONAL ECONOMY, BRINGING TOGETHER THE CEOS OF CENTRAL INDIANA'S LARGEST AND MOST CIVICALLY ENGAGED EMPLOYERS & UNIVERSITY PRESIDENTS TO ADVANCE "BIG PICTURE" PRIORITIES LIKE ENCOURAGING INNOVATION AND ENTREPRENEURSHIP, BUILDING A WORLD-CLASS WORKFORCE AND CREATING A PRO-GROWTH BUSINESS CLIMATE CICP HAS BUILT A UNIFIED STRUCTURE FOR REGIONAL ECONOMIC DEVELOPMENT, LEADING A FAMILY OF INITIATIVES FOCUSED ON INDIANA'S MOST DYNAMIC, FAST-GROWING INDUSTRIES - LIFE SCIENCES, TECHNOLOGY, AGRICULTURAL INNOVATION, ADVANCED MANUFACTURING AND LOGISTICS, AND CLEAN ENERGY TECHNOLOGY

Activities & Governance

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**	59
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	59
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	72
6	Total number of volunteers (estimate if necessary)	**6**	275
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

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,171,137	4,935,519
9	Program service revenue (Part VIII, line 2g)	0	401,125
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,543	5,640
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	154,298	11,136
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,328,978	5,353,420

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	137,892	376,019
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)	6,062,517	7,183,776
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	-1,877,978	-2,694,397
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,322,431	4,865,398
19	Revenue less expenses Subtract line 18 from line 12	1,006,547	488,022

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	4,005,696	4,500,577
21	Total liabilities (Part X, line 26)	93,124	99,983
22	Net assets or fund balances Subtract line 21 from line 20	3,912,572	4,400,594

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

****** 2017-09-20
Signature of officer Date

DAVID LAWTHER JOHNSON PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KEITH T GAMBREL	KEITH T GAMBREL	2017-09-20		P00150740

Firm's name ▶ KSM BUSINESS SERVICES INC — Firm's EIN ▶ 35-2123203
Firm's address ▶ PO BOX 40857 INDIANAPOLIS, IN 462400857 — Phone no (317) 580-2000

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE CENTRAL INDIANA CORPORATE PARTNERSHIP IS AN ALLIANCE OF INDIANA'S BUSINESS AND RESEARCH UNIVERSITY LEADERS COMING TOGETHER TO FOSTER LONG-TERM PROSPERITY FOR THE REGION CICP IS DEDICATED TO THE PROPOSITION THAT THE PUBLIC, PRIVATE AND ACADEMIC SECTORS MUST PLAN AND INVEST STRATEGICALLY AND COLLABORATIVELY TO BUILD A COMPETITIVE 21ST CENTURY ECONOMY IN CENTRAL INDIANA

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 ☑ 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 ☑ 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 $ including grants of $) (Revenue $)
See Additional Data

4b (Code) (Expenses $ including grants of $) (Revenue $)
See Additional Data

4c (Code) (Expenses $ including grants of $) (Revenue $)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

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**		No
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**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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**	46		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	72		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**			No
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**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
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**		Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		Yes	
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**			
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**			
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**			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
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?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**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	**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? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
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**			No
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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

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	1a	59		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	59		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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		No
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	Yes	
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a 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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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 Form 1023 (or 1024 if applicable), 990, and 990-T (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 111 MONUMENT CIRCLE SUITE 1800 INDIANAPOLIS, IN 462040000 (317) 532-4802

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
See Additional Data Table										

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 dotted 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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								3,100,521	0	505,317

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 ▶ 16

			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**		No
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**	Yes	
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**		No

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
WATERS & ASSOC 2701 ENTERPRISE DRIVE STE 103 ANDERSON, IN 46013	PROJECT CONSULTING EXPENSE-ESN	170,726
ICE MILLER PO BOX 68 INDIANAPOLIS, IN 46206	LEGAL EXPENSE/LEASED EMPLOYEE- AGRINOVUS	151,469

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

Part 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	1,234,000		
	c Fundraising events . .	1c			
	d Related organizations	1d	66,786		
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,634,733		
	g Noncash contributions included in lines 1a-1f $ _____				
	h Total. Add lines 1a-1f . . . . . ▶		4,935,519		
Program Service Revenue		Business Code			
	2a MANAGEMENT FEE INCOME	900099	401,125	401,125	
	b _____				
	c _____				
	d _____				
	e _____				
	f All other program service revenue				
	g Total. Add lines 2a–2f . . . . ▶		401,125		
	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		5,640		5,640
	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) . . . . . ▶				
Other Revenue	**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 MISC INCOME	900099	11,136	11,136	
	b _____				
	c _____				
	d All other revenue				
	e Total. Add lines 11a–11d . . . . . ▶		11,136		
	12 Total revenue. See Instructions . . . . . ▶		5,353,420	412,261	0 5,640

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 . . . . . ☑

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	376,019			
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, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,127,164			
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	3,482,349			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	426,684			
9 Other employee benefits	825,298			
10 Payroll taxes	322,281			
11 Fees for services (non-employees)				
a Management				
b Legal	46,073			
c Accounting	20,258			
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 Schedule O)	8,471			
12 Advertising and promotion	341,282			
13 Office expenses	86,380			
14 Information technology	31,033			
15 Royalties . .				
16 Occupancy	190,333			
17 Travel	78,760			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	29,761			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	24,189			
23 Insurance . . .	13,459			
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 PROJECT EXPENSES	773,406			
b BAD DEBT EXPENSE	68,096			
c DUES AND SUBSCRIPTIONS	12,607			
d REIMBURSEMENT FOR SHARE	-4,424,620			
e All other expenses	6,115			
25 **Total functional expenses.** Add lines 1 through 24e	4,865,398			
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 IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	1,996,584	1	1,777,757
	2	Savings and temporary cash investments	1,395,208	2	2,036,276
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	470,147	4	578,458
	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 instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	29,583	9	17,100
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 376,216			
	b	Less accumulated depreciation — 10b: 287,230	113,174	10c	88,986
	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	1,000	15	2,000
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	4,005,696	16	4,500,577
Liabilities	17	Accounts payable and accrued expenses	45,292	17	99,983
	18	Grants payable		18	
	19	Deferred revenue	18,900	19	0
	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	28,932	25	0
	26	**Total liabilities.** Add lines 17 through 25	93,124	26	99,983
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	3,912,572	27	4,400,594
	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	3,912,572	33	4,400,594
	34	Total liabilities and net assets/fund balances	4,005,696	34	4,500,577

Part XI Reconcilliation 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	5,353,420
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,865,398
3	Revenue less expenses Subtract line 2 from line 1	3	488,022
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,912,572
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	4,400,594

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		No
	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	Yes	
	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	Yes	
	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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 35-2065459

Name: CENTRAL INDIANA CORPORATE PARTNERSHIP INC

Form 990, Part III, Line 4a:

TECHPOINT IS THE VOICE AND CATALYST FOR INDIANA'S TECHNOLOGY COMPANIES AND OVERALL TECH ECOSYSTEM TECHPOINT BUILDS, RECOGNIZES, AND AMPLIFIES AN EXCEPTIONALLY CONNECTED AND COLLABORATIVE COMMUNITY THROUGH EVENTS AND THE DIGITAL MEDIA PLATFORM TECHPOINT ORG , ATTRACTING VALUABLE TALENT, AND CONNECTING OUR MOST PROMISING COMPANIES WITH CAPITAL AND CUSTOMERS VISIT WWW TECHPOINT ORG TECHPOINT'S SIGNATURE EVENT - THE MIRA AWARDS GALA, PRESENTED BY ANGIE'S LIST, INTERACTIVE INTELLIGENCE AND SALESFORCE - WILL BE HELD IN APRIL AT THE WESTIN INDIANAPOLIS AND HONORS 'THE BEST OF TECH IN INDIANA' WITH A SELL-OUT CROWD OF 850 PEOPLE THE WINNERS' CIRCLE EVENT BRINGS TOGETHER A MIX OF PREVIOUS AND CURRENT MIRA AWARD WINNERS AND SELECT SCALE-UP COMPANIES FROM TECHPOINT'S TAILWIND PROGRAM DURING FAST FRIDAY AT THE INDIANAPOLIS MOTOR SPEEDWAY THE TECH 25 EVENT CELEBRATES A PRESTIGIOUS SELECTION OF 25 INDIVIDUALS WHO ARE CRITICAL AND EXCEPTIONAL PERFORMERS HELPING TO GROW OUR COMMUNITY'S TECH AND TECH-ENABLED COMPANIES TECHPOINT'S TAILWIND PROGRAM WAS PILOTED IN 2015 WITH THE HELP OF A GRANT FROM THE INDIANA OFFICE OF SMALL BUSINESS AND ENTREPRENEURSHIP THE PROGRAM GREW TO INCLUDE 18 SCALE-UP COMPANIES IN 2016 THOSE 18 COMPANIES ARE ACCESSING CRITICAL RESOURCES OF TALENT AND PROMOTION THROUGH TECHPOINT TO BECOME TOMORROW'S SUCCESSES SUITE SPEED DATING WAS HOSTED AT BANKERS LIFE FIELDHOUSE FOR 16 SCALE-UP COMPANIES TO MEET FACE-TO-FACE WITH A DOZEN OF OUR STATE'S WELL-KNOWN COMPANIES LIKE ELI LILLY AND CO , FIRST INTERNET BANK AND ONEAMERICA TECHPOINT'S DIGITAL MEDIA PLATFORM SHARED OVER 425 STORIES OF INDIANA TECH SUCCESS IN 2016 OVER 1,200 JOBS WERE POSTED TO THE JOB BOARD, AND OVER 380 COMPANIES ARE NOW LISTED IN THE TECH DIRECTORY THE PLATFORM ALSO HOSTS COMMUNITY EVENT LISTINGS, SHARES LOCAL AND NATIONAL MEDIA STORIES, HIGHLIGHTS TECHPOINT PROGRAMS AND EVENT SUCCESSES, AND THEN SHARES THEM WITH MORE THAN 13,000 EMAIL SUBSCRIBERS AND 13,000 SOCIAL MEDIA FOLLOWERS

Form 990, Part III, Line 4b:

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 CONEXUS INDIANA WORKS CLOSELY WITH ITS INDUSTRY COUNCILS, CONNECTING BUSINESSES WITH OPPORTUNITIES AND STRENGTHENING INDIANA'S POSITION AS AN ADVANCED MANUFACTURING AND LOGISTICS (AML) LEADER CONEXUS INDIANA HAS SPEARHEADED 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 IN ADDITION TO TALENT DEVELOPMENT INITIATIVES, CONEXUS INDIANA AND ITS INDUSTRY-LED COUNCILS OF LOGISTICS, AUTOMOTIVE AND AEROSPACE AND DEFENSE INDUSTRY EXECUTIVES DELIVERED INNOVATIVE SOLUTIONS AND STRATEGIC INITIATIVES TO SUPPORT INDUSTRY GROWTH AND PROTECT AND LEVERAGE INDIANA'S ENVIABLE POSITION AS THE "CROSSROADS OF AMERICA "CONEXUS INDIANA LOGISTICS COUNCIL IS WORKING DILIGENTLY TO IMPLEMENT PROJECTS OUTLINED IN ITS SIX REGIONAL LOGISTICS STRATEGIC PLANS MORE THAN 225 INDIANA LOGISTICS EXECUTIVES IDENTIFIED INFRASTRUCTURE, PUBLIC POLICY AND WORKFORCE DEVELOPMENT OPPORTUNITIES IN EACH OF THE STATE'S 92 COUNTIES THE COUNCIL MEMBERS HAVE MOVED QUICKLY TO IMPLEMENT PRIORITY INFRASTRUCTURE PROJECTS AND RECOMMEND ASSOCIATED FUNDING OPTIONS FOR CONSIDERATION BY THE 2017 INDIANA GENERAL ASSEMBLY MEMBERS OF THE CONEXUS INDIANA AEROSPACE AND DEFENSE COUNCIL CONTINUE TO WORK WITH THE INDIANA ECONOMIC DEVELOPMENT CORPORATION TO STRENGTHEN INDIANA'S LEADERSHIP IN THE AEROSPACE AND DEFENSE INDUSTRY EIGHT AEROSPACE AND DEFENSE COUNCIL COMPANIES JOINED STATE LEADERS AT THE FARNBOROUGH INTERNATIONAL AIRSHOW IN PARIS IN 2015 AND 2016, THE WORLD'S LARGEST EXHIBITION DEDICATED TO THE AVIATION INDUSTRY THE INDIANA AUTOMOTIVE COUNCIL (IAC) SERVES TO ENCOURAGE AND ENABLE COLLABORATION BETWEEN INDIANA'S AUTOMOTIVE INDUSTRY, RESEARCH INSTITUTIONS, AND GOVERNMENT THE COUNCIL'S OVERARCHING GOAL IS TO SUPPORT AN ECONOMIC ENVIRONMENT THAT GROWS A STRONGER AND MORE INNOVATIVE AUTOMOTIVE INDUSTRY, A BETTER EDUCATED AND HIGHLY PAID WORKFORCE, AND AN ECONOMIC ENVIRONMENT THAT DRAWS CAPITAL INVESTMENT AND TALENT TO INDIANA IN 2016, CONEXUS INDIANA LAUNCHED A WEB-BASED DATABASE, CONEXUS ICON, CONNECTING MORE THAN 6,500 HOOSIER- BASED ORIGINAL EQUIPMENT MANUFACTURERS (OEMS), STATE AGENCIES, UNIVERSITIES, AND SMALL- TO MEDIUM- SIZED BUSINESSES WITH PROCUREMENT OPPORTUNITIES THE FREE SUPPLIER DATABASE SIMPLIFIES MATCHMAKING AND CONNECTS INDIANA SUPPLIERS WITH BUYERS THROUGHOUT THE STATE AND AROUND THE WORLD ITS ROBUST SEARCH CAPABILITIES AND GIS MAPPING TOOL PINPOINTS COMPANY LOCATIONS AND INDUSTRY CLUSTERS IN SUPPORT OF THIS 501(C)(6) ACTIVITY, THE CONEXUS COUNCILS AND CONEXUS ICON WILL RECEIVE $1 17 MILLION IN CORPORATE AND UNIVERSITY CONTRIBUTIONS, AND STATE GRANTS FROM INDIANA ECONOMIC DEVELOPMENT CORPORATION AND INDIANA OFFICE OF DEFENSE DEVELOPMENT IN 2017

Form 990, Part III, Line 4c:

ENERGY SYSTEMS NETWORK (ESN) IS AN INDUSTRY-DRIVEN ECONOMIC ORGANIZATION FOCUSED ON BRINGING ENERGY TECHNOLOGY SOLUTIONS TO MARKET, USING INNOVATION TO CONFRONT GLOBAL ENERGY CHALLENGES WITH SYSTEMS-LEVEL SOLUTIONS ENERGY SYSTEMS NETWORK (ESN) IS BUILDING AN ENERGY ECOSYSTEM THAT INTEGRATES ALL ASPECTS OF THE ENERGY LANDSCAPE ENERGY GENERATION, DISTRIBUTION, THE BUILT ENVIRONMENT, AND TRANSPORTATION VISIT WWW ENERGYSYSTEMSNETWORK COM ESN EMBARKED ON A NEW STRATEGIC PARTNERSHIP WITH THE INDIANA HOUSING AND COMMUNITY DEVELOPMENT AUTHORITY (IHCDA), FOCUSING ON THE CHALLENGE OF AFFORDABLE HOUSING AND TRANSPORTATION FOR LOW- TO MODERATE-INCOME INDIVIDUALS AND FAMILIES IT'S RECOMMENDED THAT FAMILIES BUDGET 30 PERCENT OF THEIR INCOME ON HOUSING, AND ANOTHER 15 PERCENT ON TRANSPORTATION BUT LOW- TO MODERATE-INCOME FAMILIES STRUGGLE TO COVER THESE COSTS - EVEN WITH PUBLIC SUBSIDIES AS A RESULT, ESN AND IHCDA CREATED A PROGRAM THAT WOULD ALLOW THESE FAMILIES TO INCREASE THEIR QUALITY OF LIFE WHILE DECREASING THEIR COST OF LIVING LAUNCHED BY IHCDA AND ESN IN AUGUST 2015, THE "MOVING FORWARD" PROJECT HAS THE POTENTIAL TO TRANSFORM TWO LOCALCOMMUNITIES IHCDA ANNOUNCED THEY WOULD PROVIDE FEDERAL FUNDING TO SUPPORT TWO PILOT PROJECTS INTEGRATING ENERGY EFFICIENCY, BUILT ENVIRONMENT, AND TRANSPORTATION USING A TOTAL COST OF OWNERSHIP (TCO) MODEL TO ACHIEVE COST SAVINGS THE MOVING FORWARD PROGRAM NOW HAS FOUR SUSTAINABLE AFFORDABLE HOUSING PROJECTS UNDERWAY THROUGHOUT THE STATE OF INDIANA THE BATTERY INNOVATION CENTER (BIC), INCUBATED AND LAUNCHED OUT OF ESN, CONTINUES TO EXPAND WITH NEW TESTING, VALIDATION AND RESEARCH PROJECTS ESN HAS PROVIDED SUPPORT IN PLANNING THE STATE'S LARGEST SOLAR ENERGY INSTALLATION AT NAVAL SURFACE WARFARE CENTER CRANE, WHICH BROKE GROUND IN 2016 ESN CONTINUES SERVING AS INDYGO'S EXPERT CONSULTANT IN PLANNING AND DEVELOPING THE CITY'S ELECTRIC BUS RAPID TRANSIT LINE

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
CATHERINE A LANGHAM CHAIR	1 00	X		X				0	0	0
JACK J PHILLIPS VICE CHAIR	1 00	X		X				0	0	0
STEPHEN FERGUSON SECRETARY	1 00	X		X				0	0	0
CONNIE BOND STUART TREASURER	1 00	X		X				0	0	0
RICHARD J GIROMINI AT-LARGE	1 00	X						0	0	0
JEFF SMULYAN AT-LARGE	1 00	X						0	0	0
DENNIS D OKLAK IMMEDIATE PAST CHAIR	1 00	X						0	0	0
N CLAY ROBBINS EX-OFFICIO	1 00	X						0	0	0
DAVID BECKER DIRECTOR	1 00	X						0	0	0
MELODY BIRMINGHAM-BYRD DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
DANIEL J BRADLEY DIRECTOR	1 00	X						0	0	0
PATRICK F CARR DIRECTOR	1 00	X						0	0	0
CARL L CHAPMAN DIRECTOR	1 00	X						0	0	0
JUSTIN P CHRISTIAN DIRECTOR	1 00	X						0	0	0
JAMES C CONWELL DIRECTOR	1 00	X						0	0	0
MITCHELL E DANIELS JR DIRECTOR	1 00	X						0	0	0
J SCOTT DAVISON DIRECTOR	1 00	X						0	0	0
LAWRENCE E DEWEY DIRECTOR	1 00	X						0	0	0
TOM EASTERDAY DIRECTOR	1 00	X						0	0	0
CHIP E EDGINGTON DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
SUE ELLSPERMANN DIRECTOR	1 00	X						0	0	0
MARK A EMMERT DIRECTOR	1 00	X						0	0	0
RON FAUQUHER DIRECTOR	1 00	X						0	0	0
CLAIRE FIDDIAN-GREEN DIRECTOR	1 00	X						0	0	0
JAMES P HALLETT DIRECTOR	1 00	X						0	0	0
JEFF HARRISON DIRECTOR	1 00	X						0	0	0
TIM HASSINGER DIRECTOR	1 00	X						0	0	0
MARK HILL DIRECTOR	1 00	X						0	0	0
ROBERT W HILLMAN DIRECTOR	1 00	X						0	0	0
ALLAN B HUBBARD DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
ROBERT JONES DIRECTOR	1 00	X						0	0	0
TERRY KING DIRECTOR	1 00	X						0	0	0
JA LACY DIRECTOR	1 00	X						0	0	0
JOHN C LECHLEITER DIRECTOR	1 00	X						0	0	0
TOM LINEBARGER DIRECTOR	1 00	X						0	0	0
KRISTIN MAYS-CORBITT DIRECTOR	1 00	X						0	0	0
SCOTT MCCORKLE DIRECTOR	1 00	X						0	0	0
MICHAEL A MCROBBIE DIRECTOR	1 00	X						0	0	0
JAMES P MERISOTIS DIRECTOR	1 00	X						0	0	0
MARK MILES DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
PATRICIA FRANKS MILLER DIRECTOR	1 00	X						0	0	0
BRYAN MILLS DIRECTOR	1 00	X						0	0	0
DENNIS MURPHY DIRECTOR	1 00	X						0	0	0
KELLY PFLEDDERER DIRECTOR	1 00	X						0	0	0
MARK C RHODES DIRECTOR	1 00	X						0	0	0
JAMES K RISK III DIRECTOR	1 00	X						0	0	0
LOU RIVIECCIO DIRECTOR	1 00	X						0	0	0
SAM SATO DIRECTOR	1 00	X						0	0	0
DAVID SIMON DIRECTOR	1 00	X						0	0	0
J ALBERT SMITH DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
BILL SOARDS DIRECTOR	1 00	X						0	0	0
JOE SWEDISH DIRECTOR	1 00	X						0	0	0
JOHN SWISHER DIRECTOR	1 00	X						0	0	0
PHILLIP A TERRY DIRECTOR	1 00	X						0	0	0
JOHN T THOMPSON DIRECTOR	1 00	X						0	0	0
STEVE WALKER DIRECTOR	1 00	X						0	0	0
PAUL WILL DIRECTOR	1 00	X						0	0	0
KATIE WOLFRAM DIRECTOR	1 00	X						0	0	0
KEN ZAGZEBSKI DIRECTOR	1 00	X						0	0	0
DAVID LAWTHER JOHNSON PRESIDENT AND CEO, CICP AND BIOCROSSROADS	13 00 27 00			X				580,146	0	63,447

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
LATOYA ALEXANDER BOTTERON CHIEF FINANCIAL OFFICER	25 00 15 00			X				187,519	0	37,213
ELIZABETH MCCAW CHIEF OPERATING OFFICER	30 00 10 00			X				223,906	0	39,758
STEVE DWYER PRESIDENT AND CEO, CONEXUS	40 00				X			302,154	0	28,163
PAUL MITCHELL PRESIDENT AND CEO, ESN	40 00				X			362,081	0	45,274
MIKE LANGELLIER PRESIDENT AND CEO, TECHPOINT	40 00				X			246,304	0	48,797
JASON KLOTH PRESIDENT AND CEO, ASCEND INDIANA	40 00				X			225,054	0	23,788
NORA DOHERTY VP FINANCE, BIOCROSSROADS	40 00					X		267,399	0	55,554
DAVID HOLT VICE PRESIDENT, CONEXUS	40 00					X		204,372	0	45,953
BRIAN STEMME PROJECT DIRECTOR - BIOCROSSROADS	40 00					X		191,777	0	44,195
MATTHEW CONRAD EXECUTIVE DIRECTOR, INDIANA AUTOMOTIVE COUNCIL	40 00					X		155,304	0	35,561

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
JOHN ECKERLE PROJECT DIRECTOR - BIOCROSSROADS	40 00					X		154,505	0	37,614

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures ▶ $
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ No
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $
4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		No
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	1,234,000
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation	

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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
CENTRAL INDIANA CORPORATE PARTNERSHIP INC

Employer identification number
35-2065459

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 an 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 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 in 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 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		163,763	111,960	51,803
d Equipment		56,006	53,048	2,958
e Other		156,447	122,222	34,225
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				88,986

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. *(Column (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. *(Column (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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

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 ☑

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	5,431,168
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	223,129		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	223,129
3	Subtract line **2e** from line **1**			3	5,208,039
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	145,381		
c	Add lines **4a** and **4b**			4c	145,381
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	5,353,420

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	5,020,431
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	223,129		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	223,129
3	Subtract line **2e** from line **1**			3	4,797,302
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	68,096		
c	Add lines **4a** and **4b**			4c	68,096
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	4,865,398

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 35-2065459

Name: CENTRAL INDIANA CORPORATE PARTNERSHIP INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	CICP IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS THERE WAS NO UNRELATED BUSINESS INCOME FOR THE YEAR S ENDED DECEMBER 31, 2016 AND 2015 CICP FILES U S FEDERAL AND STATE OF INDIANA TAX RETUR NS, AND THEY ARE NO LONGER SUBJECT TO U S FEDERAL AND STATE TAX EXAMINATIONS BY TAX AUTHO RITIES FOR YEARS BEFORE 2013

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	ADJUSTMENT DUE TO CHANGE FROM MODIFIED CASH BASIS TO ACCRUAL BASIS 145,381

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	ADJUSTMENT DUE TO CHANGE FROM MODIFIED CASH BASIS TO ACCRUAL BASIS 68,096

Supplemental Information

Return Reference	Explanation
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 438,022 THE AUDI TED FINANCIAL STATEMENTS SHOW A CHANGE IN NET ASSETS OF 410,737 THE DIFFERENCE BETWEEN TH E RETURN AND AUDITED FINANCIAL STATEMENTS IS THE ADJUSTMENT FROM MODIFIED CASH BASIS TO AC CRUAL 27,285

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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
CENTRAL INDIANA CORPORATE PARTNERSHIP INC

Employer identification number
35-2065459

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? . . . . . ☐ 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

(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 non-cash assistance	(h) Purpose of grant or assistance

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 . . . . . ▶ 0

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 non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	CICP 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

Additional Data

Software ID:
Software Version:
EIN: 35-2065459
Name: CENTRAL INDIANA CORPORATE PARTNERSHIP INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN CANCER SOCIETY 5635 W 96TH STREET STE 100 INDIANAPOLIS, IN 46278	13-1788491	501(C)(3)	5,000				DISCOVERY BALL SILVER SPONSORSHIP
ECONOMIC CLUB OF INDIANA 1630 N MERIDIAN STREET INDIANAPOLIS, IN 46202	23-7381408	501(C)(3)	10,000				PLATINUM SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
LEADERSHIP INDIANAPOLIS 615 NORTH ALABAMA STSTE119 INDIANAPOLIS, IN 46204	35-2054817	501(C)(3)	5,000				ANNUAL CORPORATE SPONSORSHIP
TECHPOINT FOUNDATION FOR YOUTH 5255 WINTHROP AVE 150 INDIANAPOLIS, IN 46220	35-2155455	501(C)(3)	102,972				GRANT TO SUPPORT LAUNCH OF CODERDOJO INDIANA

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	**(h)** Purpose of grant or assistance
INDIANA UNIVERSITY DEPT 78896 PO BOX 78000 DETROIT, MI 482780896	35-6001673	501(C)(3)	240,547				XTERN PROGRAM INTERN HOUSING

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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

2015

Open to Public Inspection

Name of the organization
CENTRAL INDIANA CORPORATE PARTNERSHIP INC

Employer identification number
35-2065459

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the 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, officers, including the CEO/Executive Director, regarding the items checked in 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**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
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**		
b	Any related organization?	**5b**		
	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**		
b	Any related organization?	**6b**		
	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 non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		
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 are not listed on Form 990, Part VII

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

(A) Name and Title	**(B)** Breakdown of 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				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation
SCHEDULE J, PART I, LINE 3	ESTABLISHMENT OF CEO COMPENSATION AS DESCRIBED ELSEWHERE IN THE FORM 990, THE CICP EXECUTIVE COMMITTEE SETS THE CEO'S COMPENSATION, IN CONJUNCTION WITH, AND IN PART BASED ON, THE COMPENSATION REVIEW PROCESS OF THE BIOCROSSROADS EXECUTIVE COMMITTEE (AS THE CEO OF CICP, DAVID LAWTHER JOHNSON, IS ALSO THE PRESIDENT OF BIOCROSSROADS) ALSO, SEE THE SCHEDULE O REFERENCE TO FORM 990, PART VI, SECTION B, LINE 15

Additional Data

Software ID:

Software Version:

EIN: 35-2065459

Name: CENTRAL INDIANA CORPORATE PARTNERSHIP INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
1 DAVID LAWTHER JOHNSON PRESIDENT AND CEO, CICP AND BIOCROSS	(I)	469,750	110,000	396	23,850	39,597	643,593	0
	(II)	0	0	0	0	0	0	0
LATOYA ALEXANDER 1 BOTTERON CHIEF FINANCIAL OFFICER	(I)	162,465	25,000	54	17,268	19,945	224,732	0
	(II)	0	0	0	0	0	0	0
2 ELIZABETH MCCAW CHIEF OPERATING OFFICER	(I)	208,846	15,000	60	18,420	21,338	263,664	0
	(II)	0	0	0	0	0	0	0
3 STEVE DWYER PRESIDENT AND CEO, CONEXUS	(I)	261,392	40,000	762	23,850	4,313	330,317	0
	(II)	0	0	0	0	0	0	0
4 PAUL MITCHELL PRESIDENT AND CEO, ESN	(I)	322,027	40,000	54	23,850	21,424	407,355	0
	(II)	0	0	0	0	0	0	0
5 MIKE LANGELLIER PRESIDENT AND CEO, TECHPOINT	(I)	216,250	30,000	54	22,545	26,252	295,101	0
	(II)	0	0	0	0	0	0	0
6 JASON KLOTH PRESIDENT AND CEO, ASCEND INDIANA	(I)	200,000	25,000	54	19,471	4,317	248,842	0
	(II)	0	0	0	0	0	0	0
7 NORA DOHERTY VP FINANCE, BIOCROSSROADS	(I)	229,411	37,850	138	22,617	32,937	322,953	0
	(II)	0	0	0	0	0	0	0
8 DAVID HOLT VICE PRESIDENT, CONEXUS	(I)	196,782	7,500	90	18,385	27,568	250,325	0
	(II)	0	0	0	0	0	0	0
9 BRIAN STEMME PROJECT DIRECTOR - BIOCROSSROADS	(I)	175,487	16,200	90	14,673	29,522	235,972	0
	(II)	0	0	0	0	0	0	0
10 MATTHEW CONRAD EXECUTIVE DIRECTOR, INDIANA AUTOMOTI	(I)	150,250	5,000	54	14,355	21,206	190,865	0
	(II)	0	0	0	0	0	0	0
11 JOHN ECKERLE PROJECT DIRECTOR - BIOCROSSROADS	(I)	145,926	8,525	54	14,134	23,480	192,119	0
	(II)	0	0	0	0	0	0	0

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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
CENTRAL INDIANA CORPORATE PARTNERSHIP INC

Employer identification number
35-2065459

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE NINE-MEMBER CICP EXECUTIVE COMMITTEE WILL REVIEW THE RETURN BEFORE IT IS FILED AS SOO N AS POSSIBLE AFTER THAT MEETING, THE FORM WILL BE E-MAILED TO THE FULL BOARD WITH AN EXPL ANATION REGARDING THE REQUIRED PROCEDURE, WE EXPLAIN THAT THE FORM HAS BEEN REVIEWED BY MA NAGEMENT AND THE EXECUTIVE COMMITTEE AND WE ENCOURAGE THE BOARD MEMBERS TO CONTACT MANAGEM ENT WITH QUESTIONS AND CONCERNS THE FULL BOARD WILL HAVE AN OPPORTUNITY TO DISCUSS THE RE TURN AT THE AUGUST 2017 BOARD MEETING, BEFORE THE RETURN IS FILED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH DIRECTOR, OFFICER, AND STAFF MEMBER ANNUALLY RECEIVES A CONFLICT OF INTEREST QUESTION NAIRE THROUGH WHICH HE OR SHE IS ASKED TO CONFIRM OR REPORT THE FOLLOWING (I) THAT HE OR SHE HAS READ AND UNDERSTANDS CICP'S CONFLICT OF INTEREST POLICY (WHICH IMPOSES UPON DIRECT ORS, 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, ETHI CAL, AND BUSINESS-BASED JUDGMENTS IN FULFILLING THEIR RESPONSIBILITIES TO CICP), (II) THAT HE OR SHE IS IN COMPLIANCE WITH THE POLICY, (III) THAT HE OR SHE IS REPORTING (WITH HIS O R HER COMPLETED QUESTIONNAIRE) ALL ACTUAL OR POTENTIAL CONFLICTS OF INTEREST THAT ARISE AS A RESULT OF HIS OR HER ROLE WITH CICP, AND EACH POSITION THAT HE OR SHE HOLDS AS A DIRECT OR, 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 QUESTIONNA IRE OR IN ANY OTHER MATTERS THAT MIGHT AFFECT COMPLIANCE WITH THE POLICY THE EXECUTIVE AS SISTANT TO THE CEO COLLECTS AND REVIEWS THE QUESTIONNAIRES AS THEY ARE RETURNED, ALERTS TH E CEO TO ANY CONFLICTS THAT HAVE BEEN REPORTED, AND MAKES SURE THAT ALL WHO ARE REQUIRED T O COMPLETE A CONFLICT QUESTIONNAIRE HAVE DONE SO WHEN AN INDIVIDUAL REPORTS AN ACTUAL, PO TENTIAL, OR PERCEIVED CONFLICT OF INTEREST, CICP FOLLOWS THE PROCEDURES OUTLINED IN ITS PO LICY FOR DISCLOSURE OF CONFLICTS TO THE APPLICABLE BODY OF DECISION-MAKERS AND RECUSAL OF INDIVIDUAL(S) WITH CONFLICTS FROM THE DECISION-MAKING PROCESS PURSUANT TO THE POLICY, THE CICP BOARD IS RESPONSIBLE FOR THE OVERSIGHT OF, AND ACTION REGARDING, ALL DISCLOSURES AND /OR FAILURES TO DISCLOSE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE PRESIDENT/CEO OF CICP, DAVID L JOHNSON, IS ALSO THE PRESIDENT OF THE BIOCROSSROADS IN ITIATIVE 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-PAR T 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 O RGANIZATIONS, AS WELL AS A SEPARATE REVIEW OF COMPENSATION FOR THE ROLE OF PRESIDENT OF BI OCROSSROADS (AS FURTHER DESCRIBED IN THE FOLLOWING PARAGRAPH), TO ARRIVE AT A SALARY FIGUR E 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 PR OCESS 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 CI CP EXECUTIVE COMMITTEE UNDERGOES AND COMPLETES ITS OWN COMPENSATION REVIEW PROCESS (AS DES CRIBED IN MORE DETAIL IN THE FOLLOWING PARAGRAPH), AND THEN, TAKING INTO ACCOUNT THE SALAR Y FIGURE FROM THE BIOCROSSROADS EXECUTIVE COMMITTEE, DETERMINES THE COMPENSATION FOR THE R OLE OF PRESIDENT/CEO OF CICP AND JOHNSON'S RESULTING OVERALL COMPENSATION SEVERAL KEY EMP LOYEES ARE REVIEWED BY THEIR RESPECTIVE EXECUTIVE COMMITTEES OR DESIGNATED SUBCOMMITTEES O N AN ANNUAL BASIS, INCLUDING 2016 EACH YEAR EACH KEY EMPLOYEE SUBMITS A WRITTEN SELF-ASSE SSMENT TO THE APPROPRIATE COMMITTEE PRIOR TO THE MEETING AT WHICH COMPENSATION IS ADDRESSE D THE COMMITTEE RECEIVES A LIST OF COMPENSATION COMPARABLES FROM THE CICP CFO THE LIST C OMPARES 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, CI CP ALSO INCLUDED THE RESULTS OF A COMPENSATIONATION STUDY OF MANY KEY EMPLOYEE POSITIONS P ERFORMED 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 DE TERMINE ANY COMPENSATION ADJUSTMENT TO BE MADE THE CHAIRMAN OF THE REVIEWING COMMITTEE AN D ONE OTHER MEMBER MEET WITH THE INDIVIDUAL AND REVIEW THE CONCLUSIONS OF THE GROUP REGARD ING 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 REFLECT S (I) THE DATE ON WHICH THE COMPENSATION WAS APPROVED, (II) THE MEMBERS OF THE COMMITTEE W HO 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 USE D), 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)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	CICP'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 5 - LINE 10	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 INFORMATI ON PROVIDED BY THE FOUNDATION AND BCI, CICP ALLOCATES SALARY AND BENEFIT COSTS TO THE FOUN DATION AND BCI AND IS REGULARLY REIMBURSED FOR THOSE COSTS ADMINISTRATIVE EXPENSES INCURR ED BY CICP FOR THE BENEFIT OF THE OTHER TWO ENTITIES ALSO ARE DOCUMENTED AND REIMBURSED S IMILARLY, IF EITHER OF THE OTHER TWO ENTITIES INCURS EXPENSES THAT ARE ALLOCATED TO CICP, CICP PROVIDES REIMBURSEMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 24	OTHER EXPENSES AS DISCUSSED IN THE SCHEDULE O REFERENCE TO FORM 990, PART IX, LINE 5-LINE 10, CICP HAS A COMPENSATION AGREEMENT WITH CICP FOUNDATION, INC AND BC INITIATIVE, INC THE AMOUNT LISTED ON LINE 24D IS EXPRESSED AS A NEGATIVE DOLLAR VALUE AS IT REPRESENTS SAL ARY REIMBURSEMENT MADE TO CICP BECAUSE THIS AMOUNT IS NOT A TRUE EXPENSE TO CICP, WE HAVE DETERMINED THE $-4,424,620 SHOULD NOT BE INCLUDED ON CICP'S FUNCTIONAL EXPENSE SALARY LIN E, BUT BROKEN OUT ON PART IX, LINE 24D AS SHOWN

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	COMMITTEE OVERSIGHT OF AUDIT THE EXECUTIVE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT AUDITOR THERE H AS BEEN NO CHANGE FROM THE PREVIOUS YEAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 1	BASIS OF ACCOUNTING MODIFIED CASH BASIS AS EMPLOYED BY CICP FOR THE CONSOLIDATED FINANCIA L AUDIT IS AS FOLLOWS CICP RECOGNIZES CASH RECEIPTS THAT ARE DESIGNATED FOR CURRENT YEAR OPERATIONS WHEN RECEIVED THUS, MULTI-YEAR PLEDGES ARE NOT RECORDED AS INCOME UNTIL THE CA SH IS RECEIVED CASH RECEIVED FOR MULTI-YEAR GRANTS IS RECORDED AS DEFERRED INCOME AND IS RECOGNIZED AS INCOME WHEN ASSOCIATED EXPENSES HAVE BEEN INCURRED EXPENSES ARE ACCOUNTED F OR USING THE GAAP ACCRUAL METHOD

990 Schedule O, Supplemental Information

Return Reference	Explanation
SCHEDULE B, PART I, LINE 21	CICP FOUNDATION, INC (FOUNDATION) PROVIDED A GRANT TO CENTRAL INDIANA CORPORATE PARTNERSH IP, INC (CICP) IN THE AMOUNT OF $66,786 IN 2016 THE GRANT WAS RESTRICTED TO USE FOR EXEM PT PURPOSES IT IS RESTRICTED TO WORKFORCE DEVELOPMENT EFFORTS

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
CENTRAL INDIANA CORPORATE PARTNERSHIP INC

Employer identification number
35-2065459

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) No
(1)CICP FOUNDATION INC 111 MONUMENT CIRCLE STE 1800 INDIANAPOLIS, IN 46204 35-2065457	SUPPORT COMMUNITY DEVELOPMENT IN CENTRAL INDIANA	IN	501(C)(3)	LINE 12A, I	CENTRAL INDIANA CORPORATE PARTNERSHIP INC	Yes	
(2)INDIANA HEALTH INFORMATION EXCHANGE INC 846 NORTH SENATE AVENUE SUITE 300 INDIANAPOLIS, IN 46202 36-4550324	CLINICAL MESSAGING SERVICE TO REDUCE COSTS TO HEALTH CARE PROVIDERS	IN	501(C)(3)	LINE 12A, I	N/A		No
(3)16 TECH COMMUNITY CORPORATION 111 MONUMENT CIRCLE STE 1800 INDIANAPOLIS, IN 46204 81-0853467	DEVELOPMENT OF A KNOWLEDGE COMMUNITY	IN	501(C)(3)	LINE 12A, I	N/A		No
(4)INDY HUB FOUNDATION INC 212 W 10TH STREET INDIANAPOLIS, IN 46202 45-5430916	SUPPORT COMMUNITY DEVELOPMENT IN CENTRAL INDIANA	IN	501(C)(3)	LINE 12A, I	N/A		No

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) Disproprtionate 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
(1)TECHPOINT VENTURES INC 111 MONUMENT CIRCLE STE 1800 INDIANAPOLIS, IN 46204 26-3662235	TECHNOLOGY INITIATIVE AND PROJECT FACILIATION	IN	CENTRAL INDIANA CORPORATE PARTNERSHIP	C	18,900	16,608	100 000 %	Yes	
(2)BC INITIATIVE INC 300 NORTH MERIDIAN ST STE 950 INDIANAPOLIS, IN 46204 20-0882485	IDENTIFYING AND BUILDING INDIANA'S LIFE SCIENCES	IN	CENTRAL INDIANA CORPORATE PARTNERSHIP	C	42,980	505,536	11 110 %		No
(3)CLEANTECH SYSTEMS SOLUTIONS INC 111 MONUMENT CIRCLE STE 1800 INDIANAPOLIS, IN 46204 45-3762473	TECHNOLOGY INITIATIVE AND PROJECT FACILIATION	IN	CENTRAL INDIANA CORPORATE PARTNERSHIP	C	91,800	66,469	100 000 %	Yes	
(4)ASCEND INDIANA STRATEGIES INC 111 MONUMENT CIRCLE STE 1800 INDIANAPOLIS, IN 46204 81-2549702	EMPLOYER HUMAN CAPITAL CONSULTING SERVICES	IN	CENTRAL INDIANA CORPORATE PARTNERSHIP	C	99,090	63,901	100 000 %	Yes	

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 orgranization 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		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete 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)CICP FOUNDATION INC	N	2,883	FMV
(2)CICP FOUNDATION INC	O	4,211,350	FMV
(3)CICP FOUNDATION INC	C	66,786	FMV
(4)BC INITIATIVE INC	O	213,270	FMV
(5)CLEANTECH SYSTEMS SOLUTIONS INC	L	74,940	FMV
(6)ASCEND INDIANA STRATEGIES INC	L	36,185	FMV

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 section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R, PART IV	ALTHOUGH CICP OWNS 11 11% OF THE BC INITIATIVE STOCK, LESS THAN A MAJORITY, IT IS ABLE TO APPOINT A MAJORITY OF BC INITIATIVE'S DIRECTORS THEREFORE, BC INITIATIVE HAS BEEN INCLUDED ON SCHEDULE R AS A RELATED ORGANIZATION ON PART IV
SCHEDULE R, PART V, LINE 1(P) AND (Q)	TO THE EXTENT CICP INCURS EXPENSES ON BEHALF OF CICP FOUNDATION INC (FOUNDATION), BC INITIATIVE INC (BCI), CLEANTECH, TECHPOINT VENTURES, OR ASCEND INDIANA STRATEGIES, THE APPROPRIATE ENTITY REGULARLY REIMBURSES CICP EACH MONTH CICP PREPARES AN INTERCOMPANY REPORT THAT DETAILS AMOUNTS DUE FROM THE FOUNDATION, BCI, CLEANTECH, TECHPOINT VENTURES, AND ASCEND INDIANA STRATEGIES AND OWED TO CICP BCI, CLEANTECH, TECHPOINT VENTURES, AND ASCEND INDIANA STRATEGIES AND THE FOUNDATION PREPARE A SIMILAR RECONCILING REPORT OF THE AMOUNTS DUE TO CICP REIMBURSEMENTS ARE MADE AS SOON AS POSSIBLE AFTER THE BOOKS ARE CLOSED EACH MONTH
SCHEDULE R, PART V, LINE 2 (1)	SHARING OF FACILITIES, EQUIPMENT, MAILING LISTS, OR OTHER ASSETS CICP FOUNDATION, INC (FOUNDATION) AND CENTRAL INDIANA CORPORATE PARTNERSHIP, INC (CICP) SHARE OFFICE SPACE EXPENSES ARE ALLOCATED BASED ON EMPLOYEE TIME ALLOCATIONS
SCHEDULE R, PART V, LINES 2 (2) AND (4)	SHARING OF PAID EMPLOYEES CENTRAL INDIANA CORPORATE PARTNERSHIP, INC (CICP) IS AFFILIATED WITH CICP FOUNDATION, INC (FOUNDATION), A 501 (C)(3) CORPORATION, AND BC INITIATIVE, INC , (BCI), A FOR PROFIT C CORPORATION CICP EMPLOYS ALL WHO WORK FOR THE THREE ENTITIES BASED ON INFORMATION PROVIDED BY THE FOUNDATION AND BCI, CICP ALLOCATES SALARY AND BENEFIT COSTS TO THE FOUNDATION AND BCI AND IS REGULARLY REIMBURSED FOR THOSE COSTS FROM TIME TO TIME CICP EMPLOYEES MAY TALK TO INDIVIDUALS AND ORGANIZATIONS WHO PROVIDE FUNDING TO CICP FOUNDATION IN SOME CASES THE TIME SPENT WOULD BE ALLOCATED TO THE FOUNDATION AND REIMBURSED TO CICP, BUT THIS WOULD NOT ALWAYS OCCUR THIS COULD HAPPEN FOR BC INITIATIVE, INC , ALSO, IN WHICH CASE THE TIME WOULD ALWAYS BE ALLOCATED TO BCI AND WOULD BE REIMBURSED TO CICP
SCHEDULE R, PART V, LINE 2 (3)	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

Additional Data

Software ID:
Software Version:
EIN: 35-2065459
Name: CENTRAL INDIANA CORPORATE PARTNERSHIP INC

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	CICP FOUNDATION INC	N	2,883	FMV
(1)	CICP FOUNDATION INC	O	4,211,350	FMV
(2)	CICP FOUNDATION INC	C	66,786	FMV
(3)	BC INITIATIVE INC	O	213,270	FMV
(4)	CLEANTECH SYSTEMS SOLUTIONS INC	L	74,940	FMV
(5)	ASCEND INDIANA STRATEGIES INC	L	36,185	FMV