

Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

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

▶ **Do not enter social security numbers on this form as it may be made public.**
 ▶ **Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.**

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

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

C Name of organization
 THE INDY HUB INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
 1828 CENTRAL AVE

City or town, state or province, country, and ZIP or foreign postal code
 INDIANAPOLIS, IN 46202

D Employer identification number
 20-2984853

E Telephone number
 (317) 759-4829

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

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

I Website: ▶ WWW.INDYHUB.ORG

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 143,690

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I.

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	143,689
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	1
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	143,690	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	63,080
	13	Professional fees and other payments to independent contractors	13	7,787
	14	Occupancy, rent, utilities, and maintenance	14	7,033
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	35,158
	17	Total expenses. Add lines 10 through 16 ▶	17	113,058
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	30,632
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	82,047
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	112,679

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	20,575	22 16,596
23 Land and buildings		23
24 Other assets (describe in Schedule O)	85,062	24 124,647
25 Total assets	105,637	25 141,243
26 Total liabilities (describe in Schedule O).	23,590	26 28,564
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	82,047	27 112,679

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

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

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

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

28 See Additional Data Table

(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29		29a
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	
30		30a
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	
31 Other program services (describe in Schedule O)		
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)		32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
TREVOR BELDEN	1 00	0	0	0
PAST CHAIR				
MATTHEW HALL	1 00	0	0	0
DIRECTOR				
JOSH KLABEN-FINEGOLD	1 00	0	0	0
DIRECTOR				
COREY WILSON	1 00	0	0	0
DIRECTOR				
MEGAN GIANINNI	1 00	0	0	0
DIRECTOR				
LEROY LEWIS	1 00	0	0	0
DIRECTOR				
JOSHUA CHRISTIE	1 00	0	0	0
DIRECTOR				
JULIE CURRISE	1 00	0	0	0
DIRECTOR				
SARAH MYERS	1 00	0	0	0
DIRECTOR				
KRISTEN FUHS WELLS	1 00	0	0	0
DIRECTOR				
DESMA BELSAAS	2 00	0	0	0
CHAIR				
JOSHUA MALARSKY	2 00	0	0	0
TREASURER				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 No

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
b If "Yes," was the related organization a section 527 organization? 49b

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

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

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

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

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

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

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

Sign Here ***** Signature of officer 2018-11-08 Date
MOLLY WILKINSON CHAVERS EXECUTIVE DIRECTOR Type or print name and title

Paid Preparer Use Only Print/Type preparer's name RT MURPHY Preparer's signature Date 2018-11-08 Check if self-employed PTIN P00843752
Firm's name CLIFTONLARSONALLEN LLP Firm's EIN 41-0746749
Firm's address 9365 COUNSELORS ROW STE 200 INDIANAPOLIS, IN 46240 Phone no (317) 574-9100

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

Additional Data

Software ID:

Software Version:

EIN: 20-2984853

Name: THE INDY HUB INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 INDYHUB HOSTED UNIQUE AND ORIGINAL EVENTS PROVIDING EXPOSURE FOR YOUNG PROFESSIONALS TO THE CIVIC, ART AND CULTURE, AND PHILANTHROPIC COMMUNITIES THOSE EVENTS INCLUDED PASSPORT TO THE ARTS - A TICKET SAMPLER SHOWCASING THE INDIANA REPERTORY THEATER, DANCE KALEIDOSCOPE, INDIANAPOLIS MUSEUM OF ART AND OTHERS, 12TH ANNUAL GET INDYVOLVED DREW OVER 800 YOUNG PROFESSIONALS TO LEARN ABOUT MORE THAN 80 LOCAL VOLUNTEER, CHARITABLE AND MEMBERSHIP ORGANIZATIONS THEY COULD ENGAGE WITH ATTENDANCE AT THESE EVENTS VARIED FROM 30 TO 800 LIVE INDY INITIATIVE THE LIVE INDY INITIATIVE IS A MULTI-YEAR EFFORT TO ELEVATE THE PERCEPTIONS OF THE CITY OF INDIANAPOLIS/MARION COUNTY TO MATCH THE PRODUCT, WITH THE GOAL OF ATTRACTING AND RETAINING RESIDENTS WITHIN THE CITY</p> <p>(Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	0

TY 2017 Transfers Personal Benefits Contracts Declaration

Name: THE INDY HUB INC

EIN: 20-2984853

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

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
THE INDY HUB INC**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

2017**Open to Public
Inspection****Employer identification number**

20-2984853

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 1

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION OFFICE COSTS AMOUNT 2,216 DESCRIPTION MARKETING, PROMOTION & EVENTS AMOUNT 26,625 DESCRIPTION PROGRAM-RELATED EXPENSE AMOUNT 6,205 DESCRIPTION OTHER EXPENSES AMOUNT 112 TOTAL TO FORM 990-EZ, LINE 16 35,158

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION ACCOUNTS RECEIVABLE - RELATED PARTY BEG OF YEAR AMOUNT 75,230 END OF YEAR AMOUNT 113,484 DESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 1,369 END OF YEAR AMOUNT 2,476 DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 8,463 END OF YEAR AMOUNT 8,687

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 2,727 END OF YEAR AMOUNT 2,796 DESCRIPTION WAGES PAYABLE BEG OF YEAR AMOUNT 20,708 END OF YEAR AMOUNT 25,458 DESCRIPTION AMERICAN EXPRESS BEG OF YEAR AMOUNT 155 END OF YEAR AMOUNT 310