

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 | 16,596 | 22 4,541 |
| 23 Land and buildings | | 23 |
| 24 Other assets (describe in Schedule O) | 124,647 | 24 152,760 |
| 25 Total assets | 141,243 | 25 157,301 |
| 26 Total liabilities (describe in Schedule O). | 28,564 | 26 3,309 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 112,679 | 27 153,992 |

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 See Additional Data Table | 29a |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a |
| 30 See Additional Data Table | 30a |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a |
| 31 Other program services (describe in Schedule O) | 31a |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a |
| 32 Total program service expenses (add lines 28a through 31a) <input checked="" type="checkbox"/> | 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 |
|----------------------------------------|------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| BLAKE JOHNSON PRESIDENT | 45 00 | 1,290 | 16 | 0 |
| DESDA BELSAAS CHAIRMAN OF THE BOARD | 2 00 | 0 | 0 | 0 |
| JILLIAN SCHMIEDT SECRETARY | 2 00 | 0 | 0 | 0 |
| COREY WILSON DIRECTOR | 1 00 | 0 | 0 | 0 |
| JOSHUA CHRISTIE DIRECTOR | 1 00 | 0 | 0 | 0 |
| JOSHUA MALARSKY TREASURER | 2 00 | 0 | 0 | 0 |
| LEROY LEWIS III DIRECTOR | 1 00 | 0 | 0 | 0 |
| MATTHEW HALL DIRECTOR | 1 00 | 0 | 0 | 0 |
| MEGAN GIANINNI DIRECTOR | 1 00 | 0 | 0 | 0 |
| SARAH MYER DIRECTOR | 1 00 | 0 | 0 | 0 |
| LESLEY GORDON DIRECTOR | 1 00 | 0 | 0 | 0 |
| JUSTIN SUFAN DIRECTOR | 1 00 | 0 | 0 | 0 |

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

Table with columns for question number, question text, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41, and 42a.

The organization's books are in care of CLIFTONLARSONALLEN LLP Telephone no (317) 574-9100
Located at 9365 COUNSELORS ROW STE 200 INDIANAPOLIS , IN ZIP + 4 46240

Table with columns for question number, question text, and Yes/No columns. Rows include 42b and 42c.

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

Table with columns for question number, question text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, and 45b.

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

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| | Yes | No |
| 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 | |

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

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

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

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

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

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

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

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

| | |
|----------------------------------------------------------------|--------------------|
| ***** Signature of officer | 2019-11-04 Date |
| ROBERT BLAKE JOHNSON PRESIDENT Type or print name and title | |

| | | | | | |
|-------------------------------|------------------------------------------------------------------------|----------------------|--------------------|-------------------------------------------------|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name KIMBERLY ANDERSON CPA | Preparer's signature | Date 2019-11-04 | Check <input type="checkbox"/> if self-employed | PTIN P00188889 |
| | 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 PASSPORT TO THE ARTS - ARTS EXPLORATION PROGRAMMING THAT EXPOSES INDIANAPOLIS YOUNG PROFESSIONALS TO A VARIETY OF ARTS AND CULTURAL INSTITUTIONS WITHIN THE COMMUNITY (Grants \$ 0)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p> | 28a | 0 |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------|
| <p>29 INDYVOLVED - INDYHUB'S LARGEST ANNUAL EVENT, PROVIDING A VOLUNTEER FAIR FOR THE COMMUNITY'S YOUNG PROFESSIONALS MORE THAN 115 NONPROFITS EXHIBIT IN INDY'S CENTRAL LIBRARY, SHOWCASING VOLUNTEER AND BOARD OPPORTUNITIES FOR MORE THAN 2,000 PARTICIPANTS (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p> | <p>29a</p> | <p style="text-align: right;">0</p> |

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

| <p>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.</p> | <p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <p>OTHER PROGRAMS TO GROW, ENGAGE AND EMPOWER A COMMUNITY OF YOUNG PROFESSIONALS IN INDIANAPOLIS (Grants \$ 0)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p> | <p style="text-align: right;">0</p> |

TY 2018 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)

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Name of the organization
THE INDY HUB INC

Employer identification number

20-2984853

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES | DESCRIPTION PAYROLL PROCESSING AMOUNT 2,198 DESCRIPTION OFFICE COSTS AMOUNT 4,743 DESCRIPTION MARKETING, PROMOTION & EVENTS AMOUNT 10,970 DESCRIPTION PROGRAM-RELATED EXPENSE AMOUNT 4,028 DESCRIPTION STAFF AND VOLUNTEER TRAVEL AMOUNT 788 TOTAL TO FORM 990-EZ, LINE 16 22,727 |

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 113,484 END OF YEAR AMOUNT 137,086 DESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 2,476 END OF YEAR AMOUNT 976 DESCRIPTION DEPOSITS BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 8,000 DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 8,687 END OF YEAR AMOUNT 6,698 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES | DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 2,796 END OF YEAR AMOUNT 3,309 DESCRIPTION WAGES PAYABLE BEG OF YEAR AMOUNT 25,458 END OF YEAR AMOUNT 0 DESCRIPTION AMERICAN EXPRESS BEG OF YEAR AMOUNT 310 END OF YEAR AMOUNT 0 |