



**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 CACP 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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .                                                                                                                                                                                                                                               | <b>1</b>       | No |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  . . . . .                                                                                                                                                                                            | <b>2</b> Yes   |    |
| <b>3</b> 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  . . . . .                                                                                                          | <b>3</b>       | No |
| <b>4 Section 501(c)(3) organizations.</b><br>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 . . . . .                                                                                                                                                                                 | <b>4</b>       |    |
| <b>5</b> 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  . . . . .                                                                   | <b>5</b> Yes   |    |
| <b>6</b> 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  . . . . .                                        | <b>6</b>       | No |
| <b>7</b> 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  . . . . .                                                                               | <b>7</b>       | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  . . . . .                                                                                                                                             | <b>8</b>       | No |
| <b>9</b> 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  . . . . . | <b>9</b>       | No |
| <b>10</b> 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  . . . . .                                                                                         | <b>10</b>      | No |
| <b>11</b> 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                                                                                                                                                                                                                                           |                |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  . . . . .                                                                                                                                                           | <b>11a</b> Yes |    |
| <b>b</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  . . . . .                                                                                         | <b>11b</b>     | No |
| <b>c</b> 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  . . . . .                                                                                         | <b>11c</b>     | No |
| <b>d</b> 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  . . . . .                                                                                                         | <b>11d</b>     | No |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  . . . . .                                                                                                                                                                     | <b>11e</b>     | No |
| <b>f</b> 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  . . . . .                                            | <b>11f</b> Yes |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  . . . . .                                                                                                                                          | <b>12a</b>     | No |
| <b>b</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  . . . . .                                                           | <b>12b</b> Yes |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .                                                                                                                                                                                                                                                                              | <b>13</b>      | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .                                                                                                                                                                                                                                                                                   | <b>14a</b>     | No |
| <b>b</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 . . . . .                                                                       | <b>14b</b>     | No |
| <b>15</b> 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 . . . . .                                                                                                                                                                                 | <b>15</b>      | No |
| <b>16</b> 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 . . . . .                                                                                                                                                                           | <b>16</b>      | No |
| <b>17</b> 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) . . . . .                                                                                                                                                                  | <b>17</b>      | No |
| <b>18</b> 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 . . . . .                                                                                                                                                                                                 | <b>18</b>      | No |
| <b>19</b> 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 . . . . .                                                                                                                                                                                                                           | <b>19</b>      | No |
| <b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .                                                                                                                                                                                                                                                                                   | <b>20a</b>     | No |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .                                                                                                                                                                                                                                                                    | <b>20b</b>     |    |
| <b>21</b> 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 . . . . .                                                                             | <b>21</b> Yes  |    |
| <b>22</b> 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 . . . . .                                                                                                  | <b>22</b>      | No |

**Part IV Checklist of Required Schedules (continued)**

|            |                                                                                                                                                                                                                                                                                                                            | Yes | No  |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| <b>23</b>  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .                                                      | 23  | Yes |
| <b>24a</b> | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                            | 24a | No  |
| <b>b</b>   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .                                                                                                                                                                                                                | 24b |     |
| <b>c</b>   | 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 |     |
| <b>d</b>   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .                                                                                                                                                                                                          | 24d |     |
| <b>25a</b> | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b><br>Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                                                                      | 25a |     |
| <b>b</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?<br><i>If "Yes," complete Schedule L, Part I</i> . . . . .                                    | 25b |     |
| <b>26</b>  | 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?<br><i>If "Yes," complete Schedule L, Part II</i> . . . . .                              | 26  | No  |
| <b>27</b>  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . . | 27  | No  |
| <b>28</b>  | 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)                                                                                                                               |     |     |
| <b>a</b>   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                                   | 28a | No  |
| <b>b</b>   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                | 28b | No  |
| <b>c</b>   | 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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                    | 28c | No  |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                                                                                  | 29  | No  |
| <b>30</b>  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                  | 30  | No  |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .                                                                                                                                                                                        | 31  | No  |
| <b>32</b>  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?<br><i>If "Yes," complete Schedule N, Part II</i> . . . . .                                                                                                                                                                   | 32  | No  |
| <b>33</b>  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .                                                                                                                      | 33  | No  |
| <b>34</b>  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .                                                                                                                                                                  | 34  | Yes |
| <b>35a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                    | 35a | Yes |
| <b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                         | 35b | Yes |
| <b>36</b>  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                                           | 36  |     |
| <b>37</b>  | 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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .                                                                             | 37  | No  |
| <b>38</b>  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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  |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| <b>1a</b> | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .                                                                             | 1a  | 42  |
| <b>b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .                                                                          | 1b  | 0   |
| <b>c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | 1c  | Yes |

|                                                                                                                                                                                                                                                              |  |           |     |            |     |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------|-----|------------|-----|----|
| <b>2a</b> 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 . . . . .                                                            |  | <b>2a</b> | 154 |            |     |    |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                  |  |           |     | <b>2b</b>  | Yes |    |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . .                                                                                                                                              |  |           |     | <b>3a</b>  | Yes |    |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . .                                                                                                                                 |  |           |     | <b>3b</b>  | Yes |    |
| <b>4a</b> 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)? . . . . |  |           |     | <b>4a</b>  |     | No |
| <b>b</b> If "Yes," enter the name of the foreign country ▶ _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)                                                                       |  |           |     |            |     |    |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . .                                                                                                                                      |  |           |     | <b>5a</b>  |     | No |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                    |  |           |     | <b>5b</b>  |     | No |
| <b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .                                                                                                                                                                        |  |           |     | <b>5c</b>  |     |    |
| <b>6a</b> 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? . . . .                                    |  |           |     | <b>6a</b>  | Yes |    |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .                                                                                             |  |           |     | <b>6b</b>  | Yes |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                       |  |           |     |            |     |    |
| <b>a</b> 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? . . . . .                                                                                           |  |           |     | <b>7a</b>  |     |    |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .                                                                                                                                           |  |           |     | <b>7b</b>  |     |    |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .                                                                                                      |  |           |     | <b>7c</b>  |     |    |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .                                                                                                                                                                         |  |           |     | <b>7d</b>  |     |    |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                     |  |           |     | <b>7e</b>  |     |    |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . .                                                                                                                                |  |           |     | <b>7f</b>  |     |    |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .                                                                                                          |  |           |     | <b>7g</b>  |     |    |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .                                                                                                        |  |           |     | <b>7h</b>  |     |    |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b><br>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .                                                |  |           |     | <b>8</b>   |     |    |
| <b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . .                                                                                                                                                         |  |           |     | <b>9a</b>  |     |    |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . .                                                                                                                                           |  |           |     | <b>9b</b>  |     |    |
| <b>10 Section 501(c)(7) organizations.</b> Enter                                                                                                                                                                                                             |  |           |     |            |     |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .                                                                                                                                                                  |  |           |     | <b>10a</b> |     |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                                                                         |  |           |     | <b>10b</b> |     |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter                                                                                                                                                                                                            |  |           |     |            |     |    |
| <b>a</b> Gross income from members or shareholders . . . . .                                                                                                                                                                                                 |  |           |     | <b>11a</b> |     |    |
| <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .                                                                                                              |  |           |     | <b>11b</b> |     |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                        |  |           |     | <b>12a</b> |     |    |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                                               |  |           |     | <b>12b</b> |     |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                                   |  |           |     |            |     |    |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O                                                     |  |           |     | <b>13a</b> |     |    |
| <b>b</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 . . . . .                                                                                 |  |           |     | <b>13b</b> |     |    |
| <b>c</b> Enter the amount of reserves on hand . . . . .                                                                                                                                                                                                      |  |           |     | <b>13c</b> |     |    |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .                                                                                                                                              |  |           |     | <b>14a</b> |     | No |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . .                                                                                                                                   |  |           |     | <b>14b</b> |     |    |
| <b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .                     |  |           |     | <b>15</b>  |     | No |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .                                                                                 |  |           |     | <b>16</b>  |     | No |

**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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year                                                                                                                                | <b>1a</b> 65 |     |    |
| 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>b</b> Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                  | <b>1b</b> 65 |     |    |
| <b>2</b> 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?                                               | <b>2</b>     |     | No |
| <b>3</b> 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? | <b>3</b>     |     | No |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                    | <b>4</b>     |     | No |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                          | <b>5</b>     |     | No |
| <b>6</b> Did the organization have members or stockholders?                                                                                                                                                                  | <b>6</b>     |     | No |
| <b>7a</b> 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?                                                                 | <b>7a</b>    |     | No |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                           | <b>7b</b>    |     | No |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                   |              |     |    |
| <b>a</b> The governing body?                                                                                                                                                                                                 | <b>8a</b>    | Yes |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body?                                                                                                                                               | <b>8b</b>    | Yes |    |
| <b>9</b> 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        | <b>9</b>     |     | No |

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

|                                                                                                                                                                                                                                                                                                       | Yes            | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                         | <b>10a</b>     | No |
| <b>b</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?                                                                   | <b>10b</b>     |    |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                | <b>11a</b> Yes |    |
| <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990                                                                                                                                                                                                 |                |    |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                                                                                    | <b>12a</b> Yes |    |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                          | <b>12b</b> Yes |    |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done                                                                                                                                           | <b>12c</b> Yes |    |
| <b>13</b> Did the organization have a written whistleblower policy?                                                                                                                                                                                                                                   | <b>13</b> Yes  |    |
| <b>14</b> Did the organization have a written document retention and destruction policy?                                                                                                                                                                                                              | <b>14</b> Yes  |    |
| <b>15</b> 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?                                                                        |                |    |
| <b>a</b> The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                       | <b>15a</b> Yes |    |
| <b>b</b> Other officers or key employees of the organization                                                                                                                                                                                                                                          | <b>15b</b> Yes |    |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)                                                                                                                                                                                                                    |                |    |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                                                                                                                                      | <b>16a</b>     | No |
| <b>b</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? | <b>16b</b>     |    |

**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-A 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

## 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 ☐

1

● 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

[illegible]

## Part VII

|                                                                 |           |   |         |
|-----------------------------------------------------------------|-----------|---|---------|
| <b>1b Sub-Total</b>                                             |           |   |         |
| <b>1c Total from continuation sheets to Part VII, Section A</b> |           |   |         |
| <b>1d Total (add lines 1b and 1c)</b>                           | 4,019,770 | 0 | 734,535 |

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 ► 24

|   |                                                                                                                                                                                                                                               | Yes | No  |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 3 | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                        | 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? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | 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? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       | 5   | No  |

## Section B. Independent Contractors

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)                       | (B)                     | (C)          |
|---------------------------|-------------------------|--------------|
| Name and business address | Description of services | Compensation |
|                           |                         |              |
|                           |                         |              |
|                           |                         |              |
|                           |                         |              |

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 ▶ 0

## Part VIII Statement of Revenue

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

|                                                           |     |                                                                                      | (A)<br>Total revenue                                                                                                                 | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |
|-----------------------------------------------------------|-----|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a  | Federated campaigns . . .                                                            | 1a                                                                                                                                   |                                                    |                                         |                                                                    |
|                                                           | b   | Membership dues . . .                                                                | 1b                                                                                                                                   | 1,476,400                                          |                                         |                                                                    |
|                                                           | c   | Fundraising events . . .                                                             | 1c                                                                                                                                   |                                                    |                                         |                                                                    |
|                                                           | d   | Related organizations                                                                | 1d                                                                                                                                   | 43,625                                             |                                         |                                                                    |
|                                                           | e   | Government grants (contributions)                                                    | 1e                                                                                                                                   | 1,435,699                                          |                                         |                                                                    |
|                                                           | f   | All other contributions, gifts, grants,<br>and similar amounts not included<br>above | 1f                                                                                                                                   | 4,196,451                                          |                                         |                                                                    |
|                                                           | g   | Noncash contributions included<br>in lines 1a - 1f \$ 3,370                          |                                                                                                                                      |                                                    |                                         |                                                                    |
|                                                           | h   | Total. Add lines 1a-1f . . . . .                                                     |                                                                                                                                      | 7,152,175                                          |                                         |                                                                    |
| Program Service Revenue                                   |     |                                                                                      | Business Code                                                                                                                        |                                                    |                                         |                                                                    |
|                                                           | 2a  | MANAGEMENT FEE INCOME                                                                | 900099                                                                                                                               | 314,506                                            | 314,506                                 |                                                                    |
|                                                           | b   |                                                                                      |                                                                                                                                      |                                                    |                                         |                                                                    |
|                                                           | c   |                                                                                      |                                                                                                                                      |                                                    |                                         |                                                                    |
|                                                           | d   |                                                                                      |                                                                                                                                      |                                                    |                                         |                                                                    |
|                                                           | e   |                                                                                      |                                                                                                                                      |                                                    |                                         |                                                                    |
|                                                           | f   | All other program service revenue                                                    |                                                                                                                                      |                                                    |                                         |                                                                    |
|                                                           | g   | Total. Add lines 2a-2f . . . . .                                                     |                                                                                                                                      | 314,506                                            |                                         |                                                                    |
| Other Revenue                                             | 3   |                                                                                      | Investment income (including dividends, interest, and other<br>similar amounts) . . . . .                                            | 34,061                                             |                                         | 34,061                                                             |
|                                                           | 4   |                                                                                      | Income from investment of tax-exempt bond proceeds                                                                                   |                                                    |                                         |                                                                    |
|                                                           | 5   |                                                                                      | Royalties . . . . .                                                                                                                  |                                                    |                                         |                                                                    |
|                                                           | 6a  |                                                                                      | Gross rents                                                                                                                          |                                                    |                                         |                                                                    |
|                                                           | b   |                                                                                      | Less rental expenses                                                                                                                 |                                                    |                                         |                                                                    |
|                                                           | c   |                                                                                      | Rental income or<br>(loss)                                                                                                           |                                                    |                                         |                                                                    |
|                                                           | d   |                                                                                      | Net rental income or (loss) . . . . .                                                                                                |                                                    |                                         |                                                                    |
|                                                           | 7a  |                                                                                      | Gross amount<br>from sales of<br>assets other<br>than inventory                                                                      |                                                    |                                         |                                                                    |
|                                                           | b   |                                                                                      | Less cost or<br>other basis and<br>sales expenses                                                                                    |                                                    |                                         |                                                                    |
|                                                           | c   |                                                                                      | Gain or (loss)                                                                                                                       |                                                    |                                         |                                                                    |
|                                                           | d   |                                                                                      | Net gain or (loss) . . . . .                                                                                                         |                                                    |                                         |                                                                    |
|                                                           | 8a  |                                                                                      | Gross income from fundraising events<br>(not including \$ of<br>contributions reported on line 1c)<br>See Part IV, line 18 . . . . . |                                                    |                                         |                                                                    |
|                                                           | b   |                                                                                      | Less direct expenses . . . . .                                                                                                       |                                                    |                                         |                                                                    |
|                                                           | c   |                                                                                      | Net income or (loss) from fundraising events . . . . .                                                                               |                                                    |                                         |                                                                    |
|                                                           | 9a  |                                                                                      | Gross income from gaming activities<br>See Part IV, line 19 . . . . .                                                                |                                                    |                                         |                                                                    |
|                                                           | b   |                                                                                      | Less direct expenses . . . . .                                                                                                       |                                                    |                                         |                                                                    |
|                                                           | c   |                                                                                      | Net income or (loss) from gaming activities . . . . .                                                                                |                                                    |                                         |                                                                    |
|                                                           | 10a |                                                                                      | Gross sales of inventory, less<br>returns and allowances . . . . .                                                                   |                                                    |                                         |                                                                    |
|                                                           | b   |                                                                                      | Less cost of goods sold . . . . .                                                                                                    |                                                    |                                         |                                                                    |
|                                                           | c   |                                                                                      | Net income or (loss) from sales of inventory . . . . .                                                                               |                                                    |                                         |                                                                    |
| 11a                                                       |     | MISC INCOME                                                                          | 900099                                                                                                                               | 10,741                                             | 10,741                                  |                                                                    |
| b                                                         |     |                                                                                      |                                                                                                                                      |                                                    |                                         |                                                                    |
| c                                                         |     |                                                                                      |                                                                                                                                      |                                                    |                                         |                                                                    |
| d                                                         |     | All other revenue . . . . .                                                          |                                                                                                                                      |                                                    |                                         |                                                                    |
| e                                                         |     | Total. Add lines 11a-11d . . . . .                                                   |                                                                                                                                      | 10,741                                             |                                         |                                                                    |
| 12                                                        |     | Total revenue. See Instructions . . . . .                                            |                                                                                                                                      | 7,511,483                                          | 325,247                                 | 0                                                                  |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.                                                                                                                                    | 433,851               |                                 |                                        |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.                                                                                                                                                               |                       |                                 |                                        |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.                                                                                                         |                       |                                 |                                        |                             |
| <b>4</b> Benefits paid to or for members.                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees.                                                                                                                                                                | 4,724,306             |                                 |                                        |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).                                                                                           |                       |                                 |                                        |                             |
| <b>7</b> Other salaries and wages.                                                                                                                                                                                                                | 4,897,008             |                                 |                                        |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).                                                                                                                                     | 658,534               |                                 |                                        |                             |
| <b>9</b> Other employee benefits.                                                                                                                                                                                                                 | 673,573               |                                 |                                        |                             |
| <b>10</b> Payroll taxes.                                                                                                                                                                                                                          | 538,637               |                                 |                                        |                             |
| <b>11</b> Fees for services (non-employees):                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| <b>a</b> Management.                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| <b>b</b> Legal.                                                                                                                                                                                                                                   | 62,601                |                                 |                                        |                             |
| <b>c</b> Accounting.                                                                                                                                                                                                                              | 20,150                |                                 |                                        |                             |
| <b>d</b> Lobbying.                                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17.                                                                                                                                                                                 |                       |                                 |                                        |                             |
| <b>f</b> Investment management fees.                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).                                                                                                                              | 105,682               |                                 |                                        |                             |
| <b>12</b> Advertising and promotion.                                                                                                                                                                                                              | 482,371               |                                 |                                        |                             |
| <b>13</b> Office expenses.                                                                                                                                                                                                                        | 141,939               |                                 |                                        |                             |
| <b>14</b> Information technology.                                                                                                                                                                                                                 | 95,231                |                                 |                                        |                             |
| <b>15</b> Royalties.                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| <b>16</b> Occupancy.                                                                                                                                                                                                                              | 240,366               |                                 |                                        |                             |
| <b>17</b> Travel.                                                                                                                                                                                                                                 | 109,772               |                                 |                                        |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.                                                                                                                                         |                       |                                 |                                        |                             |
| <b>19</b> Conferences, conventions, and meetings.                                                                                                                                                                                                 | 18,107                |                                 |                                        |                             |
| <b>20</b> Interest.                                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| <b>21</b> Payments to affiliates.                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| <b>22</b> Depreciation, depletion, and amortization.                                                                                                                                                                                              | 22,496                |                                 |                                        |                             |
| <b>23</b> Insurance.                                                                                                                                                                                                                              | 9,285                 |                                 |                                        |                             |
| <b>24</b> 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):                                       |                       |                                 |                                        |                             |
| <b>a</b> PROJECT EXPENSES                                                                                                                                                                                                                         | 853,201               |                                 |                                        |                             |
| <b>b</b> BAD DEBT EXPENSE                                                                                                                                                                                                                         | 190,675               |                                 |                                        |                             |
| <b>c</b> DUES AND SUBSCRIPTIONS                                                                                                                                                                                                                   | 41,835                |                                 |                                        |                             |
| <b>d</b> REIMBURSEMENT FOR SHARE                                                                                                                                                                                                                  | -7,677,380            |                                 |                                        |                             |
| <b>e</b> All other expenses                                                                                                                                                                                                                       | 40,158                |                                 |                                        |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e.                                                                                                                                                                                     | 6,682,398             |                                 |                                        |                             |
| <b>26</b> 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 <input type="checkbox"/> 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)<br>Beginning of year |           | (B)<br>End of year |        |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------|-----------|--------------------|--------|
| <b>Assets</b>                      | <b>1</b>                                                                                                                                                     | Cash—non-interest-bearing . . . . .                                                                                                                                                                                                                                                                                                     |            | 1,570,359                | <b>1</b>  | 2,242,250          |        |
|                                    | <b>2</b>                                                                                                                                                     | Savings and temporary cash investments . . . . .                                                                                                                                                                                                                                                                                        |            | 2,899,379                | <b>2</b>  | 2,937,190          |        |
|                                    | <b>3</b>                                                                                                                                                     | Pledges and grants receivable, net . . . . .                                                                                                                                                                                                                                                                                            |            |                          | <b>3</b>  |                    |        |
|                                    | <b>4</b>                                                                                                                                                     | Accounts receivable, net . . . . .                                                                                                                                                                                                                                                                                                      |            | 592,555                  | <b>4</b>  | 904,720            |        |
|                                    | <b>5</b>                                                                                                                                                     | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .                                                                                                                                                           |            |                          | <b>5</b>  |                    |        |
|                                    | <b>6</b>                                                                                                                                                     | 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 . . . . . |            |                          | <b>6</b>  |                    |        |
|                                    | <b>7</b>                                                                                                                                                     | Notes and loans receivable, net . . . . .                                                                                                                                                                                                                                                                                               |            |                          | <b>7</b>  |                    |        |
|                                    | <b>8</b>                                                                                                                                                     | Inventories for sale or use . . . . .                                                                                                                                                                                                                                                                                                   |            |                          | <b>8</b>  |                    |        |
|                                    | <b>9</b>                                                                                                                                                     | Prepaid expenses and deferred charges . . . . .                                                                                                                                                                                                                                                                                         |            | 29,507                   | <b>9</b>  | 28,166             |        |
|                                    | <b>10a</b>                                                                                                                                                   | Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .                                                                                                                                                                                                                                            | <b>10a</b> | 376,216                  |           |                    |        |
|                                    | <b>b</b>                                                                                                                                                     | Less: accumulated depreciation . . . . .                                                                                                                                                                                                                                                                                                | <b>10b</b> | 333,747                  | 64,965    | <b>10c</b>         | 42,469 |
|                                    | <b>11</b>                                                                                                                                                    | Investments—publicly traded securities . . . . .                                                                                                                                                                                                                                                                                        |            |                          | <b>11</b> |                    |        |
|                                    | <b>12</b>                                                                                                                                                    | Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                            |            |                          | <b>12</b> |                    |        |
|                                    | <b>13</b>                                                                                                                                                    | Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                             |            |                          | <b>13</b> |                    |        |
|                                    | <b>14</b>                                                                                                                                                    | Intangible assets . . . . .                                                                                                                                                                                                                                                                                                             |            |                          | <b>14</b> |                    |        |
|                                    | <b>15</b>                                                                                                                                                    | Other assets. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                                            |            | 2,000                    | <b>15</b> | 2,000              |        |
| <b>16</b>                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .                                                                                   |                                                                                                                                                                                                                                                                                                                                         | 5,158,765  | <b>16</b>                | 6,156,795 |                    |        |
| <b>Liabilities</b>                 | <b>17</b>                                                                                                                                                    | Accounts payable and accrued expenses . . . . .                                                                                                                                                                                                                                                                                         |            | 198,715                  | <b>17</b> | 367,660            |        |
|                                    | <b>18</b>                                                                                                                                                    | Grants payable . . . . .                                                                                                                                                                                                                                                                                                                |            |                          | <b>18</b> |                    |        |
|                                    | <b>19</b>                                                                                                                                                    | Deferred revenue . . . . .                                                                                                                                                                                                                                                                                                              |            |                          | <b>19</b> |                    |        |
|                                    | <b>20</b>                                                                                                                                                    | Tax-exempt bond liabilities . . . . .                                                                                                                                                                                                                                                                                                   |            |                          | <b>20</b> |                    |        |
|                                    | <b>21</b>                                                                                                                                                    | Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .                                                                                                                                                                                                                                                         |            |                          | <b>21</b> |                    |        |
|                                    | <b>22</b>                                                                                                                                                    | 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 . . . . .                                                                                                                                          |            |                          | <b>22</b> |                    |        |
|                                    | <b>23</b>                                                                                                                                                    | Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                                |            |                          | <b>23</b> |                    |        |
|                                    | <b>24</b>                                                                                                                                                    | Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                                  |            |                          | <b>24</b> |                    |        |
|                                    | <b>25</b>                                                                                                                                                    | 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 . . . . .                                                                                                                                                       |            |                          | <b>25</b> |                    |        |
|                                    | <b>26</b>                                                                                                                                                    | <b>Total liabilities.</b> Add lines 17 through 25 . . . . .                                                                                                                                                                                                                                                                             |            | 198,715                  | <b>26</b> | 367,660            |        |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> |                                                                                                                                                                                                                                                                                                                                         |            |                          |           |                    |        |
|                                    | <b>27</b>                                                                                                                                                    | Unrestricted net assets . . . . .                                                                                                                                                                                                                                                                                                       |            | 4,885,050                | <b>27</b> | 5,709,135          |        |
|                                    | <b>28</b>                                                                                                                                                    | Temporarily restricted net assets . . . . .                                                                                                                                                                                                                                                                                             |            | 75,000                   | <b>28</b> | 80,000             |        |
|                                    | <b>29</b>                                                                                                                                                    | Permanently restricted net assets . . . . .                                                                                                                                                                                                                                                                                             |            |                          | <b>29</b> |                    |        |
|                                    | <b>Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>                          |                                                                                                                                                                                                                                                                                                                                         |            |                          |           |                    |        |
|                                    | <b>30</b>                                                                                                                                                    | Capital stock or trust principal, or current funds . . . . .                                                                                                                                                                                                                                                                            |            |                          | <b>30</b> |                    |        |
|                                    | <b>31</b>                                                                                                                                                    | Paid-in or capital surplus, or land, building or equipment fund . . . . .                                                                                                                                                                                                                                                               |            |                          | <b>31</b> |                    |        |
|                                    | <b>32</b>                                                                                                                                                    | Retained earnings, endowment, accumulated income, or other funds . . . . .                                                                                                                                                                                                                                                              |            |                          | <b>32</b> |                    |        |
| <b>33</b>                          | <b>Total net assets or fund balances</b> . . . . .                                                                                                           |                                                                                                                                                                                                                                                                                                                                         | 4,960,050  | <b>33</b>                | 5,789,135 |                    |        |
| <b>34</b>                          | <b>Total liabilities and net assets/fund balances</b> . . . . .                                                                                              |                                                                                                                                                                                                                                                                                                                                         | 5,158,765  | <b>34</b>                | 6,156,795 |                    |        |

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

|           |                                                                                                               |           |           |
|-----------|---------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)                                                     | <b>1</b>  | 7,511,483 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                      | <b>2</b>  | 6,682,398 |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1                                                             | <b>3</b>  | 829,085   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | 4,960,050 |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                  | <b>5</b>  |           |
| <b>6</b>  | Donated services and use of facilities                                                                        | <b>6</b>  |           |
| <b>7</b>  | Investment expenses                                                                                           | <b>7</b>  |           |
| <b>8</b>  | Prior period adjustments                                                                                      | <b>8</b>  |           |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)                                          | <b>9</b>  | 0         |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 5,789,135 |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

|                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O                                                                                                                                         |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | Yes |    |
| <b>c</b> 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O                                                                     | Yes |    |
| <b>3a</b> 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?                                                                                                                                                                                                                                                                 |     | No |
| <b>b</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                                                                                                                                                                                                      |     |    |

# Additional Data

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

Form 990 (2018)

**Form 990, Part III, Line 4a:**

TECHPOINT IS THE VOICE AND CATALYST FOR INDIANA'S TECHNOLOGY COMPANIES AND OVERALL TECH ECOSYSTEM THE TEAM IS FOCUSED ON ATTRACTING TALENT, ACCELERATING SCALE-UP COMPANIES, ACTIVATING THE COMMUNITY, AND AMPLIFYING STORIES OF SUCCESS VISIT WWW TECHPOINT ORG THE TECH INDUSTRY CONTINUES ITS RAPID GROWTH, AS EVIDENCED BY THE TECONOMY REPORT COMMISSIONED BY CICP, CLUSTERS & DISRUPTORS ENVISIONING CENTRAL INDIANA'S ECONOMIC FUTURE IN A TIME OF CHANGE ACCORDING TO THE REPORT, IT COMPANIES GENERATED BY FAR THE FASTEST EMPLOYMENT GROWTH FROM 2010-2016 (67 PERCENT) WHEN COMPARED TO INDIANA'S FIVE OTHER ADVANCED INDUSTRY CLUSTERS 2016 DATA SHOWS TECH SECTOR EMPLOYMENT IN INDIANA AT 40,000 WORKERS, WHICH INCLUDES JOBS AT TECH COMPANIES AS WELL AS TECHNOLOGY JOBS IN OTHER INDUSTRIES 2018 INCLUDED A FULL YEAR OF TECHPOINT'S MEMBERSHIP MODEL, A FORMAL, ANNUAL ENGAGEMENT BETWEEN TECHPOINT AND A TECH COMPANY, TECH-ENABLED COMPANY, UNIVERSITY OR SERVICE PROVIDER SEVENTY-NINE MEMBERS JOINED IN 2018 EVENTS CONTINUE TO BE A SUCCESSFUL WAY TO INCREASE COMMUNITY ENGAGEMENT AMONGST INDIVIDUALS IN INDIANA'S TECH ECOSYSTEM TECHPOINT'S SIGNATURE EVENTS INCLUDE THE MIRA AWARDS, TECH 25 AWARDS, AND VC SPEED DATING THE 19TH ANNUAL MIRA AWARDS GALA TOOK PLACE IN APRIL 2018 IT HONORED 'THE BEST OF TECH IN INDIANA' WITH A SELL-OUT CROWD OF 1,300 ATTENDEES IN 2018 TECHPOINT INTRODUCED TWO NEW PLATFORMS A NEW WEBSITE EXPERIENCE FOR TECHPOINT ORG TO DESCRIBE THE ORGANIZATION AND ITS PROGRAMS AND INITIATIVES, AND A NEW ONLINE PLATFORM CALLED TECHPOINT INDEX TECHPOINT INDEX IS THE DIGITAL PLATFORM THAT HOSTS TECHPOINT'S STORIES, JOB BOARD, TECH DIRECTORY AND COMMUNITY EVENTS CHANNELS ALL UNDER ONE BRAND AND ONE USER-FRIENDLY WEBSITE

## **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. A STATEWIDE CATALYST FOR COLLABORATION BETWEEN INDUSTRY, ACADEMIA, AND GOVERNMENT, CONEXUS INDIANA HAS SPEARHEADED INNOVATIVE PROGRAMS TO HELP PREPARE STUDENTS FOR AML CAREERS, AND HAS SHEPHERDED THE DEVELOPMENT OF INDUSTRY-LED COUNCILS THAT IDENTIFY AND PRIORITIZE OPPORTUNITIES FOR GROWTH IN THE LOGISTICS INDUSTRY AS WELL AS THE AUTOMOTIVE AND AEROSPACE AND DEFENSE SECTORS. VISIT [WWW.CONEXUSINDIANA.COM](http://WWW.CONEXUSINDIANA.COM) ADVANCED TECHNOLOGIES, AUTOMATION AND DATA ARE CHANGING THE WAY INDIANA MAKES AND MOVES THINGS, PROVIDING COMPANIES WITH NEWFOUND OPPORTUNITIES TO INCREASE COMPETITIVENESS, PRODUCTIVITY AND PROFITABILITY. AS A NATIONAL AML LEADER IN INDUSTRY STRENGTH AND GLOBAL REACH, INDIANA IS IDEALLY POSITIONED TO BE AT THE FOREFRONT OF THIS NEWEST INDUSTRIAL REVOLUTION. IN 2018, CONEXUS INDIANA ENTERED ITS SECOND DECADE AGAINST THIS DYNAMIC INDUSTRY BACKDROP. THE ENVIRONMENT WAS RIPE TO CELEBRATE A DECADE OF ACCOMPLISHMENTS WHILE ALSO RE-ENVISIONING CONEXUS INDIANA'S ROLE IN SUPPORTING INDIANA'S AML COMPANIES' CONTINUED SUCCESS. UNDER THE LEADERSHIP OF NEWLY APPOINTED PRESIDENT AND CEO MARK HOWELL, CONEXUS INDIANA EMBARKED ON A YEAR-LONG STRATEGIC PLANNING PROCESS TO MAP A BOLD PATH FORWARD. THE PLAN REFLECTS THE INPUT OF HUNDREDS OF INDUSTRY, PUBLIC-SECTOR AND EDUCATION STAKEHOLDERS, IDENTIFIES THE PRIMARY EMERGING OPPORTUNITIES THAT WILL GUIDE CONTINUED INDUSTRY SUCCESS AND OUTLINES CONEXUS INDIANA'S ROLE IN THE 21ST CENTURY AML INNOVATION ECONOMY. AT THE SAME TIME, CONEXUS INDIANA DELIVERED ITS LEGACY PROGRAMS TO HIGH SCHOOL AND POST-SECONDARY STUDENTS THROUGHOUT THE STATE AND FURTHER REFINED ITS CURRICULUM AND NETWORKS WITH ACADEMIC AND INDUSTRY PARTNERS. TWO CONEXUS INDIANA NETWORKED COMMUNITIES - THE CONEXUS INDIANA AUTOMOTIVE COUNCIL AND THE CONEXUS INDIANA LOGISTICS COUNCIL - ADVANCED TWO PROGRAMS IN 2018 THAT STRENGTHENED STATEWIDE TALENT AND TRANSPORTATION INITIATIVES. THE CONEXUS INDIANA AUTOMOTIVE COUNCIL HELPED SPEARHEAD THE ADOPTION OF INVETS AS THE STATE'S PLATFORM FOR ITS NEXT LEVEL VETERANS PROGRAM, WHICH RESIDES IN THE OFFICE OF THE LT. GOVERNOR. THE LOGISTICS COUNCIL ALSO HELPED SOLIDIFY A RELATIONSHIP WITH THE JOINT TRANSPORTATION RESEARCH PROGRAM (JTRP) AT PURDUE UNIVERSITY TO INCORPORATE INDUSTRY INPUT INTO THEIR WORK.

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## **Form 990, Part III, Line 4c:**

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 OUR MISSION IS TO LEVERAGE OUR NETWORK OF GLOBAL THOUGHT LEADERS TO DEVELOP INTEGRATED ENERGY SOLUTIONS TO INCREASE QUALITY OF LIFE FOR TODAY AND TOMORROW OUR COLLECTIVE FOCUS IS TO REDUCE COSTS, EMISSIONS AND WASTE, INFLUENCE POLICY, AND ADVANCE TECHNOLOGICAL INNOVATION VISIT [WWW.ENERGYSYSTEMSNETWORK.COM](http://WWW.ENERGYSYSTEMSNETWORK.COM) IN 2018, ESN CONTINUED ITS MISSION TO SUPPORT ADVANCED ENERGY TECHNOLOGY SOLUTIONS IN THE STATE OF INDIANA AND BEYOND WITH THE ADDITION OF A NUMBER OF GRANT FUNDED PROJECTS AND NEW TEAM MEMBERS, ESN AND ITS PARTNER COMPANIES FOCUSED ON INITIATIVES IN ELECTRIFICATION, CONNECTED AND AUTONOMOUS VEHICLES (CAVS), ENERGY STORAGE SYSTEMS SOFTWARE, AND BATTERY TESTING, VALIDATION, AND MANUFACTURING IN ORDER TO CONTINUE ITS SUPPORT OF INNOVATION IN ADVANCED ENERGY TECHNOLOGIES AND ESTABLISH INDUSTRY THOUGHT LEADERSHIP IN INDIANA, ESN PARTNERED WITH THE BATTERY INNOVATION CENTER (BIC) TO APPLY FOR A GRANT THROUGH THE INDIANA ECONOMIC DEVELOPMENT CORPORATION'S (IEDC) INNOVATION AND ENTREPRENEURSHIP PROGRAM THE PROGRAM SEEKS TO IDENTIFY AND ESTABLISH MORE PUBLIC-PRIVATE PARTNERSHIPS AND COLLABORATIVE PROGRAMS TO SUPPORT SEVERAL IDENTIFIED INDUSTRY SECTORS, INCLUDING ENERGY AND ADVANCED MATERIALS, SMART TRANSPORTATION AND LOGISTICS, AND TECHNOLOGY (INTERNET OF THINGS, "BIG DATA," ETC ) IN THE SPRING OF 2018, ESN AND BIC WERE AWARDED \$5.2 MILLION THROUGH THIS PROGRAM OVER A TWO-YEAR PERIOD THE SCOPE OF WORK IS SEPARATED INTO THREE CATEGORIES AND NINE DISTINCT PROJECTS ALL NINE PROJECTS SUCCESSFULLY KICKED OFF IN 2018, WITH STAFF MEMBERS ESTABLISHING PROJECT CHARTERS, ASSEMBLING EXPERT PROJECT TEAMS, AND RECRUITING HIGH-LEVEL PARTNERSHIPS TO MOVE THE INITIATIVES FORWARD MOST NOTABLY, ESN AND BIC ARE WORKING CLOSELY WITH IEDC LEADERSHIP TO ATTRACT NATIONAL AND GLOBAL COMPANIES TO BRING THEIR OPERATIONS AND NEW EMPLOYMENT OPPORTUNITIES TO INDIANA

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| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (A)<br>Name and Title                                                                                                                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|                                                                                                                                               |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| JACK J PHILLIPS<br>CHAIR                                                                                                                      | 1 00                                                                                       | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| BRYAN MILLS<br>VICE CHAIR                                                                                                                     | 1 00                                                                                       | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| STEPHEN FERGUSON<br>SECRETARY                                                                                                                 | 1 00                                                                                       | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| CONNIE BOND STUART<br>TREASURER                                                                                                               | 1 00                                                                                       | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| JEFF SMULYAN<br>AT-LARGE                                                                                                                      | 1 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| MARK HILL<br>AT-LARGE                                                                                                                         | 1 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| CATHERINE A LANGHAM<br>IMMED PAST CHAIR                                                                                                       | 1 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| AMY SCHUMACHER<br>DIRECTOR                                                                                                                    | 1 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| J ALBERT SMITH<br>DIRECTOR                                                                                                                    | 1 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| ALLAN B HUBBARD<br>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)<br>Name and Title                                                                                                                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>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<br>.....<br>DIRECTOR                                                                                                              | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| ROBERT STUTZ<br>.....<br>DIRECTOR                                                                                                             | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| BRENT YEAGY<br>.....<br>DIRECTOR                                                                                                              | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| BRUCE KING<br>.....<br>DIRECTOR                                                                                                               | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| CARL L CHAPMAN<br>.....<br>DIRECTOR                                                                                                           | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| CLAIRE FIDDIAN-GREEN<br>.....<br>DIRECTOR                                                                                                     | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| DAVID BECKER<br>.....<br>DIRECTOR                                                                                                             | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| DAVID GRAZIOSI<br>.....<br>DIRECTOR                                                                                                           | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| DAVID HAKANSON<br>.....<br>DIRECTOR                                                                                                           | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| DAVID M FINDLAY<br>.....<br>DIRECTOR                                                                                                          | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (A)<br>Name and Title                                                                                                                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|                                                                                                                                               |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| DAVID RICKS<br>.....<br>DIRECTOR                                                                                                              | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| DEBORAH CURTIS<br>.....<br>DIRECTOR                                                                                                           | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| DENNIS MURPHY<br>.....<br>DIRECTOR                                                                                                            | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| ELLEN SWISHER CRABB<br>.....<br>DIRECTOR                                                                                                      | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| GAIL BOURDREAUX<br>.....<br>DIRECTOR                                                                                                          | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| GEOFFREY MEARNES<br>.....<br>DIRECTOR                                                                                                         | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| J SCOTT DAVISON<br>.....<br>DIRECTOR                                                                                                          | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| JA LACY<br>.....<br>DIRECTOR                                                                                                                  | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| JAMES CONNER<br>.....<br>DIRECTOR                                                                                                             | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| JAMES C CONWELL<br>.....<br>DIRECTOR                                                                                                          | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |



| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (A)<br>Name and Title                                                                                                                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|                                                                                                                                               |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| KENNETH ZAGZEBSKI<br>.....<br>DIRECTOR                                                                                                        | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| KEVIN CHURCH<br>.....<br>DIRECTOR                                                                                                             | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| KRISTIN MAYS-CORBITT<br>.....<br>DIRECTOR                                                                                                     | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| MARK A EMMERT<br>.....<br>DIRECTOR                                                                                                            | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| MARK MILES<br>.....<br>DIRECTOR                                                                                                               | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| MELODY BIRMINGHAM-BYRD<br>.....<br>DIRECTOR                                                                                                   | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| MICHAEL J PACKNETT<br>.....<br>DIRECTOR                                                                                                       | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| MICHAEL A MCROBBIE<br>.....<br>DIRECTOR                                                                                                       | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| MITCHELL E DANIELS JR<br>.....<br>DIRECTOR                                                                                                    | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| N CLAY ROBBINS<br>.....<br>DIRECTOR                                                                                                           | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
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|                                                                                                                                               |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| PAM MATTHEWS<br>.....<br>DIRECTOR                                                                                                             | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| PATRICK F CARR<br>.....<br>DIRECTOR                                                                                                           | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| PAUL SVINDLAND<br>.....<br>DIRECTOR                                                                                                           | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| PHIL BURKHOLDER<br>.....<br>DIRECTOR                                                                                                          | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| PHILLIP A TERRY<br>.....<br>DIRECTOR                                                                                                          | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| RAJAN GAJARIA<br>.....<br>DIRECTOR                                                                                                            | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| RICK FUSON<br>.....<br>DIRECTOR                                                                                                               | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| ROBERT W HILLMAN<br>.....<br>DIRECTOR                                                                                                         | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| ROBERT JONES<br>.....<br>DIRECTOR                                                                                                             | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| RON FAUQUHER<br>.....<br>DIRECTOR                                                                                                             | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (A)<br>Name and Title                                                                                                                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|                                                                                                                                               |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| SCOTT C BECK<br>.....<br>DIRECTOR                                                                                                             | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| STEVE WALKER<br>.....<br>DIRECTOR                                                                                                             | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| SUE ELLSPERMANN<br>.....<br>DIRECTOR                                                                                                          | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| TOM EASTERDAY<br>.....<br>DIRECTOR                                                                                                            | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| TOM LINEBARGER<br>.....<br>DIRECTOR                                                                                                           | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| LATOYA BOTTERON<br>.....<br>CHIEF FINANCIAL OFFICER                                                                                           | 16 00<br>.....<br>24 00                                                                    |                                                                                                           |                       | X       |              |                              |        | 214,100                                                               | 0                                                                          | 39,067                                                                                        |
| DAVID JOHNSON<br>.....<br>PRESIDENT AND CEO, CICP AN                                                                                          | 17 00<br>.....<br>23 00                                                                    |                                                                                                           |                       | X       |              |                              |        | 614,182                                                               | 0                                                                          | 78,403                                                                                        |
| ELIZABETH MCCAWE<br>.....<br>CHIEF OPERATING OFFICER                                                                                          | 20 00<br>.....<br>20 00                                                                    |                                                                                                           |                       | X       |              |                              |        | 253,097                                                               | 0                                                                          | 49,311                                                                                        |
| ELIZABETH BECHDOL<br>.....<br>PRESIDENT AND CEO, AGRINOVUS INDIANA                                                                            | 40 00<br>.....                                                                             |                                                                                                           |                       |         | X            |                              |        | 269,661                                                               | 0                                                                          | 45,320                                                                                        |
| JAMES MARK HOWELL<br>.....<br>PRESIDENT AND CEO, CONEXUS                                                                                      | 40 00<br>.....                                                                             |                                                                                                           |                       |         | X            |                              |        | 329,558                                                               | 0                                                                          | 61,742                                                                                        |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (A)<br>Name and Title                                                                                                                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|                                                                                                                                               |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| JASON KLOTH<br>.....<br>PRESIDENT AND CEO, ASCEND                                                                                             | 40 00<br>.....                                                                             |                                                                                                           |                       |         | X            |                              |        | 289,754                                                               | 0                                                                          | 28,439                                                                                        |
| MIKE LANGELLIER<br>.....<br>PRESIDENT AND CEO, TECHPOI                                                                                        | 40 00<br>.....                                                                             |                                                                                                           |                       |         | X            |                              |        | 317,853                                                               | 0                                                                          | 56,736                                                                                        |
| PAUL MITCHELL<br>.....<br>PRESIDENT AND CEO, ESN                                                                                              | 40 00<br>.....                                                                             |                                                                                                           |                       |         | X            |                              |        | 389,964                                                               | 0                                                                          | 48,959                                                                                        |
| ROBERT W COY<br>.....<br>PRESIDENT AND CEO, 16 TECH                                                                                           | 0 00<br>.....                                                                              |                                                                                                           |                       |         | X            |                              |        | 317,723                                                               | 0                                                                          | 65,345                                                                                        |
| NORA DOHERTY<br>.....<br>VP FINANCE, BIOCROSSROADS                                                                                            | 40 00<br>.....                                                                             |                                                                                                           |                       |         |              | X                            |        | 286,425                                                               | 0                                                                          | 66,791                                                                                        |
| BRIAN STEMME<br>.....<br>PROJECT DIRECTOR - BIOCROS                                                                                           | 40 00<br>.....                                                                             |                                                                                                           |                       |         |              | X                            |        | 207,528                                                               | 0                                                                          | 57,306                                                                                        |
| CLAUDIA CUMMINGS<br>.....<br>VP, WORKFORCE AND EDUCATIO                                                                                       | 40 00<br>.....                                                                             |                                                                                                           |                       |         |              | X                            |        | 195,303                                                               | 0                                                                          | 49,974                                                                                        |
| MATTHEW CONRAD<br>.....<br>VP, INDUSTRY ENGAGEMENT                                                                                            | 40 00<br>.....                                                                             |                                                                                                           |                       |         |              | X                            |        | 172,223                                                               | 0                                                                          | 44,483                                                                                        |
| JOHN ECKERLE<br>.....<br>PROJECT DIRECTOR - BIOCROS                                                                                           | 40 00<br>.....                                                                             |                                                                                                           |                       |         |              | X                            |        | 162,399                                                               | 0                                                                          | 42,659                                                                                        |

**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.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2018**

**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<br>CENTRAL INDIANA CORPORATE<br>PARTNERSHIP INC | Employer identification number<br>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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

**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- |
|----------|-------------|---------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 1        |             |         |                                                                     |                                                                                                                                            |
| 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

| 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                                       |

**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-

**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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
|---------------------------------------------------------------------|----------|----------|----------|----------|-----------|
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> 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) |    | (b)    |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
|           |                                                                                                                                                                                                                              | Yes | No | Amount |
| <b>1</b>  | 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 |     |    |        |
| <b>a</b>  | Volunteers?                                                                                                                                                                                                                  |     |    |        |
| <b>b</b>  | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                                 |     |    |        |
| <b>c</b>  | Media advertisements?                                                                                                                                                                                                        |     |    |        |
| <b>d</b>  | Mailings to members, legislators, or the public?                                                                                                                                                                             |     |    |        |
| <b>e</b>  | Publications, or published or broadcast statements?                                                                                                                                                                          |     |    |        |
| <b>f</b>  | Grants to other organizations for lobbying purposes?                                                                                                                                                                         |     |    |        |
| <b>g</b>  | Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                  |     |    |        |
| <b>h</b>  | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                    |     |    |        |
| <b>i</b>  | Other activities?                                                                                                                                                                                                            |     |    |        |
| <b>j</b>  | Total. Add lines 1c through 1i.                                                                                                                                                                                              |     |    |        |
| <b>2a</b> | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?                                                                                                                                |     |    |        |
| <b>b</b>  | If "Yes," enter the amount of any tax incurred under section 4912                                                                                                                                                            |     |    |        |
| <b>c</b>  | If "Yes," enter the amount of any tax incurred by organization managers under section 4912                                                                                                                                   |     |    |        |
| <b>d</b>  | 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 |
|------------------------------------------------------------------------------------------------------------|----------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?                      | <b>1</b> | No |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                 | <b>2</b> | No |
| <b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? | <b>3</b> | 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."**

|          |                                                                                                                                                                                                                                            |           |           |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> | Dues, assessments and similar amounts from members                                                                                                                                                                                         | <b>1</b>  | 1,476,400 |
| <b>2</b> | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).                                                                                 |           |           |
| <b>a</b> | Current year                                                                                                                                                                                                                               | <b>2a</b> |           |
| <b>b</b> | Carryover from last year                                                                                                                                                                                                                   | <b>2b</b> |           |
| <b>c</b> | Total                                                                                                                                                                                                                                      | <b>2c</b> |           |
| <b>3</b> | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues                                                                                                                                            | <b>3</b>  |           |
| <b>4</b> | 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? | <b>4</b>  |           |
| <b>5</b> | Taxable amount of lobbying and political expenditures (see instructions)                                                                                                                                                                   | <b>5</b>  |           |

**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.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

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.

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

(a) Donor advised funds

(b) Funds and other accounts

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

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

Held at the End of the Year

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

1b

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

► \$

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

Cat No 52283D

Schedule D (Form 990) 2018

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 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

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 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                         | 138,592                      | 25,171         |
| d                       | Equipment                                                                                | 56,006                          | 56,006                       | 0              |
| e                       | Other                                                                                    | 156,447                         | 139,149                      | 17,298         |
| Total.                  | Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) |                                 |                              | 42,469         |

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<br>(including name of security) | (b) Book value | (c) Method of valuation<br>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<br>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 ☒

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

**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.

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 |                            |
|                           |                            |
|                           |                            |
|                           |                            |
|                           |                            |
|                           |                            |
|                           | Schedule D (Form 990) 2018 |
|                           |                            |

**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   | INCOME TAX FOOTNOTE FROM AUDITED FINANCIAL STATEMENTS THE PARTNERSHIP IS EXEMPT FROM FEDE<br>RAL AND STATE INCOME TAXES UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE, THOUGH TH<br>EY ARE SUBJECT TO TAX ON INCOME UNRELATED TO THEIR EXEMPT PURPOSE, UNLESS THAT INCOME IS O<br>THERWISE EXCLUDED BY THE INTERNAL REVENUE CODE UNRELATED BUSINESS INCOME TAX WAS \$28,890<br>IN 2018 RELATED TO CICP'S QUALIFIED TRANSPORTATION FRINGE BENEFITS FOR PARKING THERE WAS<br>NO UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2017 THE PARTNERSHIP FILES U<br>S FEDERAL AND STATE OF INDIANA INFORMATIONAL TAX RETURNS THEY ARE NO LONGER SUBJECT TO<br>U S FEDERAL AND STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2015 |

| Supplemental Information             |                                                             |
|--------------------------------------|-------------------------------------------------------------|
| Return Reference                     | Explanation                                                 |
| PART XI, LINE 2D - OTHER ADJUSTMENTS | ADJUSTMENT DUE TO REIMBURSEMENT OF SHARED EMPLOYEES 606,604 |

| Supplemental Information             |                                                                            |
|--------------------------------------|----------------------------------------------------------------------------|
| Return Reference                     | Explanation                                                                |
| PART XI, LINE 4B - OTHER ADJUSTMENTS | ADJUSTMENT DUE TO CHANGE FROM MODIFIED CASH BASIS TO ACCRUAL BASIS 480,102 |

| Supplemental Information              |                                                             |
|---------------------------------------|-------------------------------------------------------------|
| Return Reference                      | Explanation                                                 |
| PART XII, LINE 2D - OTHER ADJUSTMENTS | ADJUSTMENT DUE TO REIMBURSEMENT OF SHARED EMPLOYEES 606,604 |

| Supplemental Information              |                                                                            |
|---------------------------------------|----------------------------------------------------------------------------|
| Return Reference                      | Explanation                                                                |
| PART XII, LINE 4B - OTHER ADJUSTMENTS | ADJUSTMENT DUE TO CHANGE FROM MODIFIED CASH BASIS TO ACCRUAL BASIS 190,675 |

# 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 \$829,085 THE AUDITED FINANCIAL STATEMENTS SHOW A CHANGE IN NET ASSETS OF \$539,658 THE DIFFERENCE BETWEEN THE RETURN AND AUDITED FINANCIAL STATEMENTS IS THE ADJUSTMENT FROM MODIFIED CASH BASIS TO ACCRUAL \$289,427 |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service

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 noncash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------|---------|---------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|---------------------------------------|------------------------------------|
| (1) See Additional Data                            |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (2)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (3)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (4)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (5)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (6)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (7)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (8)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (9)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (10)                                               |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (11)                                               |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (12)                                               |         |                                 |                          |                                   |                                                       |                                       |                                    |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 4

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

**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 noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash 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, CICP RECEIVES 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               |
|----------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|--------------------------------------------------|
| ECONOMIC CLUB OF INDIANA INC<br>1630 N MERIDIAN STREET<br>INDIANAPOLIS, IN 46202       | 23-7381408 | 501(C)(3)                     | 10,000                   |                                   |                                                       |                                        | PLATINUM SPONSORSHIP                             |
| LEADERSHIP INDIANAPOLIS INC<br>615 NORTH ALABAMA<br>STSTE119<br>INDIANAPOLIS, IN 46204 | 35-2054817 | 501(C)(3)                     | 5,000                    |                                   |                                                       |                                        | 2018 CORPORATE PARTNERSHIP FOR CICP-GOLD PARTNER |

| 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                         |
| VISIT INDY INC<br>200 SOUTH CAPITOL AVENUE<br>SUITE 300<br>INDIANAPOLIS, IN 46225                              | 35-0413010 | 501(C)(6)                     | 5,000                    |                                   |                                                       |                                        | 2018 MPI WORLD EDUCATION-CONGRESS CONTRIBUTING SPONSORSHIP |
| INDY WOMEN IN TECH INC<br>PO BOX 80509<br>INDIANAPOLIS, IN 46280                                               | 82-0694728 | 501(C)(3)                     | 10,000                   |                                   |                                                       |                                        | 2018 AND 2019 FUTURISTECH BENEFIT-PRESENTING SPONSOR       |

| 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                                            |
| ANTI-DEFAMATION LEAGUE<br>120 S LASALLE STREET SUITE 1150<br>CHICAGO, IL 60603                                 | 13-1818723 | 501(C)(3)                     | 10,000                   |                                   |                                                       |                                        | PATRON SPONSOR OF THE MAN OF ACHIEVEMENT AWARD DINNER-HONORING TOM LINEBARGER |
| NORTHEAST INDIANA REGIONAL PARTNERSHIP INC<br>200 EAST MAIN STREET STE 910<br>FORT WAYNE, IN 46802             | 35-1984702 | 501(C)(6)                     | 10,000                   |                                   |                                                       |                                        | ANNUAL MEMBER INVESTMENT COMMITEMENT 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 |
| BATTERY INNOVATION CENTER INC<br>7970 S ENERGY DRIVE<br>NEWBERRY, IN 47449                                     | 45-4110850 | 501(C)(6)                     | 380,851                  |                                   |                                                       |                                        | IEDC BIC GRANT                     |

|                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <div>Schedule J</div> <div>(Form 990)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> | <div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</div> <div>▶ Attach to Form 990.</div> <div>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</div> | <div>OMB No 1545-0047</div> <div>2018</div> <div>Open to Public Inspection</div> |
|                                                                                                                       | <div>Name of the organization</div> <div>CENTRAL INDIANA CORPORATE PARTNERSHIP INC</div>                                                                                                                                                                                                                                                                                                         | <div>Employer identification number</div> <div>35-2065459</div>                  |
|                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                  |

| Part I | Questions Regarding Compensation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    | Yes | No |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
| 1a     | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |     |    |
|        | <div> <input type="checkbox"/> First-class or charter travel                 <input type="checkbox"/> Travel for companions                 <input type="checkbox"/> Tax indemnification and gross-up payments                 <input type="checkbox"/> Discretionary spending account             </div> <div> <input type="checkbox"/> Housing allowance or residence for personal use                 <input type="checkbox"/> Payments for business use of personal residence                 <input type="checkbox"/> Health or social club dues or initiation fees                 <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)             </div> |    |     |    |
| 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.                                                                                                                                                                                                                                                                                                                                                          |    |     |    |
|        | <div> <input checked="" type="checkbox"/> Compensation committee                 <input type="checkbox"/> Independent compensation consultant                 <input checked="" type="checkbox"/> Form 990 of other organizations             </div> <div> <input type="checkbox"/> Written employment contract                 <input checked="" type="checkbox"/> Compensation survey or study                 <input checked="" type="checkbox"/> Approval by the board or compensation committee             </div>                                                                                                                                                              |    |     |    |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |     |    |
|        | <b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |     |    |
| 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 nonfixed 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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 8  |     |    |
| 9      | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 9  |     |    |

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.

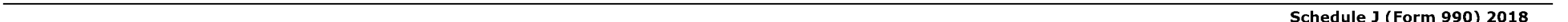
See Additional Data Table

**Schedule J (Form 990) 2018**

**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 CACP 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 CACP, DAVID LAWTHOR 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 |                                     |                                     | (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 |                                                |                         |                                 |                                                                       |
| LATOYA BOTTERON<br>CHIEF FINANCIAL OFFICER                | (i)  | 184,046                                            | 30,000                              | 54                                  | 20,054                                         | 19,013                  | 253,167                         | 0                                                                     |
|                                                           | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| DAVID JOHNSON<br>PRESIDENT AND CEO, CICP<br>AN            | (i)  | 498,420                                            | 115,000                             | 762                                 | 24,300                                         | 54,103                  | 692,585                         | 0                                                                     |
|                                                           | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| ELIZABETH MCCAW<br>CHIEF OPERATING OFFICER                | (i)  | 228,037                                            | 25,000                              | 60                                  | 20,236                                         | 29,075                  | 302,408                         | 0                                                                     |
|                                                           | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| ELIZABETH BECHDOL<br>PRESIDENT AND CEO, AGRINOVUS INDIANA | (i)  | 235,586                                            | 34,000                              | 75                                  | 22,445                                         | 22,875                  | 314,981                         | 0                                                                     |
|                                                           | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| JAMES MARK HOWELL<br>PRESIDENT AND CEO, CONEXUS           | (i)  | 289,431                                            | 40,000                              | 127                                 | 23,015                                         | 38,727                  | 391,300                         | 0                                                                     |
|                                                           | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| JASON KLOTH<br>PRESIDENT AND CEO, ASCEND                  | (i)  | 264,700                                            | 25,000                              | 54                                  | 23,814                                         | 4,625                   | 318,193                         | 0                                                                     |
|                                                           | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| MIKE LANGELLIER<br>PRESIDENT AND CEO, TECHPOI             | (i)  | 277,799                                            | 40,000                              | 54                                  | 24,628                                         | 32,108                  | 374,589                         | 0                                                                     |
|                                                           | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| PAUL MITCHELL<br>PRESIDENT AND CEO, ESN                   | (i)  | 339,910                                            | 50,000                              | 54                                  | 24,300                                         | 24,659                  | 438,923                         | 0                                                                     |
|                                                           | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| ROBERT W COY<br>PRESIDENT AND CEO, 16<br>TECH             | (i)  | 297,327                                            | 20,000                              | 396                                 | 17,029                                         | 48,316                  | 383,068                         | 0                                                                     |
|                                                           | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| NORA DOHERTY<br>VP FINANCE,<br>BIOCROSSROADS              | (i)  | 241,287                                            | 45,000                              | 138                                 | 21,553                                         | 45,238                  | 353,216                         | 0                                                                     |
|                                                           | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| BRIAN STEMME<br>PROJECT DIRECTOR -<br>BIOCROS             | (i)  | 186,390                                            | 21,000                              | 138                                 | 18,066                                         | 39,240                  | 264,834                         | 0                                                                     |
|                                                           | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| CLAUDIA CUMMINGS<br>VP, WORKFORCE AND<br>EDUCATIO         | (i)  | 180,213                                            | 15,000                              | 90                                  | 18,036                                         | 31,938                  | 245,277                         | 0                                                                     |
|                                                           | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| MATTHEW CONRAD<br>VP, INDUSTRY<br>ENGAGEMENT              | (i)  | 162,163                                            | 10,000                              | 60                                  | 16,071                                         | 28,412                  | 216,706                         | 0                                                                     |
|                                                           | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| JOHN ECKERLE<br>PROJECT DIRECTOR -<br>BIOCROS             | (i)  | 150,345                                            | 12,000                              | 54                                  | 15,261                                         | 27,398                  | 205,058                         | 0                                                                     |
|                                                           | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization  
CENTRAL INDIANA CORPORATE  
PARTNERSHIP 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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018****Open to Public  
Inspection****Employer identification number**

35-2065459

**990 Schedule O, Supplemental Information**

| Return Reference                                | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 11B | THE SEVEN-MEMBER CICIP EXECUTIVE COMMITTEE WILL REVIEW THE RETURN BEFORE AUTHORIZING FOR DISTRIBUTION TO THE BOARD OF DIRECTORS AS SOON AS POSSIBLE AFTER THAT MEETING, THE FORM WILL BE EMAILED TO THE FULL BOARD WITH AN EXPLANATION REGARDING THE REQUIRED PROCEDURE, AN EXPLANATION THAT THE FORM HAS BEEN REVIEWED BY MANAGEMENT AND THE EXECUTIVE COMMITTEE AND WE ENCOURAGE THE BOARD MEMBERS TO CONTACT MANAGEMENT WITH QUESTIONS AND CONCERNS THE FULL BOARD WILL HAVE AN OPPORTUNITY TO DISCUSS THE RETURN AT THE AUGUST 2019 BOARD MEETING, BEFORE THE RETURN IS FILED |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                             | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 12C | <p>EACH DIRECTOR, OFFICER, AND STAFF MEMBER ANNUALLY RECEIVES A CONFLICT OF INTEREST QUESTIONNAIRE THROUGH WHICH HE OR SHE IS ASKED TO CONFIRM OR REPORT THE FOLLOWING (I) THAT HE OR SHE HAS READ AND UNDERSTANDS CICP'S CONFLICT OF INTEREST POLICY (WHICH IMPOSES UPON DIRECTORS, OFFICERS, AND STAFF A CONTINUING, AFFIRMATIVE DUTY TO REPORT ANY PERSONAL OWNERSHIP, INTEREST, OR RELATIONSHIP THAT MIGHT AFFECT HIS OR HER ABILITY TO EXERCISE IMPARTIAL, ETHICAL, AND BUSINESS-BASED JUDGMENTS IN FULFILLING THEIR RESPONSIBILITIES TO CICP), (II) THAT HE OR SHE IS IN COMPLIANCE WITH THE POLICY, (III) THAT HE OR SHE IS REPORTING (WITH HIS OR HER COMPLETED QUESTIONNAIRE) ALL ACTUAL OR POTENTIAL CONFLICTS OF INTEREST THAT ARISE AS A RESULT OF HIS OR HER ROLE WITH CICP, AND EACH POSITION THAT HE OR SHE HOLDS AS A DIRECTOR, TRUSTEE, OFFICER, OR EMPLOYEE OF ANY OTHER NONPROFIT ORGANIZATION, AND (IV) THAT HE OR SHE WILL REPORT PROMPTLY ANY CHANGES IN THE INFORMATION REPORTED IN HIS OR HER QUESTIONNAIRE OR IN ANY OTHER MATTERS THAT MIGHT AFFECT COMPLIANCE WITH THE POLICY THE EXECUTIVE ASSISTANT TO THE CEO COLLECTS AND REVIEWS THE QUESTIONNAIRES AS THEY ARE RETURNED, ALERTS THE CEO TO ANY CONFLICTS THAT HAVE BEEN REPORTED, AND MAKES SURE THAT ALL WHO ARE REQUIRED TO COMPLETE A CONFLICT QUESTIONNAIRE HAVE DONE SO WHEN AN INDIVIDUAL REPORTS AN ACTUAL, POTENTIAL, OR PERCEIVED CONFLICT OF INTEREST, CICP FOLLOWS THE PROCEDURES OUTLINED IN ITS POLICY FOR DISCLOSURE OF CONFLICTS TO THE APPLICABLE BODY OF DECISION-MAKERS AND RECUSAL OF INDIVIDUAL(S) WITH CONFLICTS FROM THE DECISION-MAKING PROCESS PURSUANT TO THE POLICY, THE CICP BOARD IS RESPONSIBLE FOR THE OVERSIGHT OF, AND ACTION REGARDING, ALL DISCLOSURES AND /OR FAILURES TO DISCLOSE</p> |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                            | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 15 | <p>THROUGH DECEMBER 31, 2018 DAVID L JOHNSON SERVED AS PRESIDENT AND CEO OF BOTH CENTRAL INDIANA CORPORATE PARTNERSHIP AND BIOCROSSROADS. EFFECTIVE JANUARY 1, 2019 DAVID L JOHNSON NOW SERVES SOLELY AS THE PRESIDENT AND CEO OF CICP ON A FULL TIME BASIS. HIS PERFORMANCE AND COMPENSATION FOR 2018 WAS REVIEWED, ANALYZED AND SET BY TWO GROUPS: (1) THE CICP EXECUTIVE COMMITTEE, AND (2) THE BIOCROSSROADS EXECUTIVE COMMITTEE. THE TWO-PART REVIEW PROCESS BEGINS WITH THE BIOCROSSROADS EXECUTIVE COMMITTEE, WHICH USES A DISTINCT SET OF COMPARABLES TO THE COMPENSATION OF OTHER EXECUTIVES IN SIMILAR POSITIONS IN OTHER ORGANIZATIONS, AS WELL AS A SEPARATE REVIEW OF COMPENSATION FOR THE ROLE OF PRESIDENT OF BIOCROSSROADS (AS FURTHER DESCRIBED IN THE FOLLOWING PARAGRAPH), TO ARRIVE AT A SALARY FIGURE. HISTORICALLY, THIS FIGURE HAS BEEN ALLOCATED AS A PART OF THE COMPENSATION FOR THE ROLE OF PRESIDENT/CEO OF CICP AND EFFECTIVELY DETERMINES FIFTY PERCENT (50%) OF JOHNSON'S OVERALL SALARY IN 2018. THE PROCESS THEN MOVES TO THE CICP EXECUTIVE COMMITTEE. THERE IS AN OVERLAP OF CICP MEMBERS WHO ARE ON BOTH THE BIOCROSSROADS EXECUTIVE COMMITTEE AND THE CICP EXECUTIVE COMMITTEE. THE CICP EXECUTIVE COMMITTEE UNDERGOES AND COMPLETES ITS OWN COMPENSATION REVIEW PROCESS (AS DESCRIBED IN MORE DETAIL IN THE FOLLOWING PARAGRAPH), AND THEN, TAKING INTO ACCOUNT THE SALARY AND BONUS FIGURE FROM THE BIOCROSSROADS EXECUTIVE COMMITTEE, DETERMINES THE COMPENSATION FOR THE ROLE OF PRESIDENT/CEO OF CICP AND JOHNSON'S RESULTING OVERALL COMPENSATION IN 2018, THE CICP EXECUTIVE COMMITTEE INDEPENDENTLY SET BASE PAY FOR THE FTE CEO FOR 2019.</p> |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                            | Explanation                                                                                                               |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION C,<br>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<br>Reference                          | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART IX,<br>LINE 5 -<br>LINE 10 | SHARING OF PAID EMPLOYEES CENTRAL INDIANA CORPORATE PARTNERSHIP, INC (CICP) IS AFFILIATE D WITH CICP FOUNDATION, INC , AND 16TECH COMMUNITY CORPORATION (16TECH), 501(C)(3) CORPOR ATIONS, BC INITIATIVE, INC , (BCI), CLEANTECH SYSTEMS SOLUTIONS (CSS) AND ASCEND INDIANA S TRATEGIES (AIS), FOR PROFIT C CORPORATIONS CICP EMPLOYS ALL WHO PROVIDE SERVICES TO THE S IX ENTITIES BASED ON INFORMATION PROVIDED BY CICP FOUNDATION, AIS, 16TECH, CSS, AND BCI, CICP ALLOCATES SALARY AND BENEFIT COSTS TO THE FOUNDATION, AIS, 16TECH, CSS, AND BCI, AND IS REGULARLY REIMBURSED FOR THOSE COSTS CICP HAS A SHARED SERVICES AGREEMENT WITH CICP FO UNDATION CICP EMPLOYEES MAY WORK ON PROGRAMS FUNDED THROUGH CICP FOUNDATION IN MOST CASE S THE TIME SPENT WOULD BE ALLOCATED TO CICP FOUNDATION AND REIMBURSED TO CICP EMPLOYEE TI ME SPENT ON FOR-PROFIT AFFILIATED ENTITIES IS ALWAYS REIMBURSED |

**990 Schedule O, Supplemental Information**

| <b>Return<br/>Reference</b>      | <b>Explanation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART IX,<br>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 , ASCEND INDIANA STRATEGIES, 16TECH COMMUNITY CORPORATION, AND BC INITIATIVE, INC THE AMOUNT LISTED ON LINE 24D IS EXPRESSED AS A NEGATIVE DOLLAR VALUE AS IT REPRESENTS SALARY REIMBURSEMENT MADE TO CICP BECAUSE THIS AMOUNT IS NOT A TRUE EXPENSE TO CICP, WE HAVE DETERMINED THE \$-7,677,380 SHOULD NOT BE INCLUDED ON CICP'S FUNCTIONAL EXPENSE SALARY LINE, BUT BROKEN OUT ON PART IX, LINE 24D AS SHOWN BASIS OF ACCOUNTING MODIFIED CASH BASIS AS EMPLOYED BY CICP FOR THE CONSOLIDATED FINANCIAL 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 CASH IS RECEIVED CASH RECEIVED FOR MULTI-YEAR GRANTS IS RECORDED AS DEFERRED INCOME AND IS RECOGNIZED AS INCOME WHEN ASSOCIATED EXPENSES HAVE BEEN INCURRED EXPENSES ARE ACCOUNTED FOR USING THE GAAP ACCRUAL METHOD |

**990 Schedule O, Supplemental Information**

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

## 990 Schedule O, Supplemental Information

| Return<br>Reference               | Explanation                                                                                                                                                                                                                               |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE<br>B, PART I,<br>LINE 21 | CICP FOUNDATION, INC PROVIDED A GRANT TO CENTRAL INDIANA CORPORATE PARTNERSHIP, INC (CIC<br>P) IN THE AMOUNT OF \$43,625 IN 2018 THE GRANT WAS RESTRICTED TO USE FOR EXEMPT PURPOSES<br>IT IS RESTRICTED TO WORKFORCE DEVELOPMENT EFFORTS |

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.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2018

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)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>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)<br>Name, address, and EIN of related organization                                                                               | (b)<br>Primary activity                                             | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity          | (g)<br>Section 512(b)(13) controlled entity? |    |
|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|-------------------------------------------|----------------------------------------------|----|
|                                                                                                                                     |                                                                     |                                                  |                            |                                                     |                                           | Yes                                          | No |
| <b>(1)</b> CICP FOUNDATION INC<br>111 MONUMENT CIRCLE STE 1800<br><br>INDIANAPOLIS, IN 46204<br>35-2065457                          | SUPPORT COMMUNITY DEVELOPMENT IN CENTRAL INDIANA                    | IN                                               | 501(C)(3)                  | LINE 12A, I                                         | CENTRAL INDIANA CORPORATE PARTNERSHIP INC | Yes                                          |    |
| <b>(2)</b> INDIANA HEALTH INFORMATION EXCHANGE INC<br>846 NORTH SENATE AVENUE SUITE 300<br><br>INDIANAPOLIS, IN 46202<br>36-4550324 | CLINICAL MESSAGING SERVICE TO REDUCE COSTS TO HEALTH CARE PROVIDERS | IN                                               | 501(C)(3)                  | LINE 12A, I                                         | N/A                                       |                                              | No |
| <b>(3)</b> 16 TECH COMMUNITY CORPORATION<br>111 MONUMENT CIRCLE STE 1800<br><br>INDIANAPOLIS, IN 46204<br>81-0853467                | DEVELOPMENT OF A KNOWLEDGE COMMUNITY                                | IN                                               | 501(C)(3)                  | LINE 12A, I                                         | N/A                                       |                                              | No |
| <b>(4)</b> INDY HUB FOUNDATION INC<br>212 W 10TH STREET<br><br>INDIANAPOLIS, IN 46202<br>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)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary<br>activity | (c)<br>Legal<br>domicile<br>(state<br>or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|----------------------------------------------------------|----------------------------|-----------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------|-----------------------------------------|----|----------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                                          |                            |                                                                 |                                        |                                                                                                            |                                 |                                          | Yes                                     | No |                                                                            | Yes                                       | No |                                |
|                                                          |                            |                                                                 |                                        |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |
|                                                          |                            |                                                                 |                                        |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |
|                                                          |                            |                                                                 |                                        |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |
|                                                          |                            |                                                                 |                                        |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |
|                                                          |                            |                                                                 |                                        |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |
|                                                          |                            |                                                                 |                                        |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |

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

| (a)<br>Name, address, and EIN of<br>related organization                                                           | (b)<br>Primary activity                                | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity             | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512(b)<br>(13) controlled<br>entity? |    |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|-----------------------------------------------------|----|
|                                                                                                                    |                                                        |                                                           |                                                 |                                                        |                                 |                                           |                                | Yes                                                 | No |
| <b>(1)</b> TECHPOINT VENTURES INC<br>111 MONUMENT CIRCLE STE 1800<br>INDIANAPOLIS, IN 46204<br>26-3662235          | TECHNOLOGY INITIATIVE<br>AND PROJECT<br>FACILIATION    | IN                                                        | CENTRAL INDIANA<br>CORPORATE<br>PARTNERSHIP INC | C                                                      | 5,000                           | 9,918                                     | 100 000 %                      | Yes                                                 |    |
| <b>(2)</b> BC INITIATIVE INC<br>300 NORTH MERIDIAN ST STE 950<br>INDIANAPOLIS, IN 46204<br>20-0882485              | IDENTIFYING AND<br>BUILDING INDIANA'S LIFE<br>SCIENCES | IN                                                        | CENTRAL INDIANA<br>CORPORATE<br>PARTNERSHIP INC | C                                                      | 73,164                          | 516,083                                   | 10 810 %                       |                                                     | No |
| <b>(3)</b> CLEANTECH SYSTEMS SOLUTIONS INC<br>111 MONUMENT CIRCLE STE 1800<br>INDIANAPOLIS, IN 46204<br>45-3762473 | TECHNOLOGY INITIATIVE<br>AND PROJECT<br>FACILIATION    | IN                                                        | CENTRAL INDIANA<br>CORPORATE<br>PARTNERSHIP INC | C                                                      | 30,000                          | 11,675                                    | 100 000 %                      | Yes                                                 |    |
| <b>(4)</b> ASCEND INDIANA STRATEGIES INC<br>111 MONUMENT CIRCLE STE 1800<br>INDIANAPOLIS, IN 46204<br>81-2549702   | EMPLOYER HUMAN<br>CAPITAL CONSULTING<br>SERVICES       | IN                                                        | CENTRAL INDIANA<br>CORPORATE<br>PARTNERSHIP INC | C                                                      | 381,057                         | 158,608                                   | 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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity . . . . .

1a

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

Yes

e Loans or loan guarantees by related organization(s) . . . . .

1e

Yes

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  
See Additional Data Table

| (a)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|----------------------------------------------|
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |

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.

[illegible]

**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 10 81% 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 |

| Return Reference                          | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE R, PART V, LINE 1<br>(P) AND (Q) | TO THE EXTENT CICIP INCURS EXPENSES ON BEHALF OF CICIP FOUNDATION INC , BC INITIATIVE INC (BCI),<br>CLEANTECH SYSTEMS SOLUTIONS (CSS), TECHPOINT VENTURES, 16TECH COMMUNITY CORPORATION, OR ASCEND<br>INDIANA STRATEGIES (AIS), THE APPROPRIATE ENTITY REGULARLY REIMBURSES CICIP EACH MONTH CICIP<br>PREPARES AN INTERCOMPANY REPORT THAT DETAILS AMOUNTS DUE FROM CICIP FOUNDATION, BCI, CSS,<br>TECHPOINT VENTURES, 16TECH, AND AIS, AND OWED TO CICIP BCI, CSS, TECHPOINT VENTURES, AIS, 16TECH,<br>AND CICIP FOUNDATION PREPARE A SIMILAR RECONCILING REPORT OF THE AMOUNTS DUE TO CICIP<br>REIMBURSEMENTS ARE MADE AS SOON AS POSSIBLE AFTER THE BOOKS ARE CLOSED EACH MONTH |

| Return Reference                  | Explanation                                                                                                                                                                    |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE R, PART V, LINE 2<br>(1) | SHARING OF FACILITIES, EQUIPMENT, MAILING LISTS, OR OTHER ASSETS CICP FOUNDATION, INC AND CICP<br>SHARE OFFICE SPACE EXPENSES ARE ALLOCATED BASED ON EMPLOYEE TIME ALLOCATIONS |

| Return Reference                  | Explanation                                                                                                                                                                           |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE R, PART V, LINE 2<br>(2) | CICP FOUNDATION, INC PROVIDED A GRANT TO CICP IN THE AMOUNT OF \$43,625 IN 2018 THE GRANT WAS RESTRICTED TO USE FOR EXEMPT PURPOSES IT IS RESTRICTED TO WORKFORCE DEVELOPMENT EFFORTS |

| Return Reference                  | Explanation                                                                                                                                                                                    |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE R, PART V, LINE 2<br>(3) | INTERCOMPANY BALANCES DUE TO/FROM CICP AND CICP FOUNDATION AT YEAR END ARE CLASSIFIED AS LOANS<br>ON THE FORM 990S ALL DUE TO/DUE FROM BALANCES AT YEAR END WERE REIMBURSED IN JANUARY OF 2019 |

| Return Reference                                     | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE R, PART V, LINES 2<br>(4), (5), (6) AND (7) | SHARING OF PAID EMPLOYEES    CENTRAL INDIANA CORPORATE PARTNERSHIP, INC (CICP) IS AFFILIATED WITH<br>CICP FOUNDATION, INC , AND 16TECH COMMUNITY CORPORATION (16TECH), 501(C)(3) CORPORATIONS, AND BC<br>INITIATIVE, INC (BCI), CLEANTECH SYSTEMS SOLUTIONS (CSS) AND ASCEND INDIANA STRATEGIES (AIS), FOR<br>PROFIT C CORPORATIONS    CICP EMPLOYS ALL WHO PROVIDE SERVICES TO THE SIX ENTITIES    BASED ON<br>INFORMATION PROVIDED BY CICP FOUNDATION, AIS, 16TECH, CSS, AND BCI, CICP ALLOCATES SALARY AND<br>BENEFIT COSTS TO THE FOUNDATION, AIS, 16TECH, CSS, AND BCI, AND IS REGULARLY REIMBURSED FOR THOSE<br>COSTS    CICP HAS A SHARED SERVICES AGREEMENT WITH CICP FOUNDATION    CICP EMPLOYEES MAY WORK ON<br>PROGRAMS FUNDED THROUGH CICP FOUNDATION    IN MOST CASES THE TIME SPENT WOULD BE ALLOCATED TO<br>CICP FOUNDATION AND REIMBURSED TO CICP    EMPLOYEE TIME SPENT ON FOR-PROFIT AFFILIATED ENTITIES IS<br>ALWAYS REIMBURSED |

| Return Reference                  | Explanation                                                                                                                                                                                                                                                       |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE R, PART V, LINE 2<br>(8) | 16 TECH COMMUNITY CORPORATION IS ORGANIZED EXCLUSIVELY FOR THE BENEFIT OF ITS SUPPORTED ORGANIZATIONS, WHICH INCLUDES CICP 16 TECH COMMUNITY CORPORATION DELEGATED ADMINISTRATIVE DUTIES TO CICP INCLUDING ACCOUNTING, HUMAN RESOURCES, AND GRANTS ADMINISTRATION |



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)<br>Name of related organization |                               | (b)<br>Transaction<br>type(a-s) | (c)<br>Amount Involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|---------------------------------|------------------------|----------------------------------------------|
| (1)                                 | CICP FOUNDATION INC           | N                               | 2,638                  | FMV                                          |
| (1)                                 | CICP FOUNDATION INC           | C                               | 43,625                 | FMV                                          |
| (2)                                 | CICP FOUNDATION INC           | E                               | 53,733                 | FMV                                          |
| (3)                                 | CICP FOUNDATION INC           | O                               | 6,737,704              | FMV                                          |
| (4)                                 | BC INITIATIVE INC             | O                               | 202,126                | FMV                                          |
| (5)                                 | ASCEND INDIANA STRATEGIES INC | O                               | 130,947                | FMV                                          |
| (6)                                 | 16 TECH COMMUNITY CORPORATION | O                               | 576,551                | FMV                                          |
| (7)                                 | 16 TECH COMMUNITY CORPORATION | L                               | 114,000                | FMV                                          |
| (8)                                 | 16 TECH COMMUNITY CORPORATION | P                               | 19,927                 | FMV                                          |