

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

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

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No 1545-1150
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE INDY HUB INC	D Employer identification number 20-2984853
	Number and street (or P O box, if mail is not delivered to street address) Room/suite 200 S MERIDIAN ST NO 317	E Telephone number (317) 759-4829
	City or town, state or province, country, and ZIP or foreign postal code INDIANAPOLIS, IN 46225	F Group Exemption Number

G Accounting Method Cash Accrual Other (specify) ▶ _____

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

I Website: ▶ WWW.INDYHUB.ORG

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

K Form of organization Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 95,780

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	84,806
	2 Program service revenue including government fees and contracts	2	10,594
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8	380	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	95,780	

Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	101,306
	13 Professional fees and other payments to independent contractors	13	14,629
	14 Occupancy, rent, utilities, and maintenance	14	8,968
	15 Printing, publications, postage, and shipping	15	302
	16 Other expenses (describe in Schedule O)	16	21,427
17 Total expenses. Add lines 10 through 16	17	146,632	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-50,852
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	153,992
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	103,140

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	4,541	22 4,506
23 Land and buildings		23
24 Other assets (describe in Schedule O)	152,760	24 100,316
25 Total assets	157,301	25 104,822
26 Total liabilities (describe in Schedule O).	3,309	26 1,682
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	153,992	27 103,140

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

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

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

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

28 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here **28a**

29 See Additional Data Table **29a**

(Grants \$) If this amount includes foreign grants, check here **30a**

30 See Additional Data Table **30a**

(Grants \$) If this amount includes foreign grants, check here **31a**

31 Other program services (describe in Schedule O) **31a**

(Grants \$) If this amount includes foreign grants, check here **32**

32 Total program service expenses (add lines 28a through 31a) **32**

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ALEX MAY DIRECTOR	1 00	0	0	0
ALEXANDRA SIMONTON DIRECTOR	1 00	0	0	0
ASHLEY YOUNELL DIRECTOR	1 00	0	0	0
COREY WILSON DIRECTOR	1 00	0	0	0
JACQUELINE PIMENTAL-GANNON DIRECTOR	1 00	0	0	0
JOSHUA CHRISTIE DIRECTOR	1 00	0	0	0
JUSTIN SUFAN DIRECTOR	1 00	0	0	0
KATIE BABBITT DIRECTOR	1 00	0	0	0
LEROY LEWIS III DIRECTOR	1 00	0	0	0
LESLEY GORDON DIRECTOR	1 00	0	0	0
MATTHEW HALL DIRECTOR	1 00	0	0	0
MEGAN GIANINNI DIRECTOR	1 00	0	0	0

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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		No
35b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____ 0		
37b	Did the organization file Form 1120-POL for this year?		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations Enter		
39a	Initiation fees and capital contributions included on line 9		
39b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
40b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
40c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
40d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
40e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		No
41	List the states with which a copy of this return is filed ▶ <u>IN</u>		
42a	The organization's books are in care of ▶ <u>BLAKE JOHNSON</u> Telephone no ▶ <u>(317) 759-4829</u> Located at ▶ <u>200 S MERIDIAN ST NO 317 INDIANAPOLIS, IN</u> ZIP + 4 ▶ <u>46225</u>		

		Yes	No
42b	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)? If "Yes," enter the name of the foreign country ▶ _____		No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
42c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ▶ _____		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		

		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
44c	Did the organization receive any payments for indoor tanning services during the year?		No
44d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Table with 2 columns: Yes, No. Row 46: No

Part VI Section 501(c)(3) Organizations Only

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

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

Table with 2 columns: Yes, No. Rows 47, 48, 49a, 49b: All empty

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

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

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

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

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

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

52 Did the organization complete Schedule A? NOTE. All section 501(c)(3) organizations must attach a completed Schedule A

Yes No

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

Sign Here: Signature of officer (ROBERT BLAKE JOHNSON PRESIDENT), Date (2020-06-26)

Paid Preparer Use Only: Print/Type preparer's name (SAMUEL A CIGELNIK), Preparer's signature, Date (2020-06-25), Firm's name (CLIFTONLARSONALLEN LLP), Firm's address (301 SW ADAMS STREET SUITE 1000 PEORIA, IL 61602), Firm's EIN (41-0746749), Phone no (309) 671-4500

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

Additional Data

Software ID:

Software Version:

EIN: 20-2984853

Name: THE INDY HUB INC

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 PASSPORT TO THE ARTS - ARTS EXPLORATION PROGRAMMING THAT EXPOSES INDIANAPOLIS YOUNG PROFESSIONALS TO A VARIETY OF ARTS AND CULTURAL INSTITUTIONS WITHIN THE COMMUNITY (Grants \$ 0)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	0

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

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

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<p>30 CORPORATE COLLECTIVE - AS CITIES ACROSS THE COUNTRY WORK TO RECRUIT AND DEVELOP TALENT, INDYHUB PARTNERS WITH SOME OF THE INDIANAPOLIS' MOST SIGNIFICANT EMPLOYERS FOR EVENTS AND CONTENT THAT PROMOTE CIVIC ENGAGEMENT, CROSS-COMPANY NETWORKING AND EDUCATIONAL OPPORTUNITIES FOCUSED ON ISSUES OF DIVERSITY, EQUITY AND INCLUSION (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>30a</p>	<p style="text-align: right;">0</p>

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

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<p>OTHER PROGRAMS TO GROW, ENGAGE AND EMPOWER A COMMUNITY OF YOUNG PROFESSIONALS IN INDIANAPOLIS (Grants \$ 0)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>		0

TY 2019 Transfers Personal Benefits Contracts Declaration

Name: THE INDY HUB INC

EIN: 20-2984853

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

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization
THE INDY HUB INC

Employer identification number

20-2984853

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION MISCELLANEOUS INCOME AMOUNT 380 TOTAL TO FORM 990-EZ, LINE 14 8,968

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 3,591 DESCRIPTION OTHER EXPENSES AMOUNT 5,377

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION PAYROLL PROCESSING AMOUNT 4,074 DESCRIPTION OFFICE COSTS AMOUNT 7,292 DESCRIPTION MARKETING, PROMOTION & EVENTS AMOUNT 9,905 DESCRIPTION STAFF AND VOLUNTEER TRAVEL AMOUNT 156 TOTAL TO FORM 990-EZ, LINE 16 21,427

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION ACCOUNTS RECEIVABLE - RELATED PARTY BEG OF YEAR AMOUNT 137,086 END OF YEAR AMOUNT 88,590 DESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 976 END OF YEAR AMOUNT 619 DESCRIPTION DEPOSITS BEG OF YEAR AMOUNT 8,000 END OF YEAR AMOUNT 8,000 DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 6,698 END OF YEAR AMOUNT 3,107

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 3,309 END OF YEAR AMOUNT 1,682