efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493307001350

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

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:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
CENTRAL INDIANA CORPORATE PARTNERSHIP INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
1210 WATERWAY BLVD NO 5000

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

D Employer identification number
35-2065459

E Telephone number
(317) 532-4802

G Gross receipts $ 10,496,039

F Name and address of principal officer:
DAVID LAWTHER JOHNSON
1210 WATERWAY BLVD NO 5000
INDIANAPOLIS, IN 46202

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☐ 501(c)(3) ☑ 501(c) (6) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.CICPINDIANA.COM

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1998

M State of legal domicile: IN

Part I Summary

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

Activities & Governance

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	**3**	64
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	64
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	144
6	Total number of volunteers (estimate if necessary)	**6**	260
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	7,152,175	10,218,654
9	Program service revenue (Part VIII, line 2g)	314,506	201,137
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	34,061	66,673
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,741	9,575
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,511,483	10,496,039
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	433,851	764,399
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	11,492,058	14,411,603
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	-5,243,511	-6,421,170
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	6,682,398	8,754,832
19	Revenue less expenses. Subtract line 18 from line 12	829,085	1,741,207
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	6,156,795	8,114,223
21	Total liabilities (Part X, line 26)	367,660	583,881
22	Net assets or fund balances. Subtract line 21 from line 20	5,789,135	7,530,342

Part II Signature Block

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

Sign Here

****** 2020-09-10
Signature of officer Date

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2020-09-10		P01271193

Firm's name ▶ KSM BUSINESS SERVICES INC — Firm's EIN ▶ 35-2123203

Firm's address ▶ PO BOX 40857
INDIANAPOLIS, IN 462400857 — Phone no. (317) 580-2000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

CENTRAL INDIANA CORPORATE PARTNERSHIP (CICP) IS AN ALLIANCE OF INDIANA'S BUSINESS AND RESEARCH UNIVERSITY LEADERS COMING TOGETHER TO FOSTER LONG-TERM PROSPERITY FOR THE REGION. CICP'S MISSION IS TO TRANSFORM THE ECONOMY OF INDIANA IN ORDER TO CREATE SUSTAINABLE PROSPERITY AND QUALITY OF LIFE FOR OUR CITIZENS AND FUTURE GENERATIONS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

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

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

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

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

4e **Total program service expenses ▶**

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	79		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a** 144			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		**4a**		No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		**6a**	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**	Yes	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		**7f**		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		**9b**		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		**14b**		
15	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.		**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.		**16**		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
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	64		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	64		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶ IN

18 Section 6104 requires an organization to make its Form 1023 (or 1024-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 1210 WATERWAY BLVD SUITE 5000 INDIANAPOLIS, IN 46202 (317) 532-4802

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								4,326,936	0	730,454

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 ▶ 29

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
LAFAYETTE LIMO INC 2346 LYNHURST DR SUITE 509 INDIANAPOLIS, IN 46241	IEDC PURDUE MOBILITY PROJECT	357,318
GUIDANCE ADVANCE LLC 9070 IRIS LN ZIONSVILLE, IN 46077	IEDC PURDUE MOBILITY PROJECT	158,625
SKILD 130 W UNION ST PASADENA, CA 91103	INDY AUTONOMOUS VEHICLE CHALLENGE	128,580

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 ▶ 3

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns	1a				
b Membership dues	1b	1,516,000			
c Fundraising events	1c				
d Related organizations	1d	71,250			
e Government grants (contributions)	1e	3,150,399			
f All other contributions, gifts, grants, and similar amounts not included above	1f	5,481,005			
g Noncash contributions included in lines 1a - 1f: $	1g				
h **Total.** Add lines 1a-1f		10,218,654			
Program Service Revenue	Business Code				
2a MANAGEMENT FEE INCOME	900099	201,137	201,137		
b					
c					
d					
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f		201,137			
3 Investment income (including dividends, interest, and other similar amounts)		66,673			66,673
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
	(i) Real	(ii) Personal			
6a Gross rents	6a				
b Less: rental expenses	6b				
c Rental income or (loss)	6c				
d Net rental income or (loss)					
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	7a				
b Less: cost or other basis and sales expenses	7b				
c Gain or (loss)	7c				
d Net gain or (loss)					
Other Revenue 8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
b Less: direct expenses	8b				
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses	9b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a MISC. INCOME	900099	9,575	9,575		
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d		9,575			
12 **Total revenue.** See instructions		10,496,039	210,712	0	66,673

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	764,399			
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,040,058			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,844,280			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	843,945			
9 Other employee benefits	1,003,210			
10 Payroll taxes	680,110			
11 Fees for services (non-employees):				
a Management				
b Legal	69,956			
c Accounting	20,558			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	201,380			
12 Advertising and promotion	572,927			
13 Office expenses	173,266			
14 Information technology	105,823			
15 Royalties				
16 Occupancy	188,140			
17 Travel	115,759			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,747			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,147			
23 Insurance	15,548			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROJECT EXPENSES	1,803,584			
b BAD DEBT EXPENSE	129,300			
c DUES AND SUBSCRIPTIONS	51,084			
d REIMBURSEMENT FOR SHARE	-9,988,297			
e All other expenses	84,908			
25 **Total functional expenses.** Add lines 1 through 24e	8,754,832			
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		2,242,250	1	2,650,840
	2	Savings and temporary cash investments		2,937,190	2	3,770,822
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		904,720	4	1,507,816
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		28,166	9	22,388
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 376,216			
	b	Less: accumulated depreciation	10b 352,895	42,469	10c	23,321
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		2,000	15	139,036
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		6,156,795	16	8,114,223
Liabilities	17	Accounts payable and accrued expenses		367,660	17	583,881
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		367,660	26	583,881
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		5,709,135	27	7,258,712
	28	Net assets with donor restrictions		80,000	28	271,630
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		5,789,135	32	7,530,342
	33	Total liabilities and net assets/fund balances		6,156,795	33	8,114,223

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,496,039
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,754,832
3	Revenue less expenses. Subtract line 2 from line 1	3	1,741,207
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,789,135
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,530,342

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Additional Data

Software ID:

Software Version:

EIN: 35-2065459

Name: CENTRAL INDIANA CORPORATE PARTNERSHIP INC

Form 990, Part III, Line 4a:

TECHPOINT IS THE NUCLEUS OF INDIANA'S TECH COMMUNITY AND THE GROWTH PLATFORM FOR THE STATE'S TECH COMPANIES AND ECOSYSTEM. IT IS A MISSION-DRIVEN NONPROFIT, THE ORGANIZATION IS FOCUSED ON HELPING THE STATE'S TECH COMMUNITY AND ECONOMY THRIVE IN THIS INCREASINGLY DIGITAL AGE THROUGH A LASER FOCUS ON ACCELERATING THE GROWTH AND STRENGTH OF THE LOCAL TECH TALENT POOL, COMPANY BASE, AND COMMUNITY FABRIC. VISIT WWW.TECHPOINT.ORG.2019 INCLUDED ANOTHER FULL YEAR OF TECHPOINT'S MEMBERSHIP MODEL; A FORMAL, ANNUAL ENGAGEMENT BETWEEN TECHPOINT AND A TECH COMPANY, TECH-ENABLED COMPANY, UNIVERSITY OR SERVICE PROVIDER. EIGHTY-FIVE MEMBERS JOINED IN 2019. IN 2019, XTERN HAD ANOTHER RECORD YEAR WITH 166 STUDENTS CONNECTED WITH 68 TECH COMPANIES FOR THE 10-WEEK INTERNSHIP PROGRAM. NEARLY 1,900 STUDENTS FROM 45 STATES AND 212 UNIVERSITIES ACROSS THE U.S. APPLIED FOR AN ESTIMATED 175 SPOTS WITH LOCAL TECH COMPANIES FOR SUMMER 2020. FROM THAT APPLICANT POOL, 209 STUDENT FINALISTS WERE CHOSEN TO PARTICIPATE IN "FINALIST DAY" WHERE TECHPOINT FACILITATED 800 INTERVIEWS BETWEEN THOSE STUDENT FINALISTS AND 103 EMPLOYER TEAMS, YIELDING 139 EMPLOYER-STUDENT INTERNSHIP MATCHES. 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 20TH ANNUAL MIRA AWARDS WERE ANNOUNCED TO A SOLD-OUT, RECORD CROWD OF 1,400 ATTENDEES. NEW FOR 2019 WAS THE "WISH YOU WERE HERE" CAMPAIGN, WHICH FEATURED THE "RED CARPET EXPERIENCE" EVENT. THE TECHNOLOGY COUNCILS OF NORTH AMERICA SELECTED TECHPOINT'S JOBS IN TECH 101 PRODUCT FOR THE INAUGURAL TALENT PIPELINE & WORKFORCE INNOVATION AWARD. JOBS IN TECH 101 EDUCATES AND INFORMS STUDENTS AND CAREER CHANGERS ABOUT WHICH JOBS EXIST IN TECH, WHAT THEY ARE LIKE, AND WHAT SKILLS AND EXPERIENCE ARE REQUIRED. TECHPOINT PLANS TO FURTHER DEVELOP THIS PRODUCT IN 2020.

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.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 2019, CONEXUS EXPANDED ITS NETWORKED COMMUNITY OF INDUSTRY, ACADEMIC AND PUBLIC SECTOR PARTNERS IN 2019 TO INCLUDE MORE THAN 150 ORGANIZATIONS. NETWORKED COMMUNITY DISTINCTION IS GIVEN TO ORGANIZATIONS THAT ARE ENGAGED WITH CONEXUS IN DEMONSTRABLE WAYS, INCLUDING PARTICIPATION IN PROGRAMMING AND EVENT ATTENDANCE. MORE THAN 3,000 HOOSIER SECONDARY, POST-SECONDARY AND WORKING ADULT STUDENTS WERE ENGAGED IN CONEXUS TALENT PROGRAMMING IN 2019. THIS INCLUDED MORE THAN 1,400 HOOSIER STUDENTS ENROLLED IN CONEXUS' INTRODUCTORY AML CURRICULUM, AS WELL AS MORE THAN 225 STUDENTS WHO PARTICIPATED IN ITS HIGH SCHOOL INTERNSHIP PROGRAM. CONEXUS DEVELOPED A WHITE PAPER OUTLINING RESULTS OF RESEARCH AND A PRELIMINARY DRAFT OF AN OPERATIONAL APPROACH FOR AN INNOVATION SOLUTION. CONEXUS ALSO LAUNCHED THE PEER-TO-PEER MODEL WHERE COMPANIES SUGGEST AN ADVANCED TECHNOLOGY TOPIC FOR DEEPER EXPLORATION WITH A PEER GROUP OF SUBJECT MATTER EXPERTS FROM OTHER ORGANIZATIONS. 3D PRINTING WAS THE FIRST TOPIC DISCUSSED. IN ITS ONGOING EFFORT TO EMBRACE THE FUTURE, CONEXUS HOSTED 25 EVENTS WITH NEARLY 2,400 ATTENDEES IN 2019, INCLUDING A STATEWIDE SPEAKER SERIES FOR COLLEGE STUDENTS AND YOUNG PROFESSIONALS. A NEW CONEXUSINDIANA.COM LAUNCHED AND A MONTHLY NEWSLETTER DEBUTED IN 2019. CONEXUS CONDUCTED A SURVEY OF MORE THAN 600 HOOSIER PARENTS, WHICH FOUND A LACK OF AWARENESS AND UNDERSTANDING OF AML. THE FINDINGS INFORMED THE CREATION OF A PUBLIC PERCEPTION CAMPAIGN THAT WILL LAUNCH IN 2020.

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.AS ENERGY SYSTEMS NETWORK (ESN) CELEBRATED ITS 10TH ANNIVERSARY IN 2019, IT SAW ANOTHER YEAR OF TREMENDOUS PROGRESS ON A NUMBER OF ITS KEY PROJECTS AND ECONOMIC DEVELOPMENT INITIATIVES THAT WERE MADE POSSIBLE THROUGH STRONG COLLABORATIONS WITH THE BATTERY INNOVATION CENTER (BIC), THE INDIANA HOUSING AND COMMUNITY DEVELOPMENT AUTHORITY (IHCDA) AND THE INDIANA ECONOMIC DEVELOPMENT CORPORATION (IEDC). ESN HAS JOINED FORCES WITH THE INDIANAPOLIS MOTOR SPEEDWAY, (IMS), DALLARA AUTOMOBILI, CLEMSON UNIVERSITY'S INTERNATIONAL CENTER FOR AUTOMOTIVE RESEARCH, SEMA, AND VEHICLE SIMULATOR COMPANY, ANSYS, TO POWER THE INDY AUTONOMOUS CHALLENGE (IAC). IAC, A COMPETITION AMONG GLOBAL UNIVERSITIES TO CREATE SOFTWARE THAT ENABLES SELF-DRIVING RACE CARS TO COMPETE IN A HEAD-TO-HEAD, HIGH SPEED RACE AT IMS. THE ANNOUNCEMENT OCCURRED AT THE SPEED EQUIPMENT MANUFACTURING ASSOCIATION (SEMA) CONFERENCE IN LAS VEGAS IN NOVEMBER. THE WINNING TEAM WILL TAKE HOME A $1 MILLION PRIZE. THE IAC IS A TWO-YEAR COMPETITION THAT WILL CULMINATE WITH A RACE AT THE IMS ON OCTOBER 23, 2021. ESN'S INVOLVEMENT IN THE MOVING FORWARD PROGRAM, IN COLLABORATION WITH THE INDIANA HOUSING AND COMMUNITY DEVELOPMENT AUTHORITY (IHCDA), CONTINUED IN 2019. THE PROGRAM CREATES ENERGY EFFICIENT AFFORDABLE HOUSING AND TRANSPORTATION OPTIONS THAT IMPROVE QUALITY OF LIFE WHILE DECREASING THE COST OF LIVING FOR LOW- TO MODERATE-INCOME INDIVIDUALS AND FAMILIES. SIX DEVELOPMENTS ACROSS THE STATE ARE CURRENTLY IN VARIOUS STAGES OF PROGRESS (FORT WAYNE, BLOOMINGTON, INDIANAPOLIS, LAFAYETTE, GARY AND EAST CHICAGO).ESN, PURDUE UNIVERSITY AND CUMMINS COLLABORATED ON A MICROTRANSIT PILOT PROGRAM CALLED LEAPER X. THE PROGRAM INCLUDES A WEB-BASED MOBILE APPLICATION POWERED BY CUMMINS, AND A SMALL TRIAL FLEET OF DESIGNATED CAMPUS SHUTTLES, IN ADDITION TO PURDUE'S TRADITIONAL CAMPUS BUSES.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID JOHNSON PRESIDENT AND CEO	20.00 20.00			X				632,327	0	78,025
NORA DOHERTY VP FINANCE, BIOCROSSROADS	40.00					X		384,481	0	68,393
PAUL MITCHELL PRESIDENT AND CEO, ESN	40.00				X			402,476	0	47,119
ROBERT W COY PRESIDENT AND CEO, 16 TECH	0.00 40.00				X			346,323	0	67,581
MIKE LANGELLIER PRESIDENT AND CEO, TECHPOINT	40.00				X			326,500	0	57,335
JAMES MARK HOWELL PRESIDENT AND CEO, CONEXUS	40.00				X			303,207	0	65,914
JASON KLOTH PRESIDENT AND CEO, ASCEND	40.00				X			314,796	0	27,229
ELIZABETH BECHDOL PRESIDENT AND CEO, AGRINOVUS INDIANA	40.00				X			281,413	0	52,275
LATOYA BOTTERON CHIEF FINANCIAL OFFICER	16.00 24.00			X				237,183	0	41,125
BRIAN STEMME PROJECT DIRECTOR - BIOCROSSROADS	40.00					X		214,645	0	59,898

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BENJAMIN WRIGHTSMAN EXECUTIVE VICE PRESIDENT - ESN	40.00					X		203,328	0	46,311
BRADLEY RHORER CHIEF TALENT PROGRAMS OFFICER - CONEUXS	40.00					X		192,948	0	51,230
MATTHEW PEAK DIRECTOR OF MOBILITY - ESN	40.00					X		202,657	0	27,495
PATRICIA MARTIN PRESIDENT AND CEO, BIOCROSSROADS	40.00				X			167,187	0	18,844
BETSY MCCAW COO; TERM END JANUARY 31 2019	40.00			X				117,465	0	21,680
JACK J PHILLIPS DIRECTOR; CHAIR; JAN- AUG	1.00	X		X				0	0	0
BRYAN MILLS DIRECTOR; VICE CHAIR	1.00	X		X				0	0	0
STEPHEN FERGUSON DIRECTOR; SECRETARY	1.00	X		X				0	0	0
CONNIE BOND STUART DIRECTOR; TREASURER; INTERIM CHAIR	1.00	X		X				0	0	0
JEFF SMULYAN DIRECTOR AT-LARGE; INTERIM TREASURER	1.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK HILL DIRECTOR AT-LARGE	1.00	X						0	0	0
CATHERINE A LANGHAM IMMEDIATE PAST CHAIR	1.00	X						0	0	0
AMY SCHUMACHER DIRECTOR	1.00	X						0	0	0
J ALBERT SMITH DIRECTOR	1.00	X						0	0	0
ALLAN B HUBBARD DIRECTOR	1.00	X						0	0	0
BILL SOARDS DIRECTOR	1.00	X						0	0	0
ROBERT STUTZ DIRECTOR	1.00	X						0	0	0
BRUCE KING DIRECTOR	1.00	X						0	0	0
SCOTT DOYLE DIRECTOR	1.00	X						0	0	0
CLAIRE FIDDIAN-GREEN DIRECTOR	1.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID BECKER DIRECTOR	1.00	X						0	0	0
DAVID GRAZIOSI DIRECTOR	1.00	X						0	0	0
DAVID HAKANSON DIRECTOR	1.00	X						0	0	0
DAVID M FINDLAY DIRECTOR	1.00	X						0	0	0
DAVID RICKS DIRECTOR	1.00	X						0	0	0
DEBORAH CURTIS DIRECTOR	1.00	X						0	0	0
DENNIS MURPHY DIRECTOR	1.00	X						0	0	0
ELLEN SWISHER CRABB DIRECTOR	1.00	X						0	0	0
GAIL BOUDREAUX DIRECTOR	1.00	X						0	0	0
GEOFFREY MEARNS DIRECTOR	1.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
J SCOTT DAVISON DIRECTOR	1.00	X						0	0	0
JA LACY DIRECTOR	1.00	X						0	0	0
JAMES CONNER DIRECTOR	1.00	X						0	0	0
ROBERT COONS DIRECTOR	1.00	X						0	0	0
JAMIE MERISOTIS DIRECTOR	1.00	X						0	0	0
JEFF HARRISON DIRECTOR	1.00	X						0	0	0
JAMES HALLETT DIRECTOR	1.00	X						0	0	0
JIM IRSAY DIRECTOR	1.00	X						0	0	0
JAMES RISK III DIRECTOR	1.00	X						0	0	0
REV JOHN I JENKINS DIRECTOR	1.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN T THOMPSON DIRECTOR	1.00	X						0	0	0
JONATHAN NALLI DIRECTOR	1.00	X						0	0	0
JUSTIN P CHRISTIAN DIRECTOR	1.00	X						0	0	0
KELLY PFLEDDERER DIRECTOR	1.00	X						0	0	0
KENNETH ZAGZEBSKI DIRECTOR	1.00	X						0	0	0
KEVIN CHURCH DIRECTOR	1.00	X						0	0	0
KRISTIN MAYS-CORBITT DIRECTOR	1.00	X						0	0	0
MARK A EMMERT DIRECTOR	1.00	X						0	0	0
MARK MILES DIRECTOR	1.00	X						0	0	0
STAN PINEGAR DIRECTOR	1.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL J PACKNETT DIRECTOR	1.00	X						0	0	0
MICHAEL A MCROBBIE DIRECTOR	1.00	X						0	0	0
MITCHELL E DANIELS JR DIRECTOR	1.00	X						0	0	0
N CLAY ROBBINS DIRECTOR	1.00	X						0	0	0
PATRICK F CARR DIRECTOR	1.00	X						0	0	0
PHIL BURKHOLDER DIRECTOR	1.00	X						0	0	0
PHILLIP A TERRY DIRECTOR	1.00	X						0	0	0
RAJAN GAJARIA DIRECTOR	1.00	X						0	0	0
RICK FUSON DIRECTOR	1.00	X						0	0	0
ROBERT W HILLMAN DIRECTOR	1.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JIM RYAN DIRECTOR	1.00	X						0	0	0
RON FAUQUHER DIRECTOR	1.00	X						0	0	0
SCOTT C BECK DIRECTOR	1.00	X						0	0	0
SUE ELLSPERMANN DIRECTOR	1.00	X						0	0	0
JEFFREY SIMMONS DIRECTOR	1.00	X						0	0	0
TOM LINEBARGER DIRECTOR	1.00	X						0	0	0
MIKE BERGHOFF DIRECTOR	1.00	X						0	0	0
STANLEY CHEN DIRECTOR	1.00	X						0	0	0
DOUGLAS MEYER DIRECTOR	1.00	X						0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493307001350

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* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (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)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493307001350

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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
CENTRAL INDIANA CORPORATE PARTNERSHIP INC

Employer identification number
35-2065459

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ .....

b Permanent endowment ▶ .....

c Temporarily restricted endowment ▶ .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations . . . . . 3a(i)		
(ii) related organizations . . . . . 3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		163,763	151,908	11,855
d Equipment		56,006	56,006	0
e Other		156,447	144,981	11,466
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				23,321

Part VII Investments—Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3)Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

Part X Other Liabilities.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements			1	10,868,319
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	136,524		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	1,188,141		
e	Add lines **2a** through **2d**			2e	1,324,665
3	Subtract line **2e** from line **1**			3	9,543,654
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	952,385		
c	Add lines **4a** and **4b**			4c	952,385
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	10,496,039

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements			1	9,950,197
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	136,524		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	1,188,141		
e	Add lines **2a** through **2d**			2e	1,324,665
3	Subtract line **2e** from line **1**			3	8,625,532
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	129,300		
c	Add lines **4a** and **4b**			4c	129,300
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	8,754,832

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 35-2065459

Name: CENTRAL INDIANA CORPORATE PARTNERSHIP INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	INCOME TAX FOOTNOTE FROM AUDITED FINANCIAL STATEMENTS: THE PARTNERSHIP IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE, THOUGH THEY ARE SUBJECT TO TAX ON INCOME UNRELATED TO THEIR EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE INTERNAL REVENUE CODE. THERE WAS NO UNRELATED BUSINESS INCOME TAX FOR THE YEAR ENDED DECEMBER 31, 2019. UNRELATED BUSINESS INCOME TAX WAS $28,890 IN 2018 RELATED TO CICP'S QUALIFIED TRANSPORTATION FRINGE BENEFITS FOR PARKING. THE PARTNERSHIP FILES U.S. FEDERAL AND STATE OF INDIANA INFORMATIONAL TAX RETURNS. THEY ARE NO LONGER SUBJECT TO U.S. FEDERAL AND STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2016.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	ADJUSTMENT DUE TO REIMBUSEMENT OF SHARED EMPLOYEES 1,188,141.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	ADJUSTMENT DUE TO CHANGE FROM MODIFIED CASH BASIS TO ACCRUAL BASIS 952,385.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	ADJUSTMENT DUE TO REIMBUSEMENT OF SHARED EMPLOYEES 1,188,141.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	ADJUSTMENT DUE TO CHANGE FROM MODIFIED CASH BASIS TO ACCRUAL BASIS 129,300.

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 $1,741,207. THE A UDITED FINANCIAL STATEMENTS SHOW A CHANGE IN NET ASSETS OF $918,122. THE DIFFERENCE BETWEE N THE RETURN AND AUDITED FINANCIAL STATEMENTS IS THE ADJUSTMENT FROM MODIFIED CASH BASIS T O ACCRUAL: $823,085.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493307001350

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

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
CENTRAL INDIANA CORPORATE PARTNERSHIP INC

Employer identification number
35-2065459

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☑ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of 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 . . . . . ▶ 3

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

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 1630 N MERIDIAN STREET INDIANAPOLIS, IN 46202	23-7381408	501(C)(3)	10,000				2019 ANNUAL CONTRIBUTION-PLATINUM SPONSORSHIP
INDIANAPOLIS ZOOLOGICAL SOCIETY INC 1200 WEST WASHINGTON STEET INDIANAPOLIS, IN 46222	35-1074747	501(C)(3)	5,000				2020 INDIANAPOLIS PRIZE GALA

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
INDY WOMEN IN TECH PO BOX 80509 INDIANAPOLIS, IN 46280	82-0694728	501(C)(3)	5,000				HELPED PAY EXPENSES FOR IWIT CHAMPIONSHIP
BATTERY INNOVATION CENTER INC 7970 S ENERGY DRIVE NEWBERRY, IN 47449	45-4110850	501(C)(6)	736,284				IEDC BIC GRANT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493307001350

Schedule J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

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 Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on 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 on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		
b	Any related organization?	**5b**		
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		
b	Any related organization?	**6b**		
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any 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 accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4A	BETSY MCCAW RECEIVED A TOTAL SEVERENCE PACKAGE OF $116,210.
SCHEDULE J, PART I, LINE 3	ESTABLISHMENT OF CEO COMPENSATION: AS DESCRIBED ELSEWHERE IN THE FORM 990, THE CICP EXECUTIVE COMMITTEE SETS THE CEO'S COMPENSATION, IN CONJUNCTION WITH, AND IN PART BASED ON, THE COMPENSATION REVIEW PROCESS OF THE BIOCROSSROADS EXECUTIVE COMMITTEE. 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				
1DAVID JOHNSON PRESIDENT AND CEO	(i)	510,722	119,319	2,286	25,138	52,887	710,352	0
	(ii)	0	0	0	0	0	0	0
1NORA DOHERTY VP FINANCE, BIOCROSSROADS	(i)	276,567	107,500	414	23,052	45,341	452,874	0
	(ii)	0	0	0	0	0	0	0
2PAUL MITCHELL PRESIDENT AND CEO, ESN	(i)	349,814	52,500	162	24,983	22,136	449,595	0
	(ii)	0	0	0	0	0	0	0
3ROBERT W COY PRESIDENT AND CEO, 16 TECH	(i)	310,135	35,000	1,188	19,131	48,450	413,904	0
	(ii)	0	0	0	0	0	0	0
4MIKE LANGELLIER PRESIDENT AND CEO, TECHPOINT	(i)	286,338	40,000	162	25,004	32,331	383,835	0
	(ii)	0	0	0	0	0	0	0
5JAMES MARK HOWELL PRESIDENT AND CEO, CONEXUS	(i)	302,793	0	414	23,668	42,246	369,121	0
	(ii)	0	0	0	0	0	0	0
6JASON KLOTH PRESIDENT AND CEO, ASCEND	(i)	284,634	30,000	162	22,332	4,897	342,025	0
	(ii)	0	0	0	0	0	0	0
7ELIZABETH BECHDOL PRESIDENT AND CEO, AGRINOVUS INDIANA	(i)	281,143	0	270	24,853	27,422	333,688	0
	(ii)	0	0	0	0	0	0	0
8LATOYA BOTTERON CHIEF FINANCIAL OFFICER	(i)	207,003	30,000	180	22,129	18,996	278,308	0
	(ii)	0	0	0	0	0	0	0
9BRIAN STEMME PROJECT DIRECTOR - BIOCROSSROADS	(i)	191,743	22,500	402	18,634	41,264	274,543	0
	(ii)	0	0	0	0	0	0	0
10BENJAMIN WRIGHTSMAN EXECUTIVE VICE PRESIDENT - ESN	(i)	203,148	0	180	18,538	27,773	249,639	0
	(ii)	0	0	0	0	0	0	0
11BRADLEY RHORER CHIEF TALENT PROGRAMS OFFICER - CONE	(i)	192,678	0	270	18,000	33,230	244,178	0
	(ii)	0	0	0	0	0	0	0
12MATTHEW PEAK DIRECTOR OF MOBILITY - ESN	(i)	202,477	0	180	18,538	8,957	230,152	0
	(ii)	0	0	0	0	0	0	0
13PATRICIA MARTIN PRESIDENT AND CEO, BIOCROSSROADS	(i)	166,864	0	323	4,240	14,604	186,031	0
	(ii)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493307001350

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE SEVEN-MEMBER CICP EXECUTIVE COMMITTEE WILL REVIEW THE RETURN BEFORE AUTHORIZING FOR DI STRIBUTION TO THE BOARD OF DIRECTORS. AS SOON AS POSSIBLE AFTER THAT MEETING, THE FORM WIL L BE EMAILED TO THE FULL BOARD WITH AN EXPLANATION REGARDING THE REQUIRED PROCEDURE; AN EX PLANATION 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 B OARD WILL HAVE AN OPPORTUNITY TO DISCUSS THE RETURN AT THE MAY 2020 BOARD MEETING, BEFORE THE RETURN IS FILED.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	CICP'S CEO AND CFO'S PERFORMANCE AND COMPENSATION IS REVIEWED, ANALYZED AND SET BY THE CIC P EXECUTIVE COMMITTEE, WHICH USES A DISTINCT SET OF COMPARABLES TO THE COMPENSATION OF OTH ER EXECUTIVES IN SIMILAR POSITIONS IN OTHER ORGANIZATIONS. (AS FURTHER DESCRIBED IN THE FO LLOWING PARAGRAPH), EXECUTIVE COMMITTEE, DETERMINES THE COMPENSATION FOR THE ROLE OF PRESI DENT/CEO OF CICP. SEVERAL KEY EMPLOYEES ARE REVIEWED BY THEIR RESPECTIVE EXECUTIVE COMMITT EES OR DESGINATED SUBCOMMITTEES ON AN ANNUAL BASIS, INCLUDING 2019. EACH YEAR EACH KEY EMP LOYEE SUBMITS A WRITTEN SELF-ASSESSMENT TO THE APPROPRIATE COMMITEE PRIOR TO THE MEETING A T WHICH COMPENSATION IS ADDRESSED. THE COMMITTEE RECEIVES A LIST OF COMPENSATION COMPARABL ES FROM THE CICP CFO. THE LIST COMPARES EACH EMPLOYEE'S COMPENSATION AGAINST THAT OF OTHER EXECUTIVES IN SIMILAR POSITIONS IN OTHER ORGANIZATIONS AS WELL AS THE COMPENSATION HISTOR Y FOR THE INDIVIDUAL. AT THE MEETING, THE INDIVIDUAL MAY REVIEW THE SELF-ASSESSMENT WITH T HE COMMITTEE. THE INFORMATION PROVIDED IS USED TO DETERMINE ANY COMPENSATION ADJUSTMENT TO BE MADE. THE CHAIRMAN OF THE REVIEWING COMMITTEE AND ONE OTHER MEMBER MEET WITH THE INDIV IDUAL AND REVIEW THE CONCLUSIONS OF THE GROUP REGARDING PERFORMANCE AND COMPENSATION ADJUS TMENT, IF ANY. THE COMPENSATION TERMS AND RESULTS OF THE MEETING ARE DOCUMENTED AND FORWAR DED TO CICP'S CFO. THE DOCUMENTATION USUALLY REFLECTS (I) THE DATE ON WHICH THE COMPENSATI ON WAS APPROVED, (II) THE MEMBERS OF THE COMMITTEE WHO WERE PRESENT AND VOTED ON THE COMPE NSATION TERMS, (III) THE COMPARABILITY DATA THAT WAS OBTAINED, REVIEWED, AND RELIED ON BY THE COMMITTEE (AND HOW THE DATA WAS OBTAINED AND USED), AND (IV) ANY RECUSAL OR WITHDRAWAL BY A MEMBER OF THE COMMITEE WHO HAD A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATI ON (THE LAST POINT IS AN UNLIKELY SCENARIO).

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 5 - LINE 10	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) CORPORA TIONS, BC INITIATIVE, INC., (BCI), CLEANTECH SYSTEMS SOLUTIONS (CSS) AND ASCEND INDIANA ST RATEGIES (AIS), FOR PROFIT C CORPORATIONS. CICP EMPLOYS ALL WHO PROVIDE SERVICES TO THE SI X ENTITIES. BASED ON INFORMATION PROVIDED BY CICP FOUNDATION, AIS, 16TECH, CSS, AND BCI, C ICP ALLOCATES SALARY AND BENEFIT COSTS TO THE FOUNDATION, AIS, 16TECH, CSS, AND BCI, AND I S REGULARLY REIMBURSED FOR THOSE COSTS. CICP HAS A SHARED SERVICES AGREEMENT WITH CICP FOU NDATION. CICP EMPLOYEES MAY WORK ON PROGRAMS FUNDED THROUGH CICP FOUNDATION. IN MOST CASES THE TIME SPENT WOULD BE ALLOCATED TO CICP FOUNDATION AND REIMBURSED TO CICP. EMPLOYEE TIM E SPENT ON FOR-PROFIT AFFILIATED ENTITIES IS ALWAYS REIMBURSED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 24	OTHER EXPENSES: AS DISCUSSED IN THE SCHEDULE O REFERENCE TO FORM 990, PART IX, LINE 5-LINE 10, CICP HAS A COMPENSATION AGREEMENT WITH CICP FOUNDATION, INC., 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 $-9,988,297 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 Reference	Explanation
FORM 990, PART XII, LINE 2C	COMMITTEE OVERSIGHT OF AUDIT: THE EXECUTIVE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT AUDITOR. THERE H AS BEEN NO CHANGE FROM THE PREVIOUS YEAR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
SCHEDULE B, PART I, LINE 21	CICP FOUNDATION, INC. PROVIDED A GRANT TO CENTRAL INDIANA CORPORATE PARTNERSHIP, INC. (CIC P) IN THE AMOUNT OF $71,250 IN 2019. THE GRANT WAS RESTRICTED TO USE FOR EXEMPT PURPOSES. IT IS RESTRICTED TO WORKFORCE DEVELOPMENT EFFORTS.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493307001350

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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
CENTRAL INDIANA CORPORATE PARTNERSHIP INC

Employer identification number
35-2065459

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)CICP FOUNDATION INC 1210 WATERWAY BLVD SUITE 5000 INDIANAPOLIS, IN 46202 35-2065457	SUPPORT COMMUNITY DEVELOPMENT IN CENTRAL INDIANA.	IN	501(C)(3)	LINE 12A, I	CENTRAL INDIANA CORPORATE PARTNERSHIP INC	Yes	
(2)INDIANA HEALTH INFORMATION EXCHANGE INC 846 NORTH SENATE AVENUE SUITE 300 INDIANAPOLIS, IN 46202 36-4550324	CLINICAL MESSAGING SERVICE TO REDUCE COSTS TO HEALTH CARE PROVIDERS.	IN	501(C)(3)	LINE 12A, I	N/A		No
(3)16 TECH COMMUNITY CORPORATION 1220 WATERWAY BLVD INDIANAPOLIS, IN 46202 81-0853467	DEVELOPMENT OF A KNOWLEDGE COMMUNITY.	IN	501(C)(3)	LINE 12A, I	N/A		No
(4)INDY HUB FOUNDATION INC 212 W 10TH STREET INDIANAPOLIS, IN 46202 45-5430916	SUPPORT COMMUNITY DEVELOPMENT IN CENTRAL INDIANA.	IN	501(C)(3)	LINE 12A, I	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)TECHPOINT VENTURES INC 1210 WATERWAY BLVD SUITE 5000 INDIANAPOLIS, IN 46202 26-3662235	TECHNOLOGY INITIATIVE AND PROJECT FACILIATION.	IN	CENTRAL INDIANA CORPORATE PARTNERSHIP INC	C	33,542	32,697	100.000 %	Yes	
(2)BC INITIATIVE INC 300 NORTH MERIDIAN ST STE 950 INDIANAPOLIS, IN 46204 20-0882485	IDENTIFYING AND BUILDING INDIANA'S LIFE SCIENCES.	IN	CENTRAL INDIANA CORPORATE PARTNERSHIP INC	C	91,411	558,296	10.810 %		No
(3)CLEANTECH SYSTEMS SOLUTIONS INC 1210 WATERWAY BLVD SUITE 5000 INDIANAPOLIS, IN 46202 45-3762473	TECHNOLOGY INITIATIVE AND PROJECT FACILIATION.	IN	CENTRAL INDIANA CORPORATE PARTNERSHIP INC	C		9,766	100.000 %	Yes	
(4)ASCEND INDIANA STRATEGIES INC 1210 WATERWAY BLVD SUITE 5000 INDIANAPOLIS, IN 46202 81-2549702	EMPLOYER HUMAN CAPITAL CONSULTING SERVICES.	IN	CENTRAL INDIANA CORPORATE PARTNERSHIP INC	C	494,425	399,182	100.000 %	Yes	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

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

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

Return Reference	Explanation
SCHEDULE R, PART V, LINE 2 (2)	CICP FOUNDATION, INC. PROVIDED A GRANT TO CICP IN THE AMOUNT OF $71,250 IN 2019. 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 (3)	INTERCOMPANY BALANCES DUE TO/FROM CICP AND CICP FOUNDATION AT YEAR END ARE CLASSIFIED AS LOANS ON THE FORM 990S. ALL DUE TO/DUE FROM BALANCES AT YEAR END WERE REIMBURSED IN JANUARY OF 2020.

Return Reference	Explanation
SCHEDULE R, PART V, LINES 2 (4), (5), (6) AND (7)	SHARING OF PAID EMPLOYEES: CENTRAL INDIANA CORPORATE PARTNERSHIP, INC. (CICP) IS AFFILIATED WITH CICP FOUNDATION, INC. , AND 16TECH COMMUNITY CORPORATION (16TECH), 501(C)(3) CORPORATIONS, AND BC INITIATIVE, INC.(BCI), CLEANTECH SYSTEMS SOLUTIONS (CSS) AND ASCEND INDIANA STRATEGIES (AIS), FOR PROFIT C CORPORATIONS. CICP EMPLOYS ALL WHO PROVIDE SERVICES TO THE SIX 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 FOUNDATION. CICP EMPLOYEES MAY WORK ON PROGRAMS FUNDED THROUGH CICP FOUNDATION. IN MOST CASES THE TIME SPENT WOULD BE ALLOCATED TO CICP FOUNDATION AND REIMBURSED TO CICP. EMPLOYEE TIME SPENT ON FOR-PROFIT AFFILIATED ENTITIES IS ALWAYS REIMBURSED.

Return Reference	Explanation
SCHEDULE R, PART V, LINE 2 (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) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CICP FOUNDATION INC	N	274,953	FMV
CICP FOUNDATION INC	C	71,250	FMV
CICP FOUNDATION INC	E	42,685	FMV
CICP FOUNDATION INC	O	7,360,812	FMV
BC INITIATIVE INC	O	144,246	FMV
ASCEND INDIANA STRATEGIES INC	O	146,148	FMV
16 TECH COMMUNITY CORPORATION	O	1,148,949	FMV
16 TECH COMMUNITY CORPORATION	L	114,000	FMV
16 TECH COMMUNITY CORPORATION	P	39,192	FMV
BC INITIATIVE INC	E	6,157	FMV
ASCEND INDIANA STRATEGIES INC	E	10,290	FMV
CLEANTECH SYSTEMS SOLUTIONS	E	32	FMV
CLEANTECH SYSTEMS SOLUTIONS	Q	324	FMV
BC INITIATIVE INC	Q	51,339	FMV
ASCEND INDIANA STRATEGIES INC	Q	79,584	FMV
TECHPOINT VENTURES INC	Q	683	FMV