

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
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

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

C Name of organization: Greater Indianapolis Chamber of Commerce
 Doing business as:
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 111 Monument Circle Suite 1950
 City or town, state or province, country, and ZIP or foreign postal code: Indianapolis, IN 46204

D Employer identification number: 35-0412920
E Telephone number: (317) 464-2200
G Gross receipts \$ 11,052,528

F Name and address of principal officer: Michael Huber, 111 Monument Circle, Indianapolis, IN 46204

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.indychamber.com

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: 1890
M State of legal domicile: IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
 TO CREATE ADVANTAGES FOR BUSINESSES WITHIN THE INDIANAPOLIS AREA BY PROMOTING INITIATIVES WHICH ENHANCE BUSINESS, AND TO DELIVER PRODUCTS AND SERVICES WHICH ANTICIPATE, MEET OR EXCEED THE NEEDS OF MEMBERS

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	107
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	107
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	56
6 Total number of volunteers (estimate if necessary)	6	300
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	114,306
b Net unrelated business taxable income from Form 990-T, line 34	7b	40,271

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	88,000	41,666
9 Program service revenue (Part VIII, line 2g)	6,932,811	7,425,101
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	541,492	285,292
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	365,246	150,823
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,927,549	7,902,882
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	190,859	450,000
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,424,495	4,599,592
16a Professional fundraising fees (Part IX, column (A), line 11e)		60,000
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,819,528	3,292,617
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	7,434,882	8,402,209
19 Revenue less expenses Subtract line 18 from line 12	492,667	-499,327

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	10,534,484	9,370,143
21 Total liabilities (Part X, line 26)	3,211,826	2,892,686
22 Net assets or fund balances Subtract line 21 from line 20	7,322,658	6,477,457

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

Signature of officer: _____ Date: 2016-10-05
 Michael Huber President
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: NICOLE BENCIK
 Preparer's signature: NICOLE BENCIK
 Date: _____
 Check if self-employed
 PTIN: P00756195
 Firm's name: CROWE HORWATH LLP
 Firm's EIN: 35-0921680
 Firm's address: 3815 River Crossing Parkway, Suite 300 Post Office Box 40977, Indianapolis, IN 462400977
 Phone no: (317) 569-8989

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 [checked]

1 Briefly describe the organization's mission

THE PURPOSE OF THE GREATER INDIANAPOLIS CHAMBER OF COMMERCE (CHAMBER) IS TO CREATE ADVANTAGES FOR BUSINESSES WITHIN THE INDIANAPOLIS AREA BY PROMOTING INITIATIVES WHICH ENHANCE BUSINESS, AND TO DELIVER PRODUCTS AND SERVICES WHICH ANTICIPATE, MEET OR EXCEED THE NEEDS OF MEMBERS (CONTINUED IN SCHEDULE O)

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] [X] 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? [X] 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 \$)

MEMBERSHIP THE INDY CHAMBER CONTINUES TO SERVE AS A VOICE OF PROGRESS AND IMPROVEMENT IN THE REGION, UNITING BUSINESS AND COMMUNITY TO IMPROVE THE QUALITY OF LIFE FOR RESIDENTS OUR ADVOCACY EFFORTS, NETWORKING EVENTS, EDUCATIONAL OFFERINGS AND EXCLUSIVE SAVINGS PROGRAMS POSITION MEMBERS, BUSINESS LEADERS, AND THE COMMUNITY FOR SUCCESS WE ARE COMMITTED TO MOVING INDIANAPOLIS INTO THE 21ST CENTURY, WHILE MAKING INDIANAPOLIS THE BEST PLACE TO LIVE AND DO BUSINESS THE CHAMBER SERVES NEARLY 2,000 MEMBERS, REPRESENTING APPROXIMATELY 230,000 EMPLOYEES IN CENTRAL INDIANA, WITH MEMBER EVENTS, SEMINARS, INTERCITY VISITS, AND DATA TO HELP THE MEMBERS ENHANCE THEIR COMPETITIVENESS IN THE INDIANAPOLIS COMMUNITY THE CHAMBER SPONSORS AND HOSTS EVENTS THROUGHOUT THE YEAR THAT SUPPORT THE INDIANAPOLIS ECONOMIC COMMUNITY BOTH THE CHAMBER & COMMUNITY MEMBERS ARE WELCOME AT THESE EVENTS

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

BUSINESS ADVOCACY THE CHAMBER IS LEADING THE EFFORT TO STRENGTHEN THE BUSINESS CLIMATE, IMPROVE THE STATE OF EDUCATION, REVITALIZE NEIGHBORHOODS AND ENHANCE THE REGION'S WORKFORCE THE CHAMBER ADVOCATES AND LOBBIES ON BEHALF OF THE CENTRAL INDIANA BUSINESS COMMUNITY REGARDING ISSUES THAT AFFECT PRIVATE INDUSTRY WITH THE GOAL OF MAKING INDIANAPOLIS THE BEST PLACE TO LIVE AND DO BUSINESS ISSUES INCLUDE WORKFORCE DEVELOPMENT, EDUCATION REFORM, TRANSIT, ECONOMIC DEVELOPMENT AND SUSTAINABILITY, AND INFRASTRUCTURE IMPROVEMENTS

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

ECONOMIC DEVELOPMENT THE CHAMBER CREATES SYNERGIES FOR THE CONTINUED ECONOMIC DEVELOPMENT OF INDIANAPOLIS THESE PROGRAMS PROMOTE THE COMMON INTERESTS OF BUSINESSES AND IMPROVE GENERAL BUSINESS CONDITIONS BY PROMOTING, ENCOURAGING AND AIDING THE FORMATION, OPERATION, AND EXPANSION OF NUMEROUS TYPES OF BUSINESSES, AND TO DEVELOP AND ADMINISTER PROGRAMS TO ENCOURAGE EMPLOYERS TO LOCATE AND REMAIN IN THE GREATER INDIANAPOLIS AREA THE FOCUS IS TO STRATEGICALLY MAXIMIZE PRIVATE SECTOR INVESTMENT, TO DRIVE ECONOMIC DEVELOPMENT AND PROSPERITY FOR THE GREATER INDIANAPOLIS REGION BY CREATING AN ENVIRONMENT OF GROWTH, INVESTMENT AND ENHANCED QUALITY OF LIFE, AND TO WORK TOWARD MAKING INDIANAPOLIS A GLOBAL HUB FOR SMART BUSINESS AND A COMMUNITY OF THRIVING NEIGHBORHOODS

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 0

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)? <i>If "Yes," complete Schedule A</i>		No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		
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? <i>If "Yes," complete Schedule C, Part III</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
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)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) <input checked="" type="checkbox"/>	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules *(continued)*

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
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? <i>If "Yes," complete Schedule R, Part VI</i>	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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
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.		
2b	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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
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)?		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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?	Yes	
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	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?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		No
9a	Did the sponsoring organization make any taxable distributions under section 4966?		No
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		No
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

Table with 3 columns: Question, Yes, No. Rows include: 1a (107), 1b (107), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 (List the States... IN), 18 (Section 6104...), 19 (Describe in Schedule O...), 20 (State the name, address, and telephone number...).

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)							1,096,199	0	233,187	

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 **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
Borshoff 47 S Pennsylvania St Ste 500 Indianapolis, IN 46204	PEO/TOGETHER PROGRAM MARKETING	182,674
AMERICAN STRUCTUREPOINT 7260 SHADELAND STATION INDIANAPOLIS, IN 46256	CONSTRUCTION ENGINEERING AND INFRASTRUCTURE	138,000
Pivot Marketing 1052 Virginia Ave Indianapolis, IN 46203	BRAND MARKETING (RFRA/LIVE INDY)	129,550
CVR 111 Monument Circle Ste 4150 Indianapolis, IN 46204	PUBLIC RELATIONS	128,954
AMERICAN STRUCTUREPOINT 7260 Shadeland Station Indianapolis, IN 46256	INFORMATION TECHNOLOGY SUPPORT	124,550

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 **4**

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						
	c Fundraising events 1c						
	d Related organizations 1d	41,666					
	e Government grants (contributions) 1e						
	f All other contributions, gifts, grants, and similar amounts not included above 1f						
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f		41,666				
Program Service Revenue	2a MEMBERSHIP DUES		900099	3,052,044	3,052,044		
	b MEMBERSHIP EVENTS/SERVICES		900099	1,224,273	1,224,273		
	c ECONOMIC DEVELOPMENT		900099	2,648,456	2,648,456		
	d ENTREPRENEURIAL SERVICES (SBDC)		900099	311,599	311,599		
	e DEAL CLOSING COSTS		900099	188,729	188,729		
	f All other program service revenue			0	0	0	
	g Total. Add lines 2a-2f			7,425,101			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		199,048			199,048
4 Income from investment of tax-exempt bond proceeds							
5 Royalties			112,656		112,656		
6a Gross rents		(i) Real					
		(ii) Personal					
		b Less rental expenses					
		c Rental income or (loss)	0	0			
d Net rental income or (loss)							
7a Gross amount from sales of assets other than inventory		(i) Securities	3,235,890				
		(ii) Other					
		b Less cost or other basis and sales expenses	3,149,646				
		c Gain or (loss)	86,244	0			
d Net gain or (loss)			86,244			86,244	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a					
		b Less direct expenses b					
		c Net income or (loss) from fundraising events					
9a Gross income from gaming activities See Part IV, line 19		a					
		b Less direct expenses b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold b						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a ADVERTISING	541800	1,650		1,650			
b SALES - CERTIFICATES OF ORGIN	900099	20,596	20,596				
c OTHER REVENUE	900099	15,921	15,921				
d All other revenue		0	0	0	0		
e Total. Add lines 11a-11d		38,167					
12 Total revenue. See Instructions		7,902,882	7,461,618	114,306	285,292		

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	450,000			
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	1,096,199	0	0	0
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	2,572,200			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	125,842			
9	Other employee benefits	498,517			
10	Payroll taxes	306,834			
11	Fees for services (non-employees)				
a	Management	20,779			
b	Legal	2,775			
c	Accounting	40,100			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	60,000			
f	Investment management fees	29,753			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	462,083	0	0	0
12	Advertising and promotion	110,306			
13	Office expenses	82,424			
14	Information technology	131,217			
15	Royalties				
16	Occupancy	417,942			
17	Travel	152,092			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	757,301			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	92,172			
23	Insurance				
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	ECONOMIC DEVELOPMENT	537,515			
b	PEO PROJECT	207,878			
c	SPECIAL PROJECT RELIGIOUS FREEDOM AND RESTORATION ACT	144,451			
d					
e	All other expenses	103,829	0	0	0
25	Total functional expenses. Add lines 1 through 24e	8,402,209	0	0	0
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	1,411,751	2	1,109,491
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	567,350	4	654,670
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	268,116	9	247,140
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 1,020,410		
	b Less: accumulated depreciation	10b 737,292	321,641	10c 283,118
	11 Investments—publicly traded securities	7,965,626	11	7,075,724
	12 Investments—other securities. See Part IV, line 11	0	12	
	13 Investments—program-related. See Part IV, line 11	0	13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,534,484	16	9,370,143	
Liabilities	17 Accounts payable and accrued expenses	264,153	17	354,333
	18 Grants payable		18	
	19 Deferred revenue	2,652,581	19	1,806,995
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	447,464
	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	295,092	25	283,894	
26 Total liabilities. Add lines 17 through 25	3,211,826	26	2,892,686	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	7,322,658	27	6,477,457
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	7,322,658	33	6,477,457	
34 Total liabilities and net assets/fund balances	10,534,484	34	9,370,143	

Part XI Reconciliation 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	7,902,882
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,402,209
3	Revenue less expenses Subtract line 2 from line 1	3	-499,327
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,322,658
5	Net unrealized gains (losses) on investments	5	-345,874
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	6,477,457

Part XII Financial Statements and Reporting

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

- 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?
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?
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?
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?
- 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID: 15000238
Software Version: 2015v2.1
EIN: 35-0412920
Name: Greater Indianapolis Chamber of Commerce

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			
Rob Hillman Chairman	1 0	X		X				0	0	0
Enrique Conterno Vice Chairman	1 0	X		X				0	0	0
Rafael Sanchez Secretary	1 0	X		X				0	0	0
Connie Bond Stuart Treasurer	1 0	X		X				0	0	0
Aaron Reitz Director	1 0	X						0	0	0
Ace Yakey Director	1 0	X						0	0	0
Alex D Oak Director	1 0	X						0	0	0
Alexander S Carroll Life Director	1 0	X						0	0	0
Alfonso Alanis Director	1 0	X						0	0	0
Andre B Lacy Director	1 0	X						0	0	0
Andrew J Paine Jr Life Director	1 0	X						0	0	0
Angie Hicks Director	1 0	X						0	0	0
Ann Murtlow Director	1 0	X						0	0	0
Bernard W Franklin Director	1 0	X						0	0	0
Billie Dragoo Director	1 0	X						0	0	0
Bob Palmer Life Director	1 0	X						0	0	0
Boris E Meditch Life Director	1 0	X						0	0	0
Brian Payne Director	1 0	X						0	0	0
Brian J Sullivan Director	1 0	X						0	0	0
Cal Burleson Director	1 0	X						0	0	0
C Andrew Mattingly Director	1 0	X						0	0	0
Carole Casto Director	1 0	X						0	0	0
Catherine A Langham Director	1 0	X						0	0	0
Charles J Garcia Life Director	1 0	X						0	0	0
Chnstopher H Molloy Director	1 0	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			
Clay Robinson Director	1 0 X						0	0	0	
Dan Waxman Director	1 0 X						0	0	0	
Daniel J Elsener Director	1 0 X						0	0	0	
David Lewis Director	1 0 X						0	0	0	
David Resnick Director	1 0 X						0	0	0	
David G Sease Director	1 0 X						0	0	0	
David N Griffiths Life Director	1 0 X						0	0	0	
David O Barrett Director	1 0 X						0	0	0	
Dennis M Murphy Director	1 0 X						0	0	0	
Dobbie S Smith Director	1 0 X						0	0	0	
Douglas Banning Jr Director	1 0 X						0	0	0	
Duane Schmitz Director	1 0 X						0	0	0	
Edward J Bonach Director	1 0 X						0	0	0	
Erica L Wehmeister Director	1 0 X						0	0	0	
Ersal Ozdemir Director	1 0 X						0	0	0	
Frank D Walker Life Director	1 0 X						0	0	0	
Gene Zink Life Director	1 0 X						0	0	0	
Gregory Fennig Director	1 0 X						0	0	0	
Jackie Morales Director	1 0 X						0	0	0	
Jacqueline Nytes Director	1 0 X						0	0	0	
J Albert Smith Jr Director	1 0 X						0	0	0	
James Danko Director	1 0 X						0	0	0	
James E Dora Jr Director	1 0 X						0	0	0	
James E Dora Sr Director	1 0 X						0	0	0	
James S Birge Director	1 0 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			
Jamie Mensotis Director	1 0 X						0	0	0	
Jean Wojtowicz Director	1 0 X						0	0	0	
Jeffrey Harrison Director	1 0 X						0	0	0	
Jennifer Zinn Director	1 0 X						0	0	0	
Joe Adams Director	1 0 X						0	0	0	
JOHN THOMPSON Life DIRECTOR	1 0 X						0	0	0	
John T Neighbours Life Director	1 0 X						0	0	0	
Jonathan R Hess Director	1 0 X						0	0	0	
Joseph D Barnette Jr Life Director	1 0 X						0	0	0	
Joseph E Loftus Director	1 0 X						0	0	0	
Joyce Irwin Director	1 0 X						0	0	0	
Justin Christian Director	1 0 X						0	0	0	
Kathleen Lee Director	1 0 X						0	0	0	
Kenny Cochran Director	1 0 X						0	0	0	
Kristin Mays-Corbitt Director	1 0 X						0	0	0	
Leonard Hoops Director	1 0 X						0	0	0	
Leslie Carter-Prall Director	1 0 X						0	0	0	
Lisa Schlehuber Director	1 0 X						0	0	0	
Mamon Powers III Director	1 0 X						0	0	0	
Mario Rodrguez Director	1 0 X						0	0	0	
Mark Rhodes Director	1 0 X						0	0	0	
Marvin Blade Director	1 0 X						0	0	0	
Melissa Proffitt Reese Director	1 0 X						0	0	0	
Michael E Bosway Director	1 0 X						0	0	0	
Mike Cates Director	1 0 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			
Morris Maurer Director	1 0 X						0	0	0	
Nasser H Paydar Director	1 0 X						0	0	0	
Patricia Prosser Director	1 0 X						0	0	0	
Paul Rothwell Director	1 0 X						0	0	0	
Paul A Will Director	1 0 X						0	0	0	
Peter Ward Director	1 0 X						0	0	0	
Philip Kenney Director	1 0 X						0	0	0	
Phillip A Terry Director	1 0 X						0	0	0	
Raul E Zavaleta Director	1 0 X						0	0	0	
Robert Pruitt Director	1 0 X						0	0	0	
Robert J Brody Director	1 0 X						0	0	0	
Ronald K Pearson Life Director	1 0 X						0	0	0	
Ryan Vaughn Director	1 0 X						0	0	0	
Sarah Hempstead Director	1 0 X						0	0	0	
Stephen A Stittle Life Director	1 0 X						0	0	0	
Stephen E Sterrett Director	1 0 X						0	0	0	
Stephen L Corbitt Director	1 0 X						0	0	0	
Steven Alonso Director	1 0 X						0	0	0	
Steven F Walker Life Director	1 0 X 1 0						0	0	0	
Susan Matthews Director	1 0 X						0	0	0	
Thomas E Dapp Director	1 0 X						0	0	0	
Thomas F Bedsole Director	1 0 X						0	0	0	
Thomas M O'Neil Director	1 0 X 1 0						0	0	0	
Thomas P Brown Director	1 0 X						0	0	0	
Thomas R O'Boyle Jr Director	1 0 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			
Timothy Massey Director	1 0 X						0	0	0	
Timothy L Hassinger Director	1 0 X						0	0	0	
W F Rick Fuson Director	1 0 X						0	0	0	
William D Hansen Director	1 0 X						0	0	0	
William R Neale Director	1 0 X						0	0	0	
Yvonne Shaheen Life Director	1 0 X						0	0	0	
Zachary Scott Director	1 0 X						0	0	0	
Byron B Buhner Director-Partial Year	1 0 X						0	0	0	
Carey B Lykins Director-Partial Year	1 0 X						0	0	0	
Charles R Bantz PhD Director-Partial Year	1 0 X						0	0	0	
Daniel F Evans Jr Director-Partial Year	1 0 X						0	0	0	
David Baker Director-Partial Year	1 0 X						0	0	0	
Dennis A Trinkle Director-Partial Year	1 0 X						0	0	0	
Douglas F Esamann Director-Partial Year	1 0 X						0	0	0	
Gary Hentschel Director-Partial Year	1 0 X						0	0	0	
Robert L Manuel Director-Partial Year	1 0 X						0	0	0	
Michael Huber President/CEO	40 0			X			280,991	0	46,354	
Melissa (Todd) Cotterill Chief Operating Officer - thru 10 15 2015	10 0 30 0			X			183,797	0	22,050	
Vandana Kapur Chief Financial Officer	40 0			X			151,684	0	44,217	
JULIE GRICE Chief Revenue Officer - starting 10 15 15	13 0 27 0			X			117,709	0	34,307	
Mark Fisher VP - Business Advocacy	40 0				X		129,783	0	35,694	
Brian Gildea VP, Indianapolis Economic Development - thru 10 02 15	40 0				X		117,333	0	29,352	
BRADY JACOBA DIRECTOR OF CORPORATE ACCOUNTS	40 0				X		114,902	0	21,213	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2015

Open to Public Inspection

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.
-Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

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

Table with 2 columns: Name of the organization (Greater Indianapolis Chamber of Commerce) and Employer identification number (35-0412920)

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
2 Political expenditures \$
3 Volunteer hours

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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization

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														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		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		
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?														
		<input type="checkbox"/> Y e s <input type="checkbox"/> N o													

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)2012	(b)2013	(c)2014	(d)2015	(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					

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization Greater Indianapolis Chamber of Commerce

Employer identification number 35-0412920

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), and 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?
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?

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)
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

Table with 2 columns: Held at the End of the Year. Rows include 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), and 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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?

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?

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

- 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" to Form 990, Part IV, line 10.

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

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

- b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
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' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows for 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

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		
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
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
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
Federal income taxes	
Deferred Rent and lease incentives	150,281
Capital Lease Obligations	8,764
Deferred compensation	124,849
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	283,894

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	7,822,366
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	-345,874	
b	Donated services and use of facilities	2b	295,111	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	0	
e	Add lines 2a through 2d	2e		-50,763
3	Subtract line 2e from line 1	3		7,873,129
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	29,753	
b	Other (Describe in Part XIII)	4b	0	
c	Add lines 4a and 4b	4c		29,753
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5		7,902,882

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	8,667,567
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	295,111	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	0	
e	Add lines 2a through 2d	2e		295,111
3	Subtract line 2e from line 1	3		8,372,456
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	29,753	
b	Other (Describe in Part XIII)	4b	0	
c	Add lines 4a and 4b	4c		29,753
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5		8,402,209

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
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	The Chamber generally is exempt from federal income taxes under Section 501(c)(6) of the Internal Revenue Code, but is subject to income taxes on certain types of income Under this Code Section, income of the Chamber is exempt unless the business activity is unrelated to the charitable purpose of the Chamber Any taxable income is taxed at specified rates The Chamber is partially exempt from Indiana income taxes During 2015 and 2014, the Chamber recorded income tax expense of \$9,550 and \$36,534, respectively Lobbying expenditures are not deductible for federal income tax purposes Membership organizations have the option of disclosing to members the portion of their dues that are non-deductible as a result of the Organization's lobbying expenditures, or paying a proxy tax on the lobbying expenditures The Chamber discloses to members the portion of nondeductible dues and as such the Chamber is not subject to the proxy tax The Chamber does not expect the total amount of unrecognized tax benefits to significantly change in the next 12 months The Chamber recognizes interest and/or penalties related to income tax matters in income tax expense The Chamber did not have any amounts accrued for interest and penalties at December 31, 2015 and 2014

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2015

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
Greater Indianapolis Chamber of Commerce

Employer identification number
35-0412920

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 Resource Development Group 2841 Wickliffe Rd Columbus, OH 43221	RDG is a professional fundraiser consultant hired to plan and complete a market assessment and advise on the feasibility of soliciting funds for a Comprehensive Economic Development Strategy (CEDS)>		No		60,000	-60,000
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				0	60,000	-60,000

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

IN

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a)Event #1	(b)Event #2	(c)Other events	(d)
		(event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				

Part III Gaming.

Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d)
					Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes% <input type="checkbox"/> No	<input type="checkbox"/> Yes% <input type="checkbox"/> No	<input type="checkbox"/> Yes% <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d). ▶					

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

.....

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

.....

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in

a	The organization's facility	%
b	An outside facility	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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Schedule I (Form 990)

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

OMB No 1545-0047

2015

Open to Public Inspection

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

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization Greater Indianapolis Chamber of Commerce

Employer identification number 35-0412920

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Contains 4 rows of data.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	Each grant is monitored based upon the terms provided for in the grant agreement. Most agreements provide for a tiered incentive structure, where payments are made upon the completion of each milestone achieved before specific deadlines. All reporting requirements are the responsibility of the grant recipient. The recipient must notify Develop Indy upon the completion of any milestones and they must file an annual compliance report describing the progress of each incentive provided for in the grant agreement. Additional documentation must accompany the distribution requests as well as the compliance reports in order to verify the progress for each incentive.

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Greater Indianapolis Chamber of Commerce

Employer identification number

35-0412920

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>										
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>										
<p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	Yes	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>										
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>										
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>										
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>										
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										

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
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Michael Huber President/CEO	(i)	223,370	57,561	60	14,561	31,793	327,345	0
	(ii)	0	0	0	0	0	0	0
2 Melissa (Todd) Cottenill Chief Operating Officer - thru 10 15 2015	(i)	160,250	23,524	23	1,568	20,482	205,847	0
	(ii)	0	0	0	0	0	0	0
3 Vandana Kapur Chief Financial Officer	(i)	130,392	21,232	60	7,176	37,041	195,901	0
	(ii)	0	0	0	0	0	0	0
4 JULIE GRICE Chief Revenue Officer - starting 10 15 15	(i)	103,945	13,626	138	5,024	29,283	152,016	0
	(ii)	0	0	0	0	0	0	0
5 Mark Fisher VP - Business Advocacy	(i)	114,672	15,057	54	6,853	28,841	165,477	0
	(ii)	0	0	0	0	0	0	0
6 Brian Gildea VP, Indianapolis Economic Development - thru 10 02 15	(i)	111,235	6,060	38	6,060	23,292	146,685	0
	(ii)	0	0	0	0	0	0	0
7 BRADY JACOBA DIRECTOR OF CORPORATE ACCOUNTS	(i)	114,729	87	86	6,048	15,165	136,115	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part II DETAIL OF OFFICERS COMPENSATION	THE ORGANIZATION USES A "PROFESSIONAL EMPLOYER ORGANIZATION" (PEO) TO OUTSOURCE THE PAYROLL HUMAN CAPITAL CONCEPTS, LLC, (HCC) WAS THE PEO USED FROM JANUARY TO JUNE AND THEN TILSON, INC (TILSON) WILL BE THE PEO FROM JULY 2015 GOING FORWARD FOR 990 REPORTING PURPOSES, HCC/TILSON ARE CONSIDERED UNRELATED ORGANIZATIONS AND AND HAVE BEEN REPORTED AS SUCH ON SCHEDULE J THE PEO'S SERVICED THE FILING ORGANIZATION ALONG WITH OTHER RELATED ORGANIZATIONS SUCH AS 1) NEIGHBORHOOD SELF EMPLOYMENT INITIATIVE, INC (DBA BUSINESS OWNERSHIP INITIATIVE OF INDIANA, INC) (BOI) AND 2) INDY CHAMBER, LLC SOME EMPLOYEES DO SHARE TIME WITH THE ABOVE MENTIONED RELATED ENTITIES JULIE GRICE SERVED AS BOI'S PRESIDENT UNTIL OCTOBER 2015 AND THEN BECAME THE FILING ORGANIZATIONS CHIEF REVENUE OFFICER IT HAS BEEN DETERMINED THAT JULIE GRICE'S TIME WAS 66 67% DEVOTED TO BOI AND 33 33% DEVOTED TO THE FILING ORGANIZATION MELISSA COTERILL'S TIME WAS 75% DEVOTED TO THE INDY CHAMBER, LLC AND 25% DEVOTED TO THE FILING ORGANIZATION ALL OFFICERS OF THE ORGANIZATION MUST BE REPORTED ON SCHEDULE J SINCE THE INDIVIDUALS ARE PAID BY AN UNRELATED ORGANIZATION, REGARDLESS OF COMPENSATION
Schedule J, Part I, Line 4a Severance or change-of-control payment	In consideration of Melissa Cotterill's seven years of leadership with and service to the Organization, the Organization provided a Severance Amount of \$119,383 to be paid in installments beginning October 30, 2015, until such time as the Severance Amount is fully paid
Schedule J, Part II COMPENSATION FROM AN UNRELATED ORGANIZATION OR INDIVIDUAL	NAME - MICHAEL HUBER, COMPENSATION FROM UNRELATED ORGANIZATION - 327345 000000, NAME OF UNRELATED ORGANIZATION - HUMAN CAPITAL CONCEPTS, LLC/TILSON, INC , TYPE OF COMPENSATION - EMPLOYEE COMPENSATION
Schedule J, Part II COMPENSATION FROM AN UNRELATED ORGANIZATION OR INDIVIDUAL	NAME - MELISSA (TODD) COTTERILL, COMPENSATION FROM UNRELATED ORGANIZATION - 205847 000000, NAME OF UNRELATED ORGANIZATION - HUMAN CAPITAL CONCEPTS, LLC/TILSON, INC , TYPE OF COMPENSATION - EMPLOYEE COMPENSATION
Schedule J, Part II COMPENSATION FROM AN UNRELATED ORGANIZATION OR INDIVIDUAL	NAME - VANDANA KAPUR, COMPENSATION FROM UNRELATED ORGANIZATION - 195901 000000, NAME OF UNRELATED ORGANIZATION - HUMAN CAPITAL CONCEPTS, LLC/TILSON, INC , TYPE OF COMPENSATION - EMPLOYEE COMPENSATION
Schedule J, Part II COMPENSATION FROM AN UNRELATED ORGANIZATION OR INDIVIDUAL	NAME - JULIE GRICE, COMPENSATION FROM UNRELATED ORGANIZATION - 152016 000000, NAME OF UNRELATED ORGANIZATION - HUMAN CAPITAL CONCEPTS, LLC/TILSON, INC , TYPE OF COMPENSATION - EMPLOYEE COMPENSATION
Schedule J, Part II COMPENSATION FROM AN UNRELATED ORGANIZATION OR INDIVIDUAL	NAME - MARK FISHER, COMPENSATION FROM UNRELATED ORGANIZATION - 165477 000000, NAME OF UNRELATED ORGANIZATION - HUMAN CAPITAL CONCEPTS, LLC/TILSON, INC , TYPE OF COMPENSATION - EMPLOYEE COMPENSATION
Schedule J, Part II COMPENSATION FROM AN UNRELATED ORGANIZATION OR INDIVIDUAL	NAME - BRIAN GILDEA, COMPENSATION FROM UNRELATED ORGANIZATION - 146685 000000, NAME OF UNRELATED ORGANIZATION - HUMAN CAPITAL CONCEPTS, LLC/TILSON, INC , TYPE OF COMPENSATION - EMPLOYEE COMPENSATION
Schedule J, Part II COMPENSATION FROM AN UNRELATED ORGANIZATION OR INDIVIDUAL	NAME - BRADY JACOBA, COMPENSATION FROM UNRELATED ORGANIZATION - 136115 000000, NAME OF UNRELATED ORGANIZATION - HUMAN CAPITAL CONCEPTS, LLC /TILSON, INC , TYPE OF COMPENSATION - EMPLOYEE COMPENSATION

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.

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization
Greater Indianapolis Chamber of Commerce

Employer identification number

35-0412920

Return Reference	Explanation
Form 990, Part III, Line 1 ORGANIZATION'S MISSION (CONTINUED FROM PART III)	THE CHAMBER HAS A VISION OF CREATING A REGION WITH -AN UNPARALLELED QUALITY OF LIFE -A COMPREHENSIVE MASS TRANSPORTATION SYSTEM -A STREAMLINED LOCAL GOVERNMENT STRUCTURE -AN EDUCATIONAL SYSTEM THAT IS SECOND TO NONE -A UNIFIED PURSUIT FOR ECONOMIC DEVELOPMENT

Return Reference	Explanation
Form 990, Part III, Line 3 Significant changes in program services	HISTORICALLY, THE INDY CHAMBER, LLC WAS CONSIDERED A DISREGARDED ENTITY UNDER THE GREATER INDIANAPOLIS CHAMBER OF COMMERCE (THE CHAMBER) THE SINGLE MEMBER LLC WAS CREATED TO CONDUCT ACTIVITIES RELATED TO OBTAINING DISCOUNTED INSURANCE COVERAGE FOR CHAMBER MEMBERS EFFECTIVE JANUARY 1, 2015, THE INDY CHAMBER, LLC FILED DOCUMENTATION WITH THE IRS TO BE CONSIDERED A SEPARATE LEGAL ENTITY FOR TAX FILING PURPOSES GOING FORWARD THE INDY CHAMBER, LLC WILL BE FILING A SEPARATE, FOR PROFIT, CORPORATE RETURN (FILED ON FORM 1120) AND ITS' OPERATIONS WILL BE SEPARATE FROM THE CHAMBERS

Return Reference	Explanation
Form 990, Part V, Line 2a W-3 Filer	The organization uses a Professional Employer Organization (PEO) to outsource payroll related functions Human Capital Concepts (HCC) was the PEO used for the period of January-June 2015 and then the organization changed PEO's and will use Tilson, Inc going forward These PEO's were responsible for filing the Form W-3 and all related W2's

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	<p>Standing Committees The standing committees of the Corporation shall be the Executive Committee, Governance Committee, Finance Committee, Indianapolis Economic Development Committee, Regional Economic Development Committee and Business Advocacy Committee The Board of Directors shall delegate to each such standing committee the power, authority and responsibilities as set forth in the corporation's bylaws, the charter of such committee or in a resolution of the board The Board of Directors shall at all times be entitled to exercise any powers delegated to any standing committee by the Bylaws, and the action of the Board of Directors shall control Other Committees The Board of Directors may from time to time create and appoint standing, special or other committees to undertake studies, make recommendations and carry on functions for the purpose of efficiently accomplishing the purposes of the Corporation Committees, to the extent specified by the Board of Directors, may exercise the powers, functions or authority of the Board of Directors, except where prohibited by law, provided, however, that if a committee is to exercise board powers, functions, or authority, (a) all the persons serving on the committee must be directors, (b) there must be at least two (2) persons on the committee, and (c) the creation of the committee and the appointment of its members shall be by a majority of all directors in office when the action is taken Upon acceptance by the Board of Directors of the final report of any such committee, such committee shall stand discharged Executive Committee Composition The Executive Committee shall consist of the Chairman of the Board and five (5) or more other members of the Board of Directors who shall be designated by the Board of Directors upon the nomination of the Chairman of the Board The Chairman of the Board shall act as chairman of the Executive Committee, and the President of the Corporation shall act as the secretary of the Executive Committee No member of the Executive Committee shall continue as such after he or she ceases to be a member of the Board of Directors Executive Committee Duties During the intervals between meetings of the Board of Directors, and subject to such limitations as may be imposed by law, the Articles of Incorporation or the Bylaws, the Executive Committee shall have and may exercise all the authority of the Board of Directors in the management of the Corporation, except that no action shall be taken which shall conflict with the expressed policies of the Board of Directors The Executive Committee shall cause minutes of its proceedings to be kept and filed with the minutes of the proceedings of the Board of Directors Action by Consent Any action required or permitted to be taken at any meeting of the Executive Committee may be taken without a meeting if the action is consented to by two-thirds (2/3) of the members of the Executive Committee The action must be evidenced by at least one (1) written consent describing the action to be taken, signed by each member of the Executive Committee who consents to the action, and included in the minutes or filed with the corporate records reflecting the action taken Action taken by consent is effective on the date upon which at least two-thirds (2/3) of the members of the Executive Committee have signed the consent, unless the consent specifies a prior or subsequent effective date</p>

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	STEVEN F WALKER AND FRANK D WALKER - Family relationship, JOHN T NEIGHBOURS AND J ALBERT SMITH, JR - Family relationship, James E Dora, Sr & James E Dora, Jr - Family relationship, Charles J Garcia & Billie Dragoo-Garcia - Family relationship

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	The chamber has three classes of members. Regular members, members paying up to \$24,999 in annual dues, have access to all but two events during the year, all newsletter and publications, all discount programs, and the ability to be nominated to the board. Commercial Club members, members paying \$25,000- \$49,999 in annual dues, have the same rights as regular members, but they are invited to the Top investor dinner, Leadership Exchange Trip, and are considered for a seat on the Board. Lastly, Leadership Circle members, members paying \$50,000 or above, have the same rights as Commercial Club members, but are guaranteed a seat on the Executive Committee as well.

Return Reference**Explanation**

Form 990, Part VI, Line 7a Members or stockholders electing members of governing body

Members elect the board at the annual meeting of the members in December

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	The form 990 is reviewed in detail by management. In addition, the finance committee approves the tax return and a full copy of the Form 990 is provided to the Board of Directors prior to filing. The Board of Directors may comment on or ask questions regarding any portion of the Form 990.

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	The organization's conflict of interest policy covers all officers, directors and key employees. Annual questionnaires are completed by each interested person and are reviewed by the CFO. The President of the Chamber is then made aware of any conflicts that exist. If a member of the board has a conflict of interest, the President makes sure the Chairman of the Board is aware of the conflict. The Chairman will ask the member to excuse themselves from any discussions and decisions that involve the conflict.

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	COMPENSATION FOR THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL WAS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE AND COMPENSATION COMMITTEE ANNUALLY IN FEBRUARY. COMPENSATION DATA IN THE FORM OF SALARY SURVEYS WERE UTILIZED TO DETERMINE REASONABLE COMPENSATION, AND MINUTES WERE TAKEN AT THE MEETINGS TO DOCUMENT THE APPROVAL PROCESS BY BOTH THE EXECUTIVE AND COMPENSATION COMMITTEES. COMPENSATION FOR THE TOP MANAGEMENT OFFICIAL WAS ESTABLISHED AND PAID BY AN UNRELATED ORGANIZATION FOR SERVICES PROVIDED TO THE GREATER INDIANAPOLIS CHAMBER OF COMMERCE. THE CHAMBER'S COMPENSATION COMMITTEE APPROVES THE AMOUNT OF COMPENSATION TO BE PAID BY THE UNRELATED ORGANIZATION TO ITS TOP MANAGEMENT OFFICIAL.

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	COMPENSATION FOR THE ORGANIZATION'S OTHER OFFICERS AND KEY EMPLOYEES WAS REVIEWED AND APPROVED BY THE PRESIDENT. COMPARABLE COMPENSATION DATA WAS UTILIZED IN MAKING THE FINAL DETERMINATION REGARDING COMPENSATION, AND THE PRESIDENT'S DECISIONS WERE DOCUMENTED. THE CHAMBER'S COMPENSATION IS PAID BY AN UNRELATED ORGANIZATION FOR SERVICES PROVIDED TO THE GREATER INDIANAPOLIS CHAMBER OF COMMERCE.

Return Reference

Explanation

Form 990, Part VI, Line 19 Required documents available to the public

The governing documents, conflict of interest policy, and financial statements are available to the public upon request

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
Greater Indianapolis Chamber of Commerce

Employer identification number

35-0412920

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	No
(1) GREATER INDIANAPOLIS CHAMBER OF COMMERCE FOUNDATION 111 MONUMENT CIR SUITE 1950 INDIANAPOLIS, IN 46204 35-6017715	CHARITABLE	IN	501(c)(3)	Type I	GICC	Yes	
(2) NEIGHBORHOOD SELF EMPLOYMENT INITIATIVE INC DBA BUSINESS OWNERSHIP INITIATIVE OF INDIANA 111 MONUMENT CIRCLE SUITE 1950 INDIANAPOLIS, IN 46204 35-2028160	CHARITABLE	IN	501(c)(3)	7	GICC	Yes	
(3) INTERNATIONAL CENTER INC 32 EAST WASHINGTON ST STE 1625 INDIANAPOLIS, IN 46204 35-1300785	CHARITABLE	IN	501(c)(3)	Type I	NA		No
(4) INDIANA SPORTS CORPORATION 201 SOUTH CAPITOL AVE 1200 INDIANAPOLIS, IN 46225 31-0975117	CHARITABLE	IN	501(c)(3)	Type I	NA		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) Disproportionate 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	

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	No
(1) INDY CHAMBER LLC 111 MONUMENT CIRCLE SUITE 1950 INDIANAPOLIS, IN 46204 35-0412920	MEMBER SERVICES	IN	GICC	C Corporation	-243,604	28,183		Yes	

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

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m	Yes	
1n	Yes	
1o	Yes	
1p		No
1q	Yes	
1r		No
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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NEIGHBORHOOD SELF EMPLOYMENT INITIATIVE INC (DBA BUSINESS OWNERSHIP INITIATIVE OF INDIANA)	B	300,000	BOOK VALUE

Part VII Supplemental Information

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

Return Reference**Explanation**