DLN: 93493319110459 OMB No 1545-0047 Return of Organization Exempt From Income Tax 2018 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 Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Internal Revenue Service

Open to Public Inspection For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization D Employer identification number B Check if applicable Greater Indianapolis Chamber of Commerce ☐ Address change 35-0412920 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) 111 Monument Circle Suite 1950 ☐ Application pending (317) 464-2200 City or town, state or province, country, and ZIP or foreign postal code Indianapolis, IN  $\,$  46204  $\,$ G Gross receipts \$ 10,921,143 Name and address of principal officer H(a) Is this a group return for Michael Huber □Yes ☑No subordinates? 111 Monument Circle Suite 1950 H(b) Are all subordinates Indianapolis, IN 46204 ☐ Yes ☐No included? Tax-exempt status 501(c)(3) **✓** 501(c) ( 6 ) **◄** (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ www indychamber com L Year of formation 1890 **M** State of legal domicile IN K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ 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 Activities & Governance Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 116 4 Number of independent voting members of the governing body (Part VI, line 1b) 116 70 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 300 Total number of volunteers (estimate if necessary) . . . 95,261 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 . **b** Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 313,915 261,265 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . . 10,364,704 8,054,992 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 736,427 225,467 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 357,287 182,297 11,772,333 8,724,021 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 80,000 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 4,803,868 5,267,618 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . . 148,138 14,106

Net Assets or Fund Balances 20 Total assets (Part X, line 16) . 10,789,274 9,717,358 21 Total liabilities (Part X, line 26) . 2,767,266 3,183,938 22 Net assets or fund balances Subtract line 21 from line 20 . 6,533,420 8,022,008 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

2019-11-15 Signature of officer

	Michael Huber President							
	Type or print name and title							
Paid	Print/Type preparer's name	Preparer's signature	Date	Check If PTIN P00756195				
Preparer	Firm's name ► CROWE LLP	Firm's name ► CROWE LLP						
Use Only	Firm's address ► 3815 River Cross	ing Parkway Suite 3		Phone no (317) 569-8989				

May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions.

Indianapolis, IN 462400977

**b** Total fundraising expenses (Part IX, column (D), line 25) ▶0

19 Revenue less expenses Subtract line 18 from line 12 .

Sign

Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

6,153,105

587,222

11,185,111

**Beginning of Current Year** 

☑ Yes ☐ No

0 0

4,240,780

9,522,504

-798,483

**End of Year** 

Form	990 (2018)				Page <b>2</b>
Pa	Statement	of Program Service Acc	complishments		
	Check if Sched	dule O contains a response or	note to any line in this Part III		🗆
1	Briefly describe the o	rganization's mission	·		
INDI	ANAPOLIS AREA BY PR		CH ENHANCE BUSINESS, AND TO	TO CREATE ADVANTAGES FOR BUDGLIVER PRODUCTS AND SERVIO	
2			gram services during the year wi		☐ Yes ☑ No
	If "Yes," describe the				
3	services?	<b>5</b> .	gnificant changes in how it condu	ucts, any program	☐ Yes ☑ No
4	Section 501(c)(3) and		required to report the amount o	largest program services, as meas if grants and allocations to others,	
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				·
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				
4d	Other program service	ces (Describe in Schedule O )			_
	(Expenses \$	ıncludıng	grants of \$	) (Revenue \$	)
4e	Total program serv	rice expenses ▶	0		
					Form <b>990</b> (20

Form	990 (2018)			Page <b>3</b>
Par	tiV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No .
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{*}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		
	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6	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? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	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)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section $170(b)(1)(A)(II)$ ? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	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>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and $IV$	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

22

No

21

22

orm s	990 (2018)			Page <b>4</b>
Part	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
	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? If "Yes," complete Schedule L, Part II	26		No
	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? If "Yes," complete Schedule L, Part III	27		No
	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

**b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

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

Part V

 $\checkmark$ 

No

Yes

Yes

40

0

**1**c

1a

1b

10a

10b

11a

11b

12b

13b

13c

12a

13a

14a

14b

15

No

No

Form **990** (2018)

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Form	990 (2018)			Page <b>6</b>
Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	onse to	lines
Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 116		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 116			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	<u> Code</u>		
10-	Did the assessment on least the other bounds on affiliate 2	40-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		-103	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	_
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
		16b		
<u>Se</u>	ction C. Disclosure  List the States with which a copy of this Form 990 is required to be filed▶			
	IN			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records  Vandana Mathur Kapur 111 Monument Circle Indianapolis, IN 46204 (317) 464-2221			
		_		0 (2010)

101111 330 (2	010)										Page /
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (	Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), ( if the organization's <b>current</b> key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,		
• List the who received	organization's five <b>current</b> high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1
• List all o	of the organization's <b>former</b> office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000
	f the organization's <b>former dir</b> e , more than \$10,000 of reportat										e
compensated	in the following order individual demployees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo oth a direct	ox, un off tor/t	t cho unles ficer rust	and a	on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	related organizations
See Additiona	al Data Table										

Page 8

Form 990 (2													Page <b>8</b>
Part VII	Section A. Officers, Direct		s, Key	Emp			<u>, and </u>	Higl	1	ed Employees (	conti		
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	than o	one b	oox, u an off ctor/t	ot che unle: fficer trust		son a	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (V 2/1099-MISC)	v-	(F) Estima amount o compens from	ated of other sation the
		organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensate employee	Former	2/1035-14130/	2/1055 mise/		organizati relat organiza	ed
See Addition	nal Data Table		<u> </u>	<del> </del>	<u>                                     </u>	$\vdash$	<u>\$</u>	igapha			+		
				_	<del>                                     </del>	$\vdash$	_	+			+		
				+	+-	$\vdash$	+	+			+		
				+	$\vdash$	$\vdash$	+	+			+		
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			<u> </u>		<u> </u>								
	otal					ı	<b>&gt;</b>						
_		art vii, Section			· <u>·</u>		•		1,322,114	(			238,796
	number of individuals (including portable compensation from the o	but not limited	to thos		ed al	bov	e) who	o rec	eived more than \$1	00,000			
	he organization list any <b>former</b> o La? <i>If "Yes," complete Schedule J</i>							or hı	ghest compensated	employee on	3	Yes	No No
	iny individual listed on line 1a, is nization and related organizations idual									n the	4	Yes	
5 Did a	any person listed on line 1a receiv ces rendered to the organization									vidual for	5	163	No
	B. Independent Contract				_	<u> </u>							
	plete this table for your five highe the organization Report comper	nsation for the c								n's tax year	pens		
		(A) and business addre	ess							(B) ription of services		<b>(C</b> Comper	sation
INNOVATIVE	SYLVANIA ST STE 200								PROFESSIO	NAL FEES			434,917
INDIANAPOLI	TRUCTUREPOINT INC								IT PROFESS	IONAL FEES			233,752
7260 SHADEL	LAND STATION								1111101233	TOWNETEES			235,732
INDIANAPOLI BORSHOFF	IS, IN 46256								PROFESSIO	NAL FEES			192,000
333 N ALABAI SUITE 300	MA ST												
	IS, IN 46204 KS								OFFICE REN	OVATIONS			131,965
12000 EXIT F	FIVE PARKWAY												,
	IS, IN 46037 MITH & ASSOCIATES								EVENT PLAN	INING			101,360
SUITE 1000 INDIANAPOLI	SHINGTON ST IS, IN 46204												
2 Total nu	umber of independent contractor	rs (including but	a not lim	nited '	to th	iose	listed	abo	ve) who received m	ore than \$100,00	O of		

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 ▶ 5

		(2016)	_								Page 9
Part	VIII	<del></del>					th D 1/11				🗹
		Check if Schedul	e O contains	a respo	onse or note t		(A) revenue	Re e fu	(B) lated or xempt inction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1:	a Federated campaign	ns	1a				re	evenue		512 - 514
nts nts		<b>b</b> Membership dues		1b							
ra 10 u		c Fundraising events		10 1c							
s, G Am		d Related organization		1d	261	,265					
ig is		e Government grants (co		10 1e	201						
im:		f All other contributions,		_ ie							
tion or S		and similar amounts no above	ot included	1f							
Contributions, Gifts, Grants and Other Similar Amounts	!	g Noncash contribution in lines 1a - 1f \$	ons included								
Cont		h <b>Total.</b> Add lines 1a-	·1f		🕨		261,265				
					Bus	siness Code	201,203				
E E	<b>2</b> a	ECONOMIC DEVELOPME	NT			900099	4,	027,235	4,027	,235	
27.4		MEMBERSHIP DUES				900099	3,	116,442	3,116	,442	
υ OZ	c	SPONSORSHIP/EVENT R	EVENUE					851,011	851	,011	
٦. د	d	SMALL BUSINESS DEVEL	LOPMENT CENT	ER (SBE	DC)	900099		60,304	60	,304	
ઝુ				•	,	900099	<u>'</u>				
ıran	e			_				0		0	0 0
Program Service Revenue	f	All other program se	rvice revenue			8,054,992	· ·			'	
		<b>Total.</b> Add lines 2a–2			<u> </u>						1
		Investment income (ir similar amounts) .			interest, and o	other •	181,17	0			181,170
		Income from investme	ond proceeds	<b>▶</b>							
	5	Royalties				<b>▶</b>	84,56	1		84,561	
			(ı) Rea	l	(II) Persor	nal					
	6a	Gross rents									
	Ŀ	Less rental expenses									
		D 1.1		0		0					
	•	Rental income or (loss)		U		٩					
	c	Net rental income of	r (loss)			<b>&gt;</b>					
			(ı) Securit	ties	(II) Othe	er					
	7a	Gross amount from sales of	2,2	241,419							
		assets other than inventory									
	Ŀ	Less cost or									
		other basis and sales expenses	2,1	.97,122							
	•	Gain or (loss)		44,297		0					
		Net gain or (loss) .				<u> </u>	44,29	17			44,297
م	8a	i Gross income from fu (not including \$		ents of							
Other Revenue		contributions reporte	d on line 1c)		ļ						
e e		See Part IV, line 18		a							
r æ		Less direct expenses : Net income or (loss)		<b>b</b> sing ev	ents	<u> </u>					
the		Gross income from g		-		<u> </u>					
0		See Part IV, line 19			]						
	ŀ	Nace direct evenes	_	a L							
		Less direct expenses: Net income or (loss)		<b>b</b> activit	les	<b></b>					
		Gross sales of invent									
		returns and allowanc		_							
	ŀ	Less cost of goods s	ald	a b							
		: Net income or (loss)									
	_	Miscellaneous		IIIVEIII	Business C	iode					
	11	·asales - Certificat	TES OF ORIG	IN	!	900099	31,55	50	31,550		
	Ŀ	OTHER REVENUE				900099	55,48	66	55,486		
	c	ADVERTISING			,	900099	10,70	0		10,700	
	c	All other revenue .						0	0	0	0
	e	<b>Total.</b> Add lines 11a	–11d			<b>&gt;</b>	97,73	16			
	12	<b>Total revenue.</b> See	Instructions			•			0 142 020	05.364	225 467
							8,724,02	. 1	8,142,028	95,261	225,467 Form <b>990</b> (2018)

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, rb, 8b, 9b, and 10b of Part VIII.  1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  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, line 15 and 16  4 Benefits paid to or for members.  5 Compensation of current officers, directors, trustees, and key employees.  6 Compensation not included above, to disqualified persons (as defined under section 4958(c)(3)(B).  7 Other salaries and wages  8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).  9 Other employee benefits.  575,202  10 Payroll taxes.	Page <b>1</b>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  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, line 15 and 16  4 Benefits paid to or for members  5 Compensation of current officers, directors, trustees, and key employees	_
Total expenses Program service expenses Progra	<b>✓</b>
domestic governments See Part IV, line 21  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, line 15 and 16  4 Benefits paid to or for members  5 Compensation of current officers, directors, trustees, and key employees  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  8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)  9 Other employee benefits	
Part IV, line 22  3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16  4 Benefits paid to or for members  5 Compensation of current officers, directors, trustees, and key employees	
governments, and foreign individuals See Part IV, line 15 and 16  4 Benefits paid to or for members  5 Compensation of current officers, directors, trustees, and key employees  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  8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)  9 Other employee benefits	
5 Compensation of current officers, directors, trustees, and key employees	
key employees	
defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)       604,850         9 Other employee benefits       575,202         10 Payroll taxes       294,309	
(k) and 403(b) employer contributions)          9 Other employee benefits          10 Payroll taxes	
<b>10</b> Payroll taxes	
11 Fees for services (non-employees)	
a Management	
<b>b</b> Legal	
c Accounting	
d Lobbying	
e Professional fundraising services See Part IV, line 17	
f Investment management fees	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	•
L2 Advertising and promotion	
13 Office expenses	
109,954	
L5 Royalties	
L6 Occupancy	
17 Travel	
L8 Payments of travel or entertainment expenses for any federal, state, or local public officials	
L9 Conferences, conventions, and meetings	
20 Interest	
21 Payments to affiliates	
22 Depreciation, depletion, and amortization	
23 Insurance	
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 SPECIAL PROJECTS 809,005	
b DEAL CLOSING COSTS 651	
c DUES AND SUBSCRIPTIONS 141,667	
d TRAINING EXPENSE 27,529	
<b>e</b> All other expenses 13,529 0 0	
25 Total functional expenses. Add lines 1 through 24e 9,522,504 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 ▶ ☐ if following SOP 98-2 (ASC 958-720)	

Form	1 990	(2018)					Page 11
P	art X	_					
		Check if Schedule O contains a response or no	te to any line	e in this Part IX	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	<del></del>		0	1	0
	2	Savings and temporary cash investments .			1,234,252	2	681,995
	3	Pledges and grants receivable, net			150,000	3	100,000
S	4	Accounts receivable, net			985,392	4	626,430
	5	Loans and other receivables from current and f trustees, key employees, and highest compens Part II of Schedule L	ees Complete	0	5	0	
	6	Loans and other receivables from other disqual section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	s (as defined under s)(B), and tion 501(c)(9) tions) Complete	0	6	0	
ssets	7	Notes and loans receivable, net			0	7	0
Ass	8	Inventories for sale or use			0	8	0
4	9	Prepaid expenses and deferred charges			330,129	9	289,069
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,552,864			
	ь	Less accumulated depreciation	10b	690,184	243,997	10c	862,680
	11	Investments—publicly traded securities .			7,845,504	11	7,157,184
	12	Investments—other securities See Part IV, line		0	12		
	13	Investments—program-related See Part IV, line		0	13		
	14	Intangible assets		0	14	0	
	15	Other assets See Part IV, line 11		0	15	0	
	16	Total assets Add lines 1 through 15 (must equ	ial line 341		10 789 274	16	9 717 358

618,736

1.818.356

17

18

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23

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25

26

27

28

30 0

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33

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0

0 22

0

0

330.174

2.767.266

7.372.008

650,000

0 29

0 32

8,022,008

10,789,274

630.198

1.776.245

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777.495

3.183.938

6.383.420

150,000

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6,533,420

9,717,358

Form **990** (2018)

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Liabilities 22

Fund Balances

Assets or 30

Net

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Grants payable . .

Deferred revenue . . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Form	990 (2018)				Page <b>12</b>
Pai	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8	724,021
2	Total expenses (must equal Part IX, column (A), line 25)	2			,522,504
3	Revenue less expenses Subtract line 2 from line 1	3			798,483
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			022,008
5	Net unrealized gains (losses) on investments	5			690,105
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	.533,420
	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				П
	check if serieurie o contains a response of note to any fine in this farexit it is it is it is it is	•	· ·	Yes	No
	Accounting method used to prepare the Form 990				
1	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2ь	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle	32		No

3b

Form **990** (2018)

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

# Additional Data

**Software ID:** 18007697

Software Version: 2018v3.1

**EIN:** 35-0412920

Name: Greater Indianapolis Chamber of Commerce

Form 990 (2018)

Form 990, Part III, Line 4a:

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

## Form 990, Part III, Line 4b: 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

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

Form 990, Part III, Line 4c:

INDIANAPOLIS A GLOBAL HUB FOR SMART BUSINESS AND A COMMUNITY OF THRIVING NEIGHBORHOODS

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless person compensation amount of other hours per compensation week (list is both an officer and a from the from related compensation tions from the

organization and related organizations

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

	any hours		lirect	or/t	ruste	ee)		organization (W-	organizations
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)
CONNIE BOND STUART	1 0	x		x				0	
CHAIR	0	^		_^				0	
LISA Schlehuber	1 0			,				0	
VICE CHAIR	0	X		Х				0	
James S Bırge	1 0			,				0	
SECRETARY	0	X		Х				0	

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CONNIE BOND STUART	1 0				ĺ
CHAIR	0	X	Х		ı
LISA Schlehuber	1 0				ĺ
VICE CHAIR	0	Х	Х		ı
James S Birge	1 0				ĺ
SECRETARY	0	Х	Х		
BRIAN J Sullivan	1 0				ĺ
DIRECTOR		X			ı

and Independent Contractors

**RAFAEL Sanchez** 

**ENRIQUE** Conterno

DIRECTOR

DIRECTOR

Director

Director

Director

Life Director

DAVID O Barrett

STEVEN Alonso

GERRY S BAILEY

JOSEPH D Barnette JR

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a compensation week (list from the from related director/trustee) any hours organization (Worganizations from the

Highest compensated employee

employee

Former

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Individual trustee or director

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MISC)

organization and

related

organizations

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

THOMAS F Bedsole
Director
MARY B Boelke
Director
EDWARD J Bonach
Director
MICHAEL E Bosway

Life Director

Director

Director

Director

Director

Director

Director

CAL Burleson

JAMES Callaghan

LESLIE Carter-Prall

Kenith Britt

MARK BRADFORD

DOUGLAS BROWN

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation organizations from the

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

	any hours		direct			ee)	•	organization (W
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	1 ()	Key employee	Highest compensated employee	Former	2/1099-MISC)
Carole Casto	1 0							
Director	0	X						
KEVIN CHURCH	1 0							
Director	0	X						
JOHN CORBIN	1 0							
Director	0	Х						

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and Independent Contractors

STEPHEN L Corbitt

CAROL D'AMICO

JAMES E Dora JR

BILLIE Dragoo-Garcia

Bernard W Franklin

WF RICK FUSON

Director

Director THOMAS E Dapp

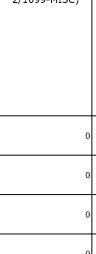
Director

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Director



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MISC)

organization and

related organizations

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person compensation compensation amount of other hours per week (list is both an officer and a from related from the compensation from the

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

	any hours	director/trustee) o						organization (W-	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations	
CHARLES J Garcia	1 0	х						0	0	0	
Life Director	0	^							0	0	
DAVID N Griffiths	1 0								0	0	
Life Director	0	X						0	U	0	
GRETCHEN GUTMAN	10							_		_	
Director		X						0	0	0	

and Independent Contractors

Sarah Hempstead

JONATHAN R Hess

JOHN F HIRSCHMAN

LEONARD Hoops

Director

Director

Director

Director

Director

**ROB HILLMAN** 

CHARLES J Garcia		×					0	0	
Life Director	0	^					0	U	
DAVID N Griffiths	1 0						0	0	
Life Director	0	X					0	U	
GRETCHEN GUTMAN	1 0							0	
Director	0	X					0	U	
Jeffrey Harrison	10								
		X	1	1 1	- 1	- 1	1 0	0	ĺ

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Life Director	0						
GRETCHEN GUTMAN	1 0						
Director	0	X			0	0	0
Jeffrey Harrison	1 0	_			_		
Director	0	×			0	0	0
ANNE HATHAWAY	1 0				_		_
Director		X			0	0	0

GRETCHEN GUTMAN	1 0				0	0	
Director	0	^			0	0	0
Jeffrey Harrison	1 0						
Director	0	×			U	U	0
ANNE HATHAWAY	1 0	V					
Director	0	X			0	0	0

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(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless person compensation compensation amount of other hours per week (list is both an officer and a from the from related compensation

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

and Independent Contractors

Director

Director

Director

Director

Director

JASON Leet

DAVID Lewis

JOSEPH E Loftus

SUSAN MATTHEWS

	any hours director/trustee) o							organization (W-	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
JOYCE Irwin	1 0	×						0	0	0
Director	0	^						0	9	0
KEN ISLEY	1 0	х						0	0	0
Director	0	, ,								
PHILIP Kenney	1 0	x						0	0	0
Director	0	1								

Director	0						
PHILIP Kenney	1 0	.,					
Director	0	×			U	U	
MARK KUGAR	1 0						
Director	0	X			0	0	
CATHEDINE A Langham	1 0						

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Director	0	^					
MARK KUGAR	1 0	_					
Director	0	_ ×			0	0	
CATHERINE A Langham	1 0	V					
Director	0	×			0	0	
KATHLEEN Lee	1 0						

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(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless person compensation amount of other hours per compensation is both an officer and a week (list from the from related compensation m the

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

and Independent Contractors

Life Director

Director

Director

Director

Director

Director

Jackie Morales

JAMIE Merisotis

THOMAS MINAR

CHARLES C Miraglia

Christopher H Molloy

	any hours	direct	or/tr	ruste	ee)		organization (W-	organizations	from the		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations	
ANDREW C Mattingly	1 0	х						0	0	0	·
Director	0	,						J	3	,	
MORRIS Maurer	1 0	x						0	0		
Director	0	^							U	0	
KRISTIN Mays-Corbitt	1 0								0		
Director		X						l o	0	0	

Director	0	χ					
MORRIS Maurer	1 0	V					
Director	0	Х			U	0	
KRISTIN Mays-Corbitt	1 0	~			0	0	
Director	0	X					
W TORIN McClamroch	1 0						

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KRISTIN Mays-Corbitt	1 0	V						
Director	0	_ ×				0	U	0
W TOBIN McClamroch	1 0							
D +		Х				0	0	0
Director	0							
BORIS E Meditch	1 0							
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Director	0	^			,	3	
W TOBIN McClamroch	1 0	<sub>v</sub>			0	0	0
Director	0	_ ^			0	0	
KRISTIN Mays-Corbitt	1 0	v			0	0	0
Director	0						

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation any hours director/trustee) organization (Worganizations from the

Individual trustee or director

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Institutional

Highest compensated employee

employee

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2/1099-MISC)

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(W- 2/1099-

MISC)

organization and

related

organizations

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

	for related organizations below dotted line)
DORAN MORELAND	1 0
Director	0
ANN Murtlow	10
Director	l n

and Independent Contractors

WILLIAM R Neale

JOHN T Neighbours

Director

Director

Director

ALEX Oak

Director

Director

Director

Life Director

Life Director

DAVID NEILSON

JACQUELINE Nytes

THOMAS M O'Neil

ERSAL Ozdemir

ANDREW J PAINE JR

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a compensation week (list from the from related director/trustee) any hours organization (Worganizations from the

Highest compensated employee

employee

Former

for related

organizations

below dotted

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Individual trustee or director

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Institutional

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MISC)

organization and

related

organizations

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

BOB PALMER
Life Director
Nasser H Paydar
Director

BRIAN PAYNE

Life Director

RONALD K Pearson

TODD PEDERSON

Mamon Powers III

MELISSA Proffitt

PATRICIA Prosser

ROBERT Pruitt

Director

Director

Director

Director

Director

Director

Director

Aaron Reitz

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a compensation week (list from the from related director/trustee) organization (Wany hours organizations from the

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

and Independent Contractors

J ALBERT SMITH JR

DR STEPHEN STANDIFORD

Director

Director

Director

WENDY STEIN

	any nours	'	unect	OI/LI	usu	ee)		organization (W-	organizations	Irom the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations	
DAVID Resnick	1 0	×						0	0	0	
Director	0	^						0		0	
JOEL P REUTER	1 0	×						0	0	0	
Director	0	^						0		0	
Clay Rebinson	1 0										

Director	0						
JOEL P REUTER	1 0	v					
Director	0	_ ×			0	U	
Clay Robinson	1 0	V			0	0	
Director	0	^			U	0	
Marıo Rodriguez	1 0						

Clay Robinson	1 0	V						
Director	0	Α .				0	0	0
Marıo Rodriguez	1 0							
Director	0	X				0	l o	0
Paul Rothwell	1 0							
		X			l	0	0	0

0

0

Marıo Rodriguez	1 0	Y			0	0	0
Director	0	^			0		
Paul Rothwell	1 0	V					
Director	0	Х			0	U	0
DAVID G Sease	1 0						

Director	0							
Paul Rothwell	1 0	V						_
Director	0	Х			0	0	'	0
DAVID G Sease	1 0	V			_			_
Director	0	X			0	0	'	0

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Paul Rothwell	1 0							
Director	0	X			0	0	°	
DAVID G Sease	1 0							,
Director	0	Х			0	0	0	

Paul Rothwell	10	V			0			
Director	0	Х			0	0	0	
DAVID G Sease	1 0	V				0		
Director	0	Х			U	0	0	_

DAVID G Sease	1 0	V			0	0	0
Director	0	^					
YVONNE Shaheen	1 0	>			0	0	0
Life Director	0				0	0	

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person compensation compensation amount of other hours per week (list is both an officer and a from the from related compensation rom the

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

and Independent Contractors

STEVEN F Walker

ERICA L Wehrmeister

AMANDA WILLIAMS

Life Director

PETER Ward

Director

Director

Director JEAN Wojtowicz

Director

	any hours		direct	or/tı	ruste	ee)		organization (W-			
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations	
STEPHEN A Stitle	10	×						0	0	C	
Life Director	0	^									
PHILLIP A Terry	1 0	x						0	0	C	
Director	0	^								۲	
JOHN THOMPSON	1 0							0	0		
Life DIRECTOR	0	×						0	0	C	

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Life Director	0						-	
PHILLIP A Terry	1 0							
Director	0	X				0	0	0
JOHN THOMPSON	1 0							
Life DIRECTOR	0	X				0	0	0
RYAN Vaughn	1 0							
Director	0	×				0	0	0
	1.0							

STEPHEN A Stitle	10	x			0		0
Life Director	0	^			0	0	
PHILLIP A Terry	10	V				0	
Director	0	X			0	0	0
JOHN THOMPSON	1 0	.,					
Life DIRECTOR	0	X			0	0	0
RYAN Vaughn	1 0	.,					
Director	0	X			0	0	0
FRANK D Walker	1 0	V					
Life Director		Х			0	U	0

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation from the

organization and related organizations

45,350

45,815

26,541

36,386

27,772

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

	any hours							organization (W-	organizations	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	
ACE Yakey	10									
Director	0	X						U	0	
CHRIS YEAKEY	10									
Director	0	X						0	0	
	1.0									

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40 0

36 0

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and Independent Contractors

Life Director

**TREASURER** 

Dennis M Murphy

MICHAEL HUBER

VANDANA KAPUR

Chief Financial Officer

CHIEF ECONOMIC DEVELOPMENT OFFICER

MAUREEN KRAUSS

Chief Policy Officer

Chief Revenue Officer

MARK FISHER

JULIE GRICE

President/CEO

				ď			
ACE Yakey	1 0						
Director	0	X			0	0	
CHRIS YEAKEY	1 0	x			0	0	
Director	0	^			0	٥	
RAUL E Zavaleta	1 0						
Director	0	X			U	0	

Director	0						
CHRIS YEAKEY	1 0						
Director	0	X			0	0	
RAUL E Zavaleta	1 0	.,					
Director	0	×			0	U	
GENE Zink	1 0						

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367,852

176,398

210,809

151,439

157,753

and Independent Contractors (A) Name and Title

VP OF MEMBERSHIP SALES (UNTIL 12/14/2018)

STEVEN SERBIN

Name and Tide	hours per week (list any hours for related organizations below dotted line)
IAN NICOLINI	40 0
VP DEVELOPMENT INDV/ECONOMIC DEVELOPMENT	
VP DEVELOPMENT INDY/ECONOMIC DEVELOPMENT	0
STEVEN SERBIN	40 0

(B)

Average

Position (do than one bo is both ai directo 3 rondia entern)

r	not check more ex, unless person n officer and a or/trustee)											
	Officer	key employee	Highest compensated employee	Former								
			X									
			×									

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

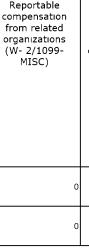
(C)

nd a	_
Highest compensated	-ormer
X	
x	

compensation from the organization (W- 2/1099-MISC)
124,533
133,330

(D)

Reportable



(E)



24,643

(F)

Estimated

# Political Campaign and Lobbying Activities

DLN: 93493319110459

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE C (Form 990 or 990-

EZ)

3

5

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

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

**Employer identification number** Greater Indianapolis Chamber of Commerce

Name of the organization

35-0412920

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

Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions)

3 Volunteer hours for political campaign activities (see instructions)

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

- Enter the amount of any excise tax incurred by organization managers under section 4955

  - If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes □ No

If "Yes," describe in Part IV

Was a correction made?

Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

3 Did the filing organization file Form 1120-POL for this year?

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-2

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

ь	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	i 1d)	
f	Lobbying nontaxable amount Enter the amount fron columns		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
	Not over \$500,000	20% of the amount on line 1e	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
			 •
g	Grassroots nontaxable amount (enter 25% of line 1f		
h	Subtract line 1g from line 1a If zero or less, enter -(		

i Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No section 4911 tax for this year? 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 (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) 2a

Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e))

Total lobbying expenditures Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

activity

Volunteers?

1

2a

2

1

2

c Total

Part IV

3

Part III-B

Current year

Carryover from last year

expenditure next year?

Return Reference

Schedule C (Form 990 or 990-EZ) 2018

(b)

Amount

Yes

1

2

1

2a

2b

2c

3

<u>4</u>

Schedule C (Form 990 or 990EZ) 2018

No

No

No

Nο

3,116,442

132,425

132,425

311,644

-179.219

(a)

No

Yes

# b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? i Total Add lines 1c through 1i

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

Did the organization agree to carry over lobbying and political expenditures from the prior year?

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

b If "Yes," enter the amount of any tax incurred under section 4912

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

# c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)

and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

501(c)(6).

Were substantially all (90% or more) dues received nondeductible by members?

answered "Yes."

Dues, assessments and similar amounts from members

Supplemental Information

expenses for which the section 527(f) tax was paid).

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.

OMB No 1545-0047

DLN: 93493319110459

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Go to www.irs.gov/Form990 for the latest information. Name of the organization **Employer identification number** Greater Indianapolis Chamber of Commerce 35-0412920 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 954.281 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☑ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(II)? 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. 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 If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Revenue included on Form 990, Part VIII, line 1

Cat No 52283D

Par	ŧ 1111	Organizations Ma	aintaining Col	lections of Art	, Histori	ical T	reasu	ıres, or	Other	Similar A	ssets (	continu	ıed)	
3		the organization's acquicked (check all that apply)	uisition, accessio	n, and other recor	ds, check	any of	the fo	llowing th	nat are a	significant	use of it	s collec	tion	
а		Public exhibition			d		Loan	or excha	nge prog	ırams				
b		Scholarly research			е		Other	r						
c		Preservation for future	generations											
4	Provid Part X	de a description of the o	organization's col	lections and expla	ain how the	ey furtl	her the	e organiza	ation's e	xempt purp	ose in			
5		g the year, did the orga s to be sold to raise fun								nılar	□ Y <sub>6</sub>	es	□No	<b>)</b>
Pa	rt IV	Escrow and Custo Complete if the org X, line 21.			Form 990	), Part	IV, lı	ne 9, or	reporte	ed an amo	unt on I	Form 9	990, F	Part
1a		e organization an agent, ded on Form 990, Part >		an or other interm	nediary for	contri	bution	s or othe	r assets	not	☐ <b>Y</b> €	es [	□ No	)
b	If "Ye	es," explain the arrange	ment in Part XIII	and complete the	e followina	table		Г	Amount					-
c		ning balance			- · · · · · · · · · · · · · · · · · · ·			ı	1c					-
d	Addıtı	ions during the year						Ī	1d					•
е	Distri	butions during the year						Ī	1e					•
f	Endın	g balance						Γ	1f					
2a	Did th	ne organization include	an amount on Fo	orm 990, Part X, lı	ne 21, for	escrov	v or cu	stodial ad	count li	ability?		es [	□ No	
Ь		s," explain the arrange												
	rt V	Endowment Fund												
			· · · · · · · · · · · · · · · · · · ·	(a)Current year		rıor yea		(c)Two ye				<b>(e)</b> Fοι	ır years	back
<b>1</b> a	Beginn	ing of year balance .												
b	Contrib	outions												
c	Net inv	estment earnings, gain	s, and losses											
d	Grants	or scholarships	•											
е		expenditures for facilitie ograms	es											
f	Admını	strative expenses .												
g	End of	year balance												
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as													
а	Board	d designated or quasi-ei	ndowment 🟲											
b	Permanent endowment ▶													
c	Temporarily restricted endowment ▶													
		ercentages on lines 2a,		•										
3a		nere endowment funds	not in the posses	ssion of the organi	zation tha	t are h	eld an	d adminis	stered fo	r the			Yes	No
	-	nrelated organizations									3	a(i)	103	
	(ii) re	elated organizations .										a(ii)		
b	If "Ye	s" on 3a(II), are the rel	ated organization	ns listed as require	ed on Sche	edule R	?.				. [	3b		
4		ribe in Part XIII the inte			dowment	funds								
Pa	rt VI	Land, Buildings,			000	\ Dau+	TV L	no 115	Coo Fo	OOO Da	set V lu	na 10		
	Descri	Complete If the org	<b>(a)</b> Cost or ot (investme)	ner basis (b) C	ost or other		_			depreciation	<del>,                                      </del>	( <b>d)</b> Bool	k value	
			\											
<b>1</b> a	Land													
b	Buildin	gs												
c	Leaseh	old improvements					20,300			409,035				511,265
d	Equipm	nent				6:	32,564			281,149				351,415
е	Other													

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

Part VII	<b>Investments—Other Securities.</b> Complete if the See Form 990, Part X, line 12.	he organızatı	on answ	ered "Yes" on Form 99	0, Part IV, line 11b.
	(a) Description of security or category (including name of security)		(b) Book value		d of valuation -year market value
	al derivatives	· · · · ·			
(A)					
(B)					
C)					
(D)					
(E)					
F)					
(G)					
(H)					
	nn (b) must equal Form 990, Part X, col (B) line 12 )	•			
Part VIII	<b>Investments—Program Related.</b> Complete if the organization answered 'Yes' on l	Form 990, Pa	ırt IV, lın	e 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	<b>(b)</b> Boo	ok value		d of valuation -year market value
(1)					
(2)					
(3)					
(4)					
5)					
6)					
7)					
(8)					
(9)					
Γotal. (Colum Part IX	on (b) must equal Form 990, Part X, col (B) line 13 )	<b>1</b> W1 <b>5</b>	000 P-	TV has 111 Cas Farms (	200 Part V Iva 15
	Other Assets. Complete if the organization answered (a) Description		1 990, Par	. IV, IIIIe IIu See Foriii s	(b) Book value
1)					
[2)					
[3)					
4)					
5)					
(6)					
(7)					
[8]					
(9)					
Part X	imn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.	answered 'Ye			▶   1e or 11f.
1) Federal i	(a) Description of liability		<b>(b)</b> Bo	ok value	
	nt and lease incentives			695,759	
Capital Leas Deferred cor	e Obligations			3,843 77,893	
(4)	mpensacion			.,,,,,,,	
5)					
(6)					
(7)					
(8)					
(9)					
	on (b) must equal Form 990, Part X, col (B) line 25 )	<u> </u>		777,495	
<b>2.</b> Liability fo	or uncertain tax positions. In Part XIII, provide the text of			anızatıon's fınancıal state	

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments . . . .

Prior year adjustments . . . . . .

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Other (Describe in Part XIII ) .

Subtract line 2e from line 1 .

Add lines 2a through 2d .

Return Reference

See Additional Data Table

Part XI

2

b

3

Schedule D (Form 990) 2018

Page 4

-510,665 8,697,618

26,403

179,440

9,496,101

d	Other (Describe in Part XIII )	0	
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| 4a | 26,403

-690.105

179.440

2a

2b

2c

2a 2b

2c

2d

Explanation

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4c

b	Other (Describe in Part XIII )	4b					0
c	Add lines <b>4a</b> and <b>4b</b>						
5	Total revenue Add lines ${f 3}$ and ${f 4c.}$ (This must equal Form 990, Part I, line 12 )						
ar	XII Reconciliation of Expenses per Audited Financial Statem	ents	Wi	ith E	хре	nse	s per l
	Complete if the organization answered 'Yes' on Form 990, Part	ΙV,	lıne	12a.			
	Total expenses and losses per audited financial statements						
2	Amounts included on line 1 but not on Form 990, Part IX, line 25						
а	Donated services and use of facilities	2a	1			1	79.440

5	8,724,02
eturi	1.
1	9,675,54

Schedule D (Form 990) 2018

2e

3

Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a 26,403 4b b Add lines **4a** and **4b** . . . . . . . . . . . . 4c 26,403 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . 5 9.522.504 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

5 Part XIII XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Schedule D (Forn	n 990) 2018	Page <b>5</b>
Part XIII	Supplemental Info	rmation (continued)
Return Reference		Explanation

Schedule D (Form 990) 2018

# **Additional Data**

Software ID: 18007697
Software Version: 2018v3.1

EIN: 35-0412920

Name: Greater Indianapolis Chamber of Commerce

Supplemental 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 I nternal 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 2018 and 2017, the Chamber is recorded income tax expense of \$641 and \$11, respectively, included in the management a nd general expenses on the statements of activities. 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 a nd/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, 2018 and 2017.

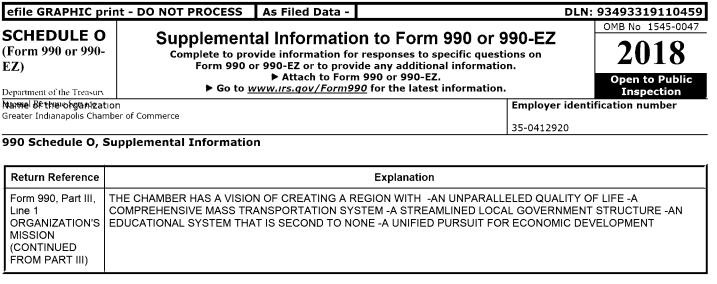
efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19331	9110	459
Schedule J (Form 990)		Co	mpensati	ion Information	10	1B No	1545-0	0047
		For certain Officers, Directors, Trustees, Key Employees, and Highest						
		Compensated Employees  ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.					18	3
Danor	tment of the Treasury		▶ Attach	to Form 990. instructions and the latest infor		)pen i		
•	al Revenue Service	r do to <u>irwimisiqo</u>	101	motractions and the facest more		Insp	ectio	n
	me of the organiza ater Indianapolis Cha				Employer identificat	tion nu	ımber	
					35-0412920			
Pa	rt I Questi	ons Regarding Compensat	tion					
1a				the following to or for a person liste y relevant information regarding the			Yes	No_
	☐ First-class	or charter travel		Housing allowance or residence for	personal use			
	☐ Travel for	companions		Payments for business use of perso	nal residence			
		nification and gross-up payments	; <u> </u>	Health or social club dues or initiati				
	☐ Discretion	ary spending account	Ц	Personal services (e g , maid, chau	ffeur, chef)			
b		xes in line 1a are checked, did th ill of the expenses described abo		ollow a written policy regarding payn iplete Part III to explain	nent or reimbursement	<b>1</b> b		
2				or allowing expenses incurred by all	- 1-2	2		
	directors, truste	es, officers, including the CEO/E	xecutive Director	r, regarding the items checked in line	e la'			
3				ed to establish the compensation of to not check any boxes for methods	he			
	_	•	11,	CEO/Executive Director, but explain	ın Part III			
	<b>✓</b> Compensa	ation committee		Written employment contract				
		ent compensation consultant	<b>\rightarrow</b>	Compensation survey or study				
		of other organizations	<b>✓</b>	Approval by the board or compensa	ation committee			
4	During the year, related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	_	ance payment or change-of-cont	rol navment?			4a		No
b		r receive payment from, a supple		ified retirement plan?		4b		No
c	•	r receive payment from, an equi	•	· ·		4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III							
	Only E01(a)(2	), 501(c)(4), and 501(c)(29)	organizations	must complete lines E-0				
5	For persons liste	ed on Form 990, Part VII, Section	n A, line 1a, did	the organization pay or accrue any				
	compensation co	ontingent on the revenues of						
а	The organization	1?				5a		
b	Any related orga					5b		
_	-	5a or 5b, describe in Part III						
6	compensation co	ontingent on the net earnings of		the organization pay or accrue any				
a	The organization					6a		<u> </u>
Ь	Any related orga	anization? 6a or 6b, describe in Part III				6b		
7	•	•	n Δ line 1a did i	the organization provide any nonfixe	d			
•		escribed in lines 5 and 6? If "Yes			u	7		
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8		
9	If "Yes" on line 8 53 4958-6(c)?	8, did the organization also follow	w the rebuttable	presumption procedure described in	Regulations section	9		
For F	Paperwork Redu	ction Act Notice, see the Inst	tructions for Fo	orm 990. Cat No !	50053T Schedule J	(Form	990)	2018

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 (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(i)-(D)column (B) reported (i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 MICHAEL HUBER 251,769 (i) 116.083 0 13,750 31.600 413.202 0 President/CEO 0 0 0 0 0 0 0 (ii) 2 VANDANA KAPUR 152,885 (i) 23,513 Ω 9,615 36,200 222,213 0 Chief Financial Officer 0 0 0 0 0 0 0 (ii) 3 MAUREEN KRAUSS 176,609 26,541 (i) 34,200 0 0 237,350 0 CHIEF ECONOMIC 0 0 0 0 0 0 0 (ii) DEVELOPMENT OFFICER 4 MARK FISHER 134,576 0 29,123 187.825 0 (i) 16,863 7,263 Chief Policy Officer 0 0 0 0 0 0 0 (ii) 5 JULIE GRICE 137,518 (i) 20,235 0 6,671 21,101 185.525 0 Chief Revenue Officer 0 0 0 0 0 0 0 (ii) 6 IAN NICOLINI 110,877 (i) 0 25,735 0 13,656 6,554 156,822 VP DEVELOPMENT 0 0 0 0 0 0 0 (ii) INDY/ECONOMIC DEVELOPMENT 7 STEVEN SERBIN 130,080 (i) 0 3,250 0 157,973 0 24,643 VP OF MEMBERSHIP SALES 0 0 0 0 0 0 0 (ii) (UNTIL 12/14/2018)

Schedule J (Form 990) 2018 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Schedule J (Form 990) 2018



990 Schedule O, Supplemental Information

Return

Reference	· ·
Form 990, Part V. Line	The organization uses a Professional Employer Organization (PEO) to outsource payroll related functions. The PEO is responsible for filing the Form W-3 and all related W2's
2a W-3 Filer	The same of the sa

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	Standing Committees The standing committees of the Corporation shall be the Executive Committee, Governance Committee, Finance Committee, Indianapolis Economic Development Committee e, 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 re solution of the board. The Board of Directors shall at all times be entitled to exercise a ny 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 or reate and appoint standing, special or other committees to undertake studies, make recomme ndations 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 exe roise the powers, functions or authority of the Board of Directors, except where prohibite d 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 mem bers 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 Comm

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	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 corpo rate 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.

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	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

Part VI. Commercial Club members, members paying \$25,000- \$49,999 in annual dues, have the same rights as regular members, but 6 Classes of they are invited to the Top investor dinner. Leadership Exchange Trip, and are considered for a seat on the Board Lastly. members or Leadership Circle members, members paying \$50,000 or above, have the same rights as Commercial Club members, but are stockholders offered preferred consideration for a seat on the Executive Committee as well

Return
Reference

Explanation

Explanation

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

1 01111 000,	Monibore clock the board at the annual meeting of the monibore in becomber
Part VI, Line	
7a Members	
or	
stockholders	
electing	
members of	
governing	
body	

Return Reference	Explanation
11b Review	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.
of form 990	

Return

Reference	<b>-</b>
Form 990,	The organization's conflict of interest policy covers all officers, directors and key employees. Annual questionnaires are completed
Part VI, Line	by each interested person and are reviewed by the CFO. The President of the Chamber is then made aware of any conflicts that
12c Conflict	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
of interest	conflict The Chairman will ask the member to excuse themselves from any discussions and decisions that involve the conflict
policy	

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 THIS PROCESS IS DONE 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

Return

Reference	•
Form 990,	COMPENSATION FOR THE ORGANIZATION'S OTHER OFFICERS AND KEY EMPLOYEES WAS REVIEWED AND
Part VI, Line 15b Process	APPROVED BY THE PRESIDENT COMPARABLE COMPENSATION DATA WAS UTILIZED IN MAKING THE FINAL DETERMINATION REGARDING COMPENSATION, AND THE PRESIDENT'S DECISIONS WERE DOCUMENTED
to establish compensation	
of other	

Return Explanation

Form 990,	The governing documents, conflict of interest policy, and financial statements are available to the public upon request
Part VI, Line	
19 Required	
documents	
available to	
the public	

Return

Reference	
	ASSISTANCE FOR DEAL CLOSING - Total Revenue , Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

990 Schedule O, Supplemental Information

Doturn

Reference	Едріанацон
Part IX, Line 11g Other	IT SUPPORT - Total Expense 108752, Program Service Expense , Management and General Expenses , Fundraising Expenses , CONSULTANTS (VARIOUS) - Total Expense 1105479, Program Service Expense , Management and General Expenses , Fundraising Expenses , PEO - Total Expense 37708, Program Service Expense , Management and General
Fees	Expenses , Fundraising Expenses ,

Evalanation

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE R** (Form 990)

Greater Indianapolis Chamber of Commerce

As Filed Data -

**Related Organizations and Unrelated Partnerships** 

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

► Attach to Form 990.

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

DLN: 93493319110459 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** 35-0412920

Part I Identification of Disregarded Entities Complete if	the organ	ızatıon answei	ed "Yes	" on Form 9	990, Part	IV, line 3	3.					
(a)  Name, address, and EIN (ıf applıcable) of dısregarded entıty		(b) Primary activi		(c) Legal domic or foreign	ıle (state	( <b>d)</b> Total income		(e) End-of-year as		<b>(f</b> Direct co ent	) ntrolling ty	
Part II Identification of Related Tax-Exempt Organization	<b>ns</b> Comple	te if the orgar	nization	answered "	Yes" on F	orm 990,	Part I	V, line 34 be	cause	t had one or	more	
related tax-exempt organizations during the tax year.  (a)  Name, address, and EIN of related organization	Prima	(b) Primary activity Le		(c) Legal domicile (state or foreign country)		) de section	Public (if sect	(e) charity status ion 501(c)(3))	C	(f) Direct controlling entity	Section (13) co ent	(512(b ntrolled
(1)GREATER INDIANAPOLIS CHAMBER OF COMMERCE FOUNDATION INC 111 MONUMENT CIR SUITE 1950	CHARITABL	E	IN		501(c)(3)		11		GICC		Yes	No
INDIANAPOLIS, IN 46204 35-6017715												
(2) NEIGHBORHOOD SELF EMPLOYMENT INITIATIVE INC DBA BUSINESS OWNERSHIP INITIATI VE OF INDIANA111 MONUMENT CIRCLE SUITE 1950	CHARITABL	E		IN	501(c)(3)		7		GICC		Yes	
INDIANAPOLIS, IN 46204 35-2028160												
(3)INTERNATIONAL CENTER INC 32 EAST WASHINGTON ST STE 1625	CHARITABL	E		IN	501(c)(3)		11		NA			No
INDIANAPOLIS, IN 46204 35-1300785 (4)INDIANA SPORTS CORPORATION 201 SOUTH CAPITOL AVE 1200	CHARITABL	E		IN	501(c)(3)		11		NA		-	No
INDIANAPOLIS, IN 46225 31-0975117												
For Paperwork Reduction Act Notice, see the Instructions for Form	990.		Ca	t No 50135	Υ				Sch	edule R (Form	990) 20	118

Identification of Related Organizations Taxable as a F				organization a	nswered "Y	'es" on For	m 990, Part	IV, line 34 l	because i	t had	
one or more related organizations treated as a partnership during the tax year.											

(a) Name, address, and EIN of related organization	<b>(b)</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	( <b>h</b> Dispropr allocat	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		ral or aging	<b>(k)</b> Percentage ownership
				3117			Yes	No		Yes	No	
Part IV Identification of Related Organizations Taxable as a Co because it had one or more related organizations treated as					ation answ	ered "Yes	" on Fo	orm 9	90, Part IV,	line	34	

Part IV Identification of Related Organiza because it had one or more related or	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>(b)</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	Section (13) co	i) 512(b) introlled aty?						
(1)INDY CHAMBER LLC  111 MONUMENT CIRCLE SUITE 1950 INDIANAPOLIS, IN 46204 35-0412920	MEMBER SERVICES	IN	GICC	C Corporation				Yes							
	<u> </u>		1		ı	Sc	hedule R (Form	990) 20	018						

Purchase of assets from related organization(s) . . Exchange of assets with related organization(s) . .

Lease of facilities, equipment, or other assets to related organization(s) . . .

Reimbursement paid to related organization(s) for expenses . . .

Reimbursement paid by related organization(s) for expenses . . .

r Other transfer of cash or property to related organization(s) . . .

(1) GREATER INDIANAPOLIS CHAMBER OF COMMERCE FOUNDATION INC

(2)INDY CHAMBER LLC

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . .

Name of related organization

No

No

No

No

No

No No

1j

11

1n Yes

10 Yes

1q |

1r

Schedule R (Form 990) 2018

(d)

Method of determining amount involved

1m Yes

Yes

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.											
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No							
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	$\Box$									
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No							
Ь	Gift, grant, or capital contribution to related organization(s)	1b		No							
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes								
		4.4	$\neg$	No							

-	Receipt of (1) medicas, (m) royalides, of (11) remember a controlled energy in the first of the	I I		
b	Gift, grant, or capital contribution to related organization(s)	<b>1</b> b		No
С	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d	Loans or loan guarantees to or for related organization(s)	<b>1</b> d		No
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f	Yes	l
g	Sale of assets to related organization(s)	<b>1</b> g		No
h	Purchase of assets from related organization(s)	1h		No

(b)

Transaction

type (a-s)

C.

(c)

Amount involved

100,833

102,432

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	01	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(1) General o managin partner	g	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
													_
	•								•	Schedul	e R (Form	1 99	0) 2018

