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Department of the Treasury Internal Revenue Service

EVELET OFF OCT 1 4 2010

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section
512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total
assets less than \$2,500,000 at the end of the year may use this form.

The organization may have to use a conv of this return to satisfy state reporting requirements.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

Open to Public Inspection

A	For the	2008 calend	lar year	, or tax year beginning	January 1	, 2008, and e	nding	Decen	ber	, 20 08	
В	Check if ag		Please	C Name of organization	anization			D Employ	er ide	ntification number	
밁						35 1973847					
H					Room/suite	E Telepho	phone number				
H	Initial retui	feturn type.				(260	(260) 724-5303				
H	Amended		Specific	City or town, state or countr				F Group		··· ···	
Ħ		instruc-					Numbe				
=				ations and 4947(a)(1) nonex	,	ruete must attach	G Acco	unting meth		. ☐ Cash ☐ Accr	—— rual
	- 0001.1	577 55 7 (5)(5)	_	npleted Schedule A (Form 9	-	radio madi diladir		r (specify)		E Gasii	GGI
				······································	•					organization is not	
ı	Websit	e: ▶ www	ı.indiar	naauditors.org						edule B (Form 990)	,
										cadio E (i omi ooo	•
		rganization type (check only one)— ☑ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 ☐ 990-EZ, or 9 heck ▶☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally n								COE OOO A	
			···	ization chooses to file a return		_	eipis are noi	mally not if	iore in	an \$25,000 A retur	THIS
				ne 9 to determine gross receip	***		stead of For	n 990-F7	▶ \$	144,6	363
	art I			nses, and Changes in						· · · · · · · · · · · · · · · · · · ·	/00
					•	i i uliu balance.	NOCC INC	mstructic	1	<u> </u>	
	1		_	s, grants, and similar amour		•	•	-	2	79,0	127
	2	-		revenue including governn	nent tees and co	ontracts .		· ·	3	65,6	
	3	_	•	s and assessments				.	4	05,0	0
	4	Investment			•	5a	•	اه		W	
	5a			m sale of assets other that	•	5a 5b		- 6			
	Ь			er basis and sales expens					_		•
<u>o</u>	C			sale of assets other than in		•	•		5c	 	
Ĕ	6			vities (complete applicable parts o			check here	^ ⊔			
Revenue	а										
Œ		reported o		•		6a		0			
	Ь	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)							۱.		•
	С							· · · -	6c		
	7a	** — ·					0				
	b	Less cost	_			. <u> 7b </u>			,		•
	C	8 Other revenue (describe ► n/a)							7c		
	9							—	9	144,6	663
	 					•		· · · -			500
	1	10 Grants and similar amounts paid (attach schedule)					· -	10	3,5	0	
۲۵.	11	•		or for members		- SEOFIN	7ĖD	1	11		-0
Expenses	12			mpensation, and employe		RECEI		.:}	12 13	23,3	<u> </u>
ē	13			and other payments to in		1 1		ው ዘ ⊨	14	23,3	0
X	14		•	utilities, and maintenance		8 OCT 18	2010	ᄋᆡᆞᆞ├	15		370
_	15	Printing, p	ublicati	ons, postage, and shipping describe See Attachn	lg aant Part I-16	00,10		ا انت	16	90,6	
	16			Add lines 10 through 16	neitt i ait i-io		1 117	 / ⊦	17	117,7	
_	1				- 17 (1 0)	OGDE	V , UI		18	26,8	
Net Assets	18) for the year (Subtract lin	•			· · ⊢	10	20,0	
SS	19	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)							19	55,4	182
7	20							–	20		02
ž	20			net assets or fund baland d balances at end of year			•		21	82,3	368
Б	art II						ore file Fo				
							ginning of ye			—	
_	• •	(ess the methodish to rearry)						55,48		(B) End of year 82,3	360
22		ash, savings, and investments							0 23		0
23		· · · · · · · · · · · · · · · · · · ·				•		0			-0
24		Other assets (describe ► n/a)					- - :		<u> </u>		
2						55,84			200		
20	o Tota	Total liabilities (describe ► n/a Net assets or fund balances (line 27 of column (B) must agree with line 21)					55,84	0 26		<u>U</u>	
2				rk Reduction Act Notice se			Cat Na	33,84	2 27	82,3	

Expense Part III Statement of Program Service Accomplishments (See the instructions for Part III.) Capable Part III Part III. Capable Part III.	rage z
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title. 28 The Association presents a twice-yearly Conference to educate County Auditors regarding state and local legislative changes and tax law updates. Each Conference hosts 250-300 attendees. (Grants \$) If this amount includes foreign grants, check here	
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Interpretation Inte	
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Grants \$ If this amount includes foreign grants, check here 29a	
The Association coordinates the attendance of members at "Auditors' Day" at the Indiana State to discuss topics of importance with state legislators (Grants \$) If this amount includes foreign grants, check here 30a 31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here 31a 32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part (b) Title and average (c) Compensation (d) Contributions to (e) Exp	
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devoted to position enter -0-) deferred compensation other allo	t and
Denise Chandler President, 3 hrs/week	
125 E .9th Street, Suite 108, Rochester, IN 46975	0
Deborah Adams 1st Vice President, 2 101 E. 2nd Street, Room 212, Rushville, IN 46173 1st Vice President, 2 hrs/week 0 0	0
Bill Borne 2nd Vice President, 2	
313 W Jefferson St., Suite 233, Decatur, IN 46733 hrs/week 0 0	0
Bridgett Weber Treasurer, 3 hrs/week 150 Courthouse Sq., Ste 133, Greensburg, IN 47240 0 0	0
Angie Lawson Secretary, 2 hrs/week	0
60 S. Main Street, Room 202, Spencer, IN 47501 0 0 Jill Guingrich Bd. member, District	
101 N. Main St., #106, Monticello, IN 47960 Vice Chair, 0 hrs/wk 0 0	0
Kathy Bantz 110 W. Washington St , #12, Hartford City, IN 47348 Vice Chair, 0 hrs/wk Bd. member, District Vice Chair, 0 hrs/wk 0	0
Linda Ratliff Bd. member, District	
101 S. Main St., #109, New Castle, IN 47362 Vice Chair, 0 hrs/wk 0 0	0
Gail Doades Bd. member, District Vice Chair, 0 hrs/wk 0 0	0
Mari Miller Bd. member, District	
201 Locust Lane, Nashville, IN 47448 Vice Chair, 0 hrs/wk 0	0
	 -

Par	Other Information (Note the statement requirements in the instructions for Part VI.)		V - ·	MF-
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting,	0.5	·	,
	and proxy tax requirements?	35a	<u> </u>	<u> </u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	_	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	브		
b	Did the organization file Form 1120-POL for this year?	37b		<u> </u>
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? If "Yes" complete Schedule I. Part II and enter the total amount involved. 38b	38a		✓
	11 163, Complete Generalis E, Fait II and Cher the total amount involved			
39_	Section 501(c)(7) organizations Enter:			
	Initiation fees and capital contributions included on line 9			
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule	40b		
_	L, Part I			
	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Enter amount of tax on line 40c reimbursed by the organization ▶	.		
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filled. ▶	\		
	The books are in care of ▶ Gail Doades, current Treasurer Located at ▶ 200 E. Walnut Street, Washington, IN ZIP + 4 ▶	47501	54-86 2756	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Vac	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	163	140
	account)?	420		-
	If "Yes," enter the name of the foreign country.			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
_		42c		1
C	At any time during the calendar year, did the organization maintain an office outside of the US? If "Yes," enter the name of the foreign country		<u> </u>	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	•	•	▶∟
	and enter the amount of tax-exempt interest received or accrued during the tax year • 43			
			V	l Ni -
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	44		,
	Form 990-EZ	44		-
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		
		1 44.7		, ∀

Part	rt VI Section 501(c)(3) organizations and complete the tables for lines		organizations mu	ist answer questi	ons 46–49		
	Did the organization engage in direct or indi	rect political campaign activit	ies on behalf of or i	n opposition to	Yes No		
	candidates for public office? If "Yes," compl				46		
		Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II					
	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						
	Did the organization make any transfers to a				49a		
	If "Yes," was the related organization(s) a se	-			49b		
	Complete this table for the five highest compeach received more than \$100,000 of compe				employees) who		
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances		
	I number of other employees paid over \$100,00			<u> </u>			
	Complete this table for the five highest components of the organization of the compensation of the components of the components of the components of the complete this table for the five highest components of the complete this table for the five highest components of the complete this table for the five highest components of the complete this table for the five highest components of the complete this table for the five highest components of the complete this table for the five highest components of the component		ctors wno each rec	eived more than \$1	UU,UUU OT		
	(a) Name and address of each independent conti	ractor paid more than \$100,000	(b) Ty	pe of service	(c) Compensation		
Total	Il number of other independent contractors ea	ach receiving over \$100 000					
	Under penalties of perjury, I declare that I have and belief, it is true, correct, and complete De	examined this return, including according		mation of which prepare	r has any knowledge		
Sign Here	e Signature of officer	<i>//</i>		Date	010		
	William Borne, current President Type or print name and title						
Paid Prepa	Preparer's signature Annual N.M.	Date lo	Check if self-employed		Number (See instructions) 90-5274		
Use C	Firm S name (or yours L Rarnec & Thori	ame (or yours A Barnes & Thornburg LLP			0900596		
	address, and ZIP + 4 7 11 South Merid	lian Street, Indianapolis, IN 4		Phone no ► (317)	231-6425		
May	the IRS discuss this return with the preparer	shown above? See instruction	ons	. Fc	✓ Yes No orm 990-EZ (2008)		

Form 990-EZ, Tax Year 2008 Indiana County Auditors' Association, Inc. 35-1973847

Attachment Part I (16)

Other Expenses

Other expenses of the Association, totaling \$90,602, include travel and transportation costs (\$2,466); expenses for conferences and education meetings (\$87,129); conference registration refunds (\$723) and memorial contributions (\$284).

Form 990-EZ, Tax Year 2008 Indiana County Auditors' Association, Inc. 35-1973847

Attachment Part III (31)

Other Program Services

Coordination of testimony of members at Indiana State and House Committee hearings.