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# Form 990-EZ

### **Short Form Return of Organization Exempt From Income Tax**

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

Programmer Section 30 (to), 327, 4294 (A) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

OMB No 1545-1150

Open to Public

2010

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Inspection The organization may have to use a copy of this return to satisfy state reporting requirements For the 2010 calendar year, or tax year beginning 10/01 9/30 2011 2010, and ending D Employer identification number Check if applicable WINE & SPIRITS WHOLESALERS OF INDIANA Address change 350412515 135 N. PENNSYLVANIA STREET #1175 Name change Telephone number INDIANAPOLIS, IN 46204 Initial return (317) 916-4186 Terminated Amended return Group Exemption Application pending Number X Accrual Accounting Method: Cash Other (specify) |X| if the organization is not Check ► required to attach Schedule B (Form Website: ► N/A 990, 990-EZ, or 990-PF) Tax-exempt status (ck only one) -501(c)(3) |X| 501(c) ( 6 ) ◀ (insert no ) 4947(a)(1) or If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **►**\$ 199,700. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I lx l Contributions, gifts, grants, and similar amounts received 1 Program service revenue including government fees and contracts 2 Membership dues and assessments 199,700. 3 Investment income 4 5a Gross amount from sale of assets other tha 5a -OSC b Less cost or other basis and sales expense 5b act 445 56 from ane 2011 c Gain or (loss) from sale of assets other than inventory 5с R 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G # ) (e) **b** Gross income from fundraising events (not including of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6Ь 6c c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances. 7a b Less. cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 c Other revenue (describe in Schedule O) 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 199,700 SEE SCHEDULE O 10 62,700. Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 228,422 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 1,834. 15 Printing, publications, postage, and shipping 15 34. SEE SCHEDULE O -16,110. Other expenses (describe in Schedule O). 16 16 276,880. 17 17 Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -77,180. Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 figure reported on prior year's return) 55,285. 19

-21,895.

Form 990-EZ (2010)

20 21

Other changes in net assets or fund balances (explain in Schedule O)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances at end of year Combine lines 18 through 20

Par	Balance Sheets. (see the ins	structions for Part II.) Idule 0 to respond to any que	stion in this Part II			X
	Check if the organization asses series	date of to respond to any que	1	(A) Beginning of year	ar	(B) End of year
22	Cash, savings, and investments			6,961	. 22	13,893.
23	Land and buildings				23	
24	Other assets (describe in Schedule O)	SEE SCHEDULE O	)	65,824		20,142.
	Total assets		<u> </u>	72,785		34,035.
	Total liabilities (describe in Schedule O)		)	17,500		55,930.
	Net assets or fund balances (line 27 of co			55,285	. 27	-21,895.
Par					(Pog	Expenses uired for section
What i	Check if the organization used Sc s the organization's primary exempt purpose? SEF		uestion in this Part i	<u>  [A]</u>	501(c	c)(3) and 501(c)(4)
Desc	ribe what was achieved in carrying out the ribe the services provided, the number of	organization's exempt purpo	ses In a clear and	concise manner		nizations and section (a)(1) trusts; optional
desc	ribe the services provided, the number of ram title	persons benefited, and other	relevant information	n for each		thers)
28	INCREASE PUBLIC AWARENESS	OF THE INTERESTS	OF THE WINE	AND SPIRITS		
	DEALERS OF INDIANA THROUG					
	CAMPAIGNS.					
	(Grants \$ ) If th	s amount includes foreign gra	ants, check here	▶	28 a	
29						
	72				•	
20	(Grants \$ ) If th	is amount includes foreign gra	ants, check here		29 a	
30						
	(Grants \$ ) If th	 is amount includes foreign gra	ants, check here		30 a	
31	Other program services (describe in Sch					
-	, ,	is amount includes foreign gra	ants, check here	▶ □	31 a	
32	Total program service expenses (add lin			<u> </u>	32	
Par	t IV List of Officers, Directors,				(see	the instructions for Part IV
	Check if the organization used So				1.	L 23.5
	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation not paid, enter -0-			(e) Expense account and other allowances
		to position	• ′	deferred compensa	tion	
	ES_CALVERT	PRESIDENT		0.	0.	0.
	BOX 681008	0				
TINI	DIANAPOLIS, IN 46268					
				İ		
						<u> </u>
		<u> </u>	<del></del>			-
<b></b>						
	1-1-					
BAA		TFFA0812! (	72/18/11			Form <b>990-EZ</b> (2010)

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Form 990-EZ (2010) WINE & SPIRITS WHOLESALERS OF INDIANA

orm	n 990-EZ (2010) WINE & SPIRITS WHOLESALERS OF INDIANA 3504	12515		Pi	age 3
වක	Other Information (Note the statement requirements in the instructions for Part V.)		-		_
	Check if the organization used Schedule O to respond to any question in this Part V				X
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed descrip	tion of _	-	Yes	No
24	each activity in Schedule O	<u> </u>	33		<u>X</u>
J-4	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if the a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions)	sy tellect	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), bu <b>hot</b> reported on Form 9 explain in Schedule 0 why the organization did not report the income on Form 990-T.  SEE SCHEDULE O	90-T,	1		
a	a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	c)(5), or	35a	x	
k	<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?	<b>⊢</b> −	35b	•	X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during year? If 'Yes,' complete applicable parts of Schedule N	the	36		Х
		,400.			
	b Did the organization file Form 1120-POL for this year?		37b		X
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employeeor were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	:	38a		Χ
ŗ	b if 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b	N/A	į		
	Section 501(c)(7) organizations. Enter	/-		1	!
	a Initiation fees and capital contributions included on line 9	N/A	į		
	b Gross receipts, included on line 9, for public use of club facilities.	N/A		}	
40 a	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	27. (2			
	section 4911 ► <u>N/A</u> ; section 4912 ► <u>N/A</u> ; section 4955 ►	<u> N/A</u>			
ŧ	b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been rep on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	orted	40ь		
(	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.			
•	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶	0.			
•	e 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		40 e		X
	List the states with which a copy of this return is filed <b>IN</b>	ا ا	406		
42:	a The organization's				
-	books are in care of - JAMES A PURUCKER Telephone no -	-,-,-,-,-	<u>946-</u>	<u>431</u>	0
	Located at ► 135 N. PENNSYLVANIA STREET SUITE 1175 INDIANAPOLIS IN ZIP + 4 ►	<u>46204</u>			
			Γ	Yes	No
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority ov financial account in a foreign country (such as a bank account, securities account, or other financial account)?		42b		X
	If 'Yes,' enter the name of the foreign country				
	<u> </u>		ľ	ľ	
				,	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.				
•	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	[7	42c		X
	If 'Yes,' enter the name of the foreign country:	_		•	
				_	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 - Check here		Þ	ш	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year	3			N/A
44:	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed in			Yes	No
	of Form 990-EZ	<u> </u>	44a		X
	b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be complete instead of Form 990-EZ	<u> </u>	44b	_	X
	c Did the organization receive any payments for indoor tanning services during the year?	<u>,                                    </u>	44 c		X
(	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation Schedule O	וו ר	ايم		

Form <b>990-E</b>	Z (2010) WINE & SPIRITS WHOI	ESALERS OF IND	IANA	35041251	5	Ρ	'age <b>4</b>
						Yes	No
-	related organization a controlled entity of				45		X
a Did th	ne organization receive any payment from otion 512(b)(13)? If 'Yes,' Form 990 and S	i or engage in any trans Schedule R may need to	action with a controll be completed instead	ed entity within the meaning ad of Form 990-EZ (see inst.)	45a		X
	ne organization engage, directly or indirect dates for public office? If 'Yes,' complete	-			40	x	
Part VI	Section 501(c)(3) organizations	s and section 4947	(a)(1) nonevem	nt charitable trusts only	<b>46</b>     Δil se		
Fait VI	501(c)(3) organizations and sec	ction 4947(a)(1) no	nexempt charita	ble trusts must answer	questic	ns	•
	47-49b ánd 52, and complete the	ne tables for lines !	50 and 51.		•		
	Check if the organization used Schedul	e O to respond to any q	uestion in this Part $V$	4			
						Yes	No
	ne organization engage in lobbying activit			=	47		<u> </u>
	e organization a school as described in se				48		<del>                                     </del>
	ne organization make any transfers to an s,' was the related organization a section		related organization?		49a 49b		<del>                                     </del>
	s, was the related organization a section blete this table for the organization's five	•	mployees (other than	officers directors trustees as	L		
emple	oyees) who each received more than \$10	0,000 of compensation	from the organization	n. If there is none, enter 'None	id Key		
(a)	Name and address of each employee paid more than \$100,000	<b>(b)</b> Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex account other allo	nt and	s
				,			
f Total	number of other employees paid over \$1	00,000					
<b>51</b> Comp	olete this table for the organization's five	highest compensated in	dependent contracto	rs who each received more th	an \$100.	000 o	f
comp	pensation from the organization If there is			(b) Type of service	(c) Comp	· · · · · · · · · · · · · · · · · · ·	
	(a) Name and address of each independent conf	ractor paid more than \$100,00	0	(b) Type of Service	(c) comp	Jensa(IU	<del>''</del>
		<del>-</del>					
		<del></del>					
<b>d</b> Total	number of other independent contractors	s each receiving over \$1	00.000	<b>&gt;</b>			
	he organization complete Schedule A? No table trusts must attach a completed Sch		) organizations and 4	947(a)(1) nonexempt	Yes	. [	No
Under penalti true, correct,	es of perjuly, I declare that I have examined this returnant complete Paglaration of preparer (other than offi	n, including accompanying sch cer) is based on all information	edules and statements, and of which preparer has any	d to the best of my knowledge and belie knowledge	f, it is		
C! me-	Signature of officer  JAMES A PUZUCIERO			Date			
Sign Here							
ricic	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check of PTIN			
Paid	$\frac{1}{2}$						
Preparer	Firm's name ► R J PILE, LLC						
Use Only	31						
		N 46204-2066		Phone no (317)	269-	_	
	S discuss this return with the preparer sh	nown above? See instru	ctions		X Yes		No (2010)
BAA					Form <b>99</b>	V-EZ	(2010)

#### SCHEDULE C (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

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

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2010

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Department of the Treasury Internal Revenue Service

If the organization answered 'Yes,' to 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

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

If the organization answered 'Yes,' to 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,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

	of organization	Employer identifica	tion number				
	NE & SPIRITS WHOLES.			350412515			
$\overline{}$		rganization is exempt under secti					
1	Provide a description of the o	organization's direct and indirect political ca	mpaign activities in P		PART IV		
2	Political expenditures	<b>►</b> \$	57,400.				
	Volunteer hours						
Pa		rganization is exempt under secti					
1	=	se tax incurred by the organization under s		<b>►</b> \$			
2	Enter the amount of any exci	se tax incurred by organization managers t	under section 4955	<b>►</b> \$			
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for t	hıs year <sup>?</sup>		Yes No		
4	a Was a correction made?				Yes No		
	<b>b</b> If 'Yes,' describe in Part IV			<del>., </del>			
Pa		rganization is exempt under secti					
1	Enter the amount directly exp	pended by the filing organization for section	527 exempt function	activities ►\$			
2	Enter the amount of the filing function activities	g organization's funds contributed to other c	organizations for section	on 527 exempt ►\$	57,400.		
3	Total exempt function expendine 17b.	ditures Add lines 1 and 2 Enter here and d	on Form 1120-POL,	<b>►</b> \$	57,400.		
4	line 17b.  \$ 57,400.  4 Did the filing organization file Form 1120-POL for this year?  Yes X No						
5	organization made payments amount of political contribution	and employer identification number (EIN) of For each organization listed, enter the amons received that were promptly and directly action committee (PAC). If additional space	nount paid from the fil v delivered to a separ	ing organization's funds ate political organization	Also enter the		
	( <b>a)</b> Name	<b>(b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter 0		
	WINE & SPIRITS OF	135 N PENNSYLVANIA STREET					
(1)	INDIANA - PAC	INDIANAPOLIS, IN 46204	35-1455043	57,400.			
(2)							
(3)							
(4)							
(5)							
(6)	-						

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

Schedule C (Form 990 or 990-EZ) 2010

Schedule <b>C</b> (Form 990 or 990-EZ) 2010	WINE & SPIR	ITS WHOLESALERS	OF INDIANA	350412	515 Page <b>2</b>
Part II-A Complete if section 501(		n is exempt under s	section 501(c)(3) an	d filed Form 5768 (	election under
A Check ► I if the filin	ng organization belo	ngs to an affiliated group			-
·B Check ► If the filin	ng organization chec	ked box A and 'limited co	ontrol' provisions apply	<del></del>	
(The term	Limits on Lobby 'expenditures' mea	ing Expenditures ns amounts paid or incur	rred.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditu	res to influence put	olic opinion (grass roots lo	obbying)		
<b>b</b> Total lobbying expenditu	res to influence a le	egislative body (direct lobl	bying)		
c Total lobbying expenditu	ires (add lines 1a ai	nd 1b)			
d Other exempt purpose e	expenditures				
e Total exempt purpose e	xpenditures (add lin	es 1c and 1d)			
f Lobbying nontaxable am both columns	nount Enter the am	ount from the following ta	ble in		
If the amount on line 1e, colu	umn (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 exces	ss over \$500,000	,	
Over \$1,000,000 but not over \$	1,500,000	\$175,000 plus 10% of the exces	ss over \$1,000,000	\$ %	
Over \$1,500,000 but not over \$	17,000,000	\$225,000 plus 5% of the excess	s over \$1,500,000		**
Over \$17,000,000		\$1,000,000			
g Grassroots nontaxable a	amount (enter 25% o	of line 1f)			
h Subtract line 1g from lin	e 1a If zero or less	, enter -0-			
i Subtract line 1f from line	e 1c If zero or less,	enter -0-			
j If there is an amount otl section 4911 tax for this	her than zero on eit year?	her line 1h or line 1i, did t	the organization file Forn	n 4720 reporting	Yes No
(Sor	me organizations th colum	4-Year Averaging Period at made a section 501(h) ns below. See the instruc	l Under Section 501(h) election do not have to c tions for lines 2a throug	complete all of the five h 2f.)	
	Lobi	bying Expenditures Durin	ng 4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	(e) Total
2a Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))	* /,	4	* * * *	· * * * * * * * * * * * * * * * * * * *	
c Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying					

Schedule C (Form 990 or 990-EZ) 2010 WINE & SPIRITS WHOLESALERS OF INDIANA		041251		F	Page 3
Part II-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	OT file	d Forn	1 5768 		
	(2	(	(b)		
•	Yes	No	Am	ount	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers?		_			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		-			
i Other activities? If 'Yes,' describe in Part IV					
j Total Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
			****	****	
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A   Complete if the organization is exempt under section 501(c)(4), section 5	01/01/5	\			
section 501(c)(6).	оцска	), or			
				T.,	Τ
4.14				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1	X	1,7
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	<b>—</b>	X
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	01/-\/5		3	X	<u> </u>
Part III-B   Complete if the organization is exempt under section 501(c)(4), section 5 section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if is answered 'Yes.'	Part III	), or -A, lin∈	e 3		
1 Dues, assessments and similar amounts from members		1	1	99,	700
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2a	1	.93,	
<b>b</b> Carryover from last year		2b		70,	891
<b>c</b> Total		2c	2	264,	<u> 379</u>
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	1	.29,	805
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polexies expenditure next year?	ss itical	4	1	.34,	574
5 Taxable amount of lobbying and political expenditures (see instructions)		5			0
Part IV Supplemental Information					
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; a Also, complete this part for any additional information					
PART J-A, LINE 1 - DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES.					
CONTRIBUTIONS_TO_POLITICAL_ORGANIZATIONSPAC			_ <b></b> _		- – –
ADDITIONAL INFORMATION					
FORM 1120-POL WAS NOT REQUIRED TO BE FILED					

BAA

Schedule C	Form 990 or 990-EZ) 2010 WINE & SPIRITS WHOLESALERS OF INDIANA	<u>350412515</u>	Page <b>4</b>
Part IV	Form 990 or 990-EZ) 2010 WINE & SPIRITS WHOLESALERS OF INDIANA  Supplemental Information (continued)		<del></del>
•			
		<del>-</del>	<del>-</del>
	<b>.</b>		
	·		

#### **SCHEDULE O** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

2010

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number								
WINE & SPIRITS WHOLESALERS OF INDIANA	350412515								
FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE									
PROMOTE INTEREST OF INDIANA WHOLESALE LIQUOR MEMBERS.									
FORM 990-EZ, PART V, LINE 35 - REASON FOR INCOME NOT REPORTED ON FORM 990-T									
NO UNRELATED BUSINESS INCOME - QUESTION 35A MARKED YES BECAUSE	IT WAS SUBJECT TO								
SECTION_6033(E)_NOTICE_REPORTING_AND_PROXY_TAX_REQUIREMENTS									
	. <b></b>								
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2010	SCHEDULE O	- SUPPLEMENTAL INFORMATION	PAGE 2
CLIENT 1767	WINE & SI	PIRITS WHOLESALERS OF INDIANA	350412515
FORM 990-EZ, PA GRANTS AND SII	ART I, LINE 10 MILAR AMOUNTS PAIL	D IN EXCESS OF \$5,000	
DONEE'S NAME: DONEE'S ADDRES		WINE & SPIRITS WHOLESALERS PAC 135 N PENNSYLVANIA SUITE 1175 INDIANAPOLIS, IN 46204 RELATED	
CASH AMOUNT GI	VEN:	VARIOUS SMALL 501(C)(3) ORGANIZATIONS INDIANAPOLIS, IN	\$ 57,400.
RELATIONSHIP C CASH AMOUNT GI		NONE	\$ 5,300.
FORM 990-EZ, PA OTHER EXPENSI	ART I, LINE 16 ES		
DEPRECIATION DUES AND SUBSO INSURANCE LEGISLATIVE EX MARKETING SUPH OFFICE EQUIPME OFFICE EXPENSE OFFICE EXPENSE PARKING PERSONAL PROPE	CHARGES CONVENTIONS, AND MICRIPTIONS KPENSES PLIES ENT E ES ERTY TAXES FEES REIMBURSED	EETINGS . TOTAL \$\overline{\Sigma}\$	1,011. 46. 11,794. 162. 4,548. 525. 100. 412. 140. 2,164. 498. 375. 7164,097. 26,14116,110.
FORM 990-EZ, PA OTHER ASSETS	ART II, LINE 24		
ACCOUNTS RECE MACHINERY AND PREPAID EXPENS		### BEGINNING \$ 65,824.  CHARGES TOTAL \$ 65,824.	\$ 18,417. 323. 1,402.
FORM 990-EZ, PA	ART II, LINE 26 IES		
ACCOUNTS PAYAI DUE TO IWLDCS	BLE AND ACCRUED EX	BEGINNING	

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