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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, organizations that operate one or more hospital facilities, 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

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

2011

OMB No 1545-1150

Open to Public Department of the Treasury Internal Revenue Service Inspection ► The organization may have to use a copy of this return to satisfy state reporting requirements

1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 115 4 Investment income 5 Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6 Gaming and fundraising events reported on line 1) (attach Schedule G if the sum of such 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) 6 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) 7 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 147, 40 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 90,65					0/31		, 2012	
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Accounting Method X Cash Accrual Other (specify) H Check X X If the organization is not required to Tablach Schedule B (Form 99). State of the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts an 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. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, in the form 990 or return or the return of the complete return. L 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, the form 990 or the second of form 990-N (e-postcard) may be required (see instructions). But if the organization used Schedule O to respond to any question in this Part I Contributions, grits, grants, and similar amounts received 2 Program service revenue including government fees and contracts 1 Contributions, grits, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 To, 57.72 The second of the basis and sales expenses or Summon and sales of assets other than inventory b Less cost or other basis and sales expenses c San or (loss) from sale of assets other than inventory b Less cost or other basis and sales expenses c San or (loss) from sale of assets other than inventory b Less cost or other basis and sales expenses c San or (loss) from sale of assets other than inventory (Subtract line 5) from line 5a) b Creek if the sum of such gross income and contributions secreeds \$15,000) 6 Jaming and fundraising events (sadd lines 6a and 6b and subtract line 6c) 7 Gross sales of inventory, less returns and allowances b Less cost or opeds sold 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits pai		Ы	Termin	ated	311 113 1344			
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a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 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) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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)	9							
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11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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)	_	\Box	10	Grants and similar amounts paid (list in Schedule O)		10		
Professional fees and other payments to independent contractors 13			11	Benefits paid to or for members		11		
Professional fees and other payments to independent contractors 13		Ë		Salaries, other compensation, and employee benefits	\supset	12		
14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 90, 65		P	_		٠ ادِ	- t	77.083	
15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 90, 65		E		[7] 007 · ·	31	<u> </u>	7170001	
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17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 90, 65		s			}}			
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 90,65					g U	-		
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) 90,65	-			Total expenses. Add lines to through to	#			
figure reported on prior year's return)		ļ	18	Excess or (deticit) for the year (Subtract line 17 from line 9)		18	-505.	
figure reported on prior year's return)		୍ଜ ବା	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with a	end-of-v	rear		
151		ËŞ		figure reported on prior year's return)	,	19	90,651.	
		' 뒸	20	Other changes in net assets or fund balances (explain in Schedule O)		20		
S 21 Net assets or fund balances at end of year. Combine lines 18 through 20 D 21 90, 14	_	5	21	Net assets or fund balances at end of year. Combine lines 18 through 20		▶ 21	90,146.	

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

Form 990-EZ (2011)

	990-EZ (2011) INDIANA MORTGAG				23	-73 <u>4</u>	5226 Page 2
Par	t II Balance Sheets. (see the ins						
	Check if the organization used Sche	dule O to respond to any que	estion in this Part II	(A) Beginning o	f vo	ar T	(B) End of year
22	Cash savings and investments		-	93, 2			(B) End of year 92,719.
23	Cash, savings, and investments Land and buildings		-	93,2	. 24	23	92,719.
24	Other assets (describe in Schedule O)		-			24	
25	Total assets		-	93,2	21		92,719.
26	Total liabilities (describe in Schedule O)	See Schedule	<u> </u>			. 26	2,573.
	Net assets or fund balances (line 27 of		-	90,6		. 27	90,146.
	t III Statement of Program Serv					. /	Expenses
	Check if the organization used Scl				X	(Requ	ured for section
What						501(c)(3) and 501(c)(4) sizations and section
Desc	ribe the organization's program service as	complishments for each of it	ts three largest progr	am services, as			(a)(1) trusts, optional
bene	s the organization's primary exempt purpose? Sec ribe the organization's program service as sured by expenses. In a clear and concise fited, and other relevant information for e	ach program title.	es provided, the ridi	liber of persons			hers)
28	Approximately 150 Member	companies benefit	from the pro	grams			
	presented by the organiza	tion for their edu	cation and m	utual goals	3.		
	(Grants \$) If th	is amount includes foreign gr	ants, check here		Ш	28 a	47,293.
29			-	- -			
					ہے.		
	(Grants \$) If th	is amount includes foreign gr	ants, check here		Щ	29 a	
30							
						ŀ	
		is amount includes foreign gr	ants, check here		Щ	30 a	
31	Other program services (describe in Sch			_	\neg		
22	<u> </u>	is amount includes foreign gr	ants, check here		닉	31 a	47.202
	Total program service expenses (add lint tive List of Officers, Directors,	Trustees and Key Emr	Jovees List and an	a out on if not compone	otod		47,293.
Fai	Check if the organization used Sci				aleu	(266 rue	Instructions for Part IV
		(b) Title and average	(c) Reportable compensati	tion (d) Health b	enefit	s,	(e) Estimated amount of
	(a) Name and address	hours per week devoted to position	(Form W-2/1099 MISC) (If not paid, enter -0-)		emp	loyee	other compensation
				benefit plar deferred comp			
See	Schedule_O						
				0.		0.	0.
	· 						
	· 					-	
		 					
	·						
		- -					
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`_							
D 4 -							
BAA		TEEA0812L 0	2/14/12				Form 990-EZ (2011)

23-7345226

Form 990-EZ (2011) INDIANA MORTGAGE BANKERS, INC.

	990-EZ (2011) INDIANA MORTGAGE BANKERS, INC.	23-734522	6	P	age 3
Pa:	tV Other Information (Note the Schedule A and personal benefit contract statement re				
	the instructions for Part V) Check if the organization used Schedule O to respond to any			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide ach activity in Schedule $\rm O$	le a detailed description of	33	103	X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	amended documents if they reflect	34		Х
35	Did the organization have unrelated business gross income of \$1,000 or more during the yea (such as those reported on lines 2, 6a, and 7a, among others)?	r from business activities	35 a	X	
ļ	olf 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an	explanation in Schedule O	35 b	X	
•	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to sect reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	on 6033(e) notice,	35 c	Х	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition year? If 'Yes,' complete applicable parts of Schedule N		36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37a 0.	37 b		<u>X</u>
38	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key	employee or were			
I	any such loans made in a prior year and still outstanding at the end of the tax year covered to lf 'Yes,' complete Schedule L, Part II and enter the total		38 a		<u>X</u>
20	amount involved	38b N/A			;
	Section 501(c)(7) organizations Enter I Initiation fees and capital contributions included on line 9	39a N/A			1
	Gross receipts, included on line 9, for public use of club facilities	39b N/A			,
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the				
	section 4911 ► N/A, section 4912 ► N/A, section 495	•	:		i
١	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 49 transaction during the year or did it engage in an excess benefit transaction in a prior year the on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	58 excess benefit at has not been reported	40 b		
•	: 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.			
(Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	▶ 0.			,
	All organizations. At any time during the tax year, was the organization a party to a prohibite	-			
41	shelter transaction? If 'Yes,' complete Form \$886-T List the states with which a copy of this return is filed IN		40 e		<u>X</u>
		_			
42	The organization's				
	books are in care of PO Box 596 Fishers IN	Telephone no ► 317-7	73-73	<u> 44</u>	
		ZIP + 4 ► <u>46038</u>	. – – L	Yes	No
'	At any time during the calendar year, did the organization have an interest in or a signature of financial account in a foreign country (such as a bank account, securities account, or other fi	or other authority over a nancial account)?	42 b		X
	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 Fina	ncial Accounts			!
	At any time during the calendar year, did the organization maintain an office outside of the U		42 c		X
	If 'Yes,' enter the name of the foreign country				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Cl	ack here	,	· 🗆	N/A
75	and enter the amount of tax-exempt interest received or accrued during the tax year	► 43			N/A
	, , , , , , , , , , , , , , , , , , , ,]	Yes	No
44	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 m of Form 990-EZ	ust be completed instead	44 a	سنقد ا	
ı	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 99 instead of Form 990-EZ	0 must be completed	44b		
(Did the organization receive any payments for indoor tanning services during the year?		44 c		X
(l If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? <i>If 'No,' _I</i> Schedule O	provide an explanation in	44d	-	
45 8	Did the organization have a controlled entity of the organization within the meaning of section	1512(b)(13)?	45 a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning		Fried.	26.45	7
	Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) TEEA0812L 02/14/12	For	45 b m 990	- EZ (2	X 2011)

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Form 99	90-EZ (2011) INDIANA MORTGAGE BA	ANKERS, INC.		_23-734	5226	_ P	age 4
	-	-				Yes	No
46 Di	d the organization engage, directly or indired indidates for public office? If 'Yes,' complete	ctly, in political campaig	gn activities on behalf of	f or in opposition to	46	├	$\frac{1}{x}$
Part V			(a)(1) nonexempt o	haritable trusts on		<u>L</u>	
, uic v	501(c)(3) organizations and sec	ction 4947(a)(1) no	nexempt charitable	trusts must answe	r questio	ns	
	47-49b and 52, and complete the	ne tables for lines!	50 and 51.				
	Check if the organization used Schedul	e O to respond to any o	question in this Part VI				
		_				Yes	No
47 Di	d the organization engage in lobbying activit Implete Schedule C, Part II	ties or have a section 5	01(h) election in effect (during the tax year? If 'Y	′es,' 47		
	the organization a school as described in se	ection 170(b)(1)(A)(ii)?	If 'Yes,' complete Sched	dule E	48		
	d the organization make any transfers to an		•		49 a		
b If	'Yes,' was the related organization a section	527 organization?			49 b		
50 Cd	omplete this table for the organization's five	highest compensated e	mployees (other than of	ficers, directors, trustee	s and key		
en	nployees) who each received more than \$10	1	Υ	i "T			
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com		
				deserred compensation		_	
-		† -					
-							
		 					
		 					
e To	otal number of other employees paid over \$1	00,000					
51 Co	omplete this table for the organization's five	highest compensated ii	ndependent contractors	who each received more	than \$100	,000 c	of
	empensation from the organization. If there is (a) Name and address of each independent contractor paid	· · · · · · · · · · · · · · · · · · ·	(h) Type	of service	(c) Comp	encatio	
	(a) Name and address of each independent contractor paid	Thore than \$100,000	(в) турс	OI SCIVICE	(0) 00111	CHSatio	
			_				
		l	100.000				
	otal number of other independent contractors	.	•	47(a)(1) nanayamat			
	d the organization complete Schedule A? Naritable trusts must attach a completed Sch		organizations and 494	47(a)(1) Honexempt	► Yes		No
Under pen	alties of perjury. I declare that have examined this return ct, and complete Declaration of preparer (other than office	ncluding accompanying scheen	dules and statements, and to the	e best of my knowledge and bel	ief, it is	_	
, 500	/ Sela Willen	2)	10/10/12			
Sign	Signature of officer	111/1/		Date			
Here	Alan W Thorup	Wills		Executive Direct	C		
	Type or print name and title		7.6		~		
_	Print/Type preparer's name	reparer signature	KIL a hor		ΠΝ 	7	
Paid	Deborah L. Kelb	CDA DC	1 4KD 7 /040/	self-employed P	0017554		
Prepare Use On			· •	Form's Fibi	20-0852	5/12	
- 35 011	Indianapolis, I			Firm's EIN Phone no (31)			
May the	: IRS discuss this return with the preparer sh		ictions	Trible 10 (31	► X Yes		No
					Form 990		2011)

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.

2011

OMB No 1545 0047

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

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

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

- 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

• S	Section 501(c)(4), (5), or (6) or	rganizations Complete Part III			
Name	of organization			Employer identifica	ation number
IND	DIANA MORTGAGE BANK	ERS, INC.		23-734522	
Par	t I-A Complete if the or	rganization is exempt under section	on 501(c) or is a :	section 527 organi	zation.
1	Provide a description of the o	organization's direct and indirect political ca	ampaign activities in l	Part IV	
2	Political expenditures			► \$	
	Volunteer hours				
		rganization is exempt under section			<u> </u>
		se tax incurred by the organization under s		► \$	· · · · · · · · · · · · · · · · · · ·
	•	se tax incurred by organization managers		► \$	
	•	section 4955 tax, did it file Form 4720 for	this year?		Yes No
	Was a correction made?			-	YesNo
	If 'Yes,' describe in Part IV		F01(-)	t' F01(. \/2\	
		rganization is exempt under section			
1	Enter the amount directly exp	pended by the filing organization for section	n 527 exempt function	activities 5	
2	Enter the amount of the filing function activities	g organization's funds contributed to other of	organizations for sect	ion 527 exempt ►\$	
3	Total exempt function expendine 17b	ditures Add lines 1 and 2 Enter here and	on Form 1120-POL,	► \$	
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 anons received that were promptly and directly action committee (PAC). If additional spa	nount paid from the fi ly delivered to a sepa	ling organization's fund rate political organization	s Also enter the
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 201	1 INDIANA MO	RTGAGE BANKERS, I	NC.	23-7345	5226 Page 2
Part II-A Complete if section 501(the organization	on is exempt under se	ection 501(c)(3) an	d filed Form 5768 (el	
A Check ► if the filir	ng organization bel	ongs to an affiliated group	(and list in Part IV eac	h affiliated group member	's name,
address,	EIN, expenses, ar	nd share of excess lobbying	expenditures)		
B Check ► If the filir	ng organization che	ecked box A and 'limited co	ntrol' provisions apply		
(The term		ying Expenditures ans amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	ures to influence p	ublic opinion (grass roots lo	bbying)		
b Total lobbying expenditu	ures to influence a	legislative body (direct lobb	ying)		
c Total lobbying expenditu	ures (add lines 1a	and 1b)			
d Other exempt purpose e	expenditures				
e Total exempt purpose e	xpenditures (add li	nes 1c and 1d)			
f Lobbying nontaxable am both columns	nount Enter the ar	nount from the following tab	ole ın		
If the amount on line 1e, colu	umn (a) or (b) is	The lobbying nontaxable a	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 \$1,500,000 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 a				.,	
h Subtract line 1g from lin		· ·			
i Subtract line 1f from line	e 1c. If zero or less	s, enter -0-			·
j If there is an amount oth section 4911 tax for this	her than zero on ei year?	ther line 1h or line 1i, did th	ne organization file Foi	m 4720 reporting	Yes No
(Some		4-Year Averaging Period l at made a section 501(h) el ns below. See the instructi	ection do not have to		
	Lob	bying Expenditures During	4-Year Averaging Per	iod	
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
BAA				Schedule C (Form	990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011 INDIANA MORTGAGE BANKERS, INC.	23-73	45226 Page 3
Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed Fo	orm 5768
	(a)	(b)
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	Yes No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		
a Volunteers?		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		
c Media advertisements?		
d Mailings to members, legislators, or the public?		
e Publications, or published or broadcast statements? .		
f Grants to other organizations for lobbying purposes?		
g Direct contact with legislators, their staffs, government officials, or a legislative body?		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		
i Other activities?		
j Total Add lines 1c through 1i		
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		
b If 'Yes,' enter the amount of any tax incurred under section 4912		
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	c)(5), or	
		Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?		1 X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2 X
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		3 X
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OF answered 'Yes.'	c)(5), or ? (b) Pa	rt III-A, line 3, is
1 Dues, assessments and similar amounts from members	1	71,559.
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	2	9,490.
b Carryover from last year	2	b
c Total	2	. ,
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	17,304.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		4
expenditure next year?	4	0.
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, Part II-A, and Part II-B, line 1 Also, complete this part for any additional information

Schedule C (Form 990 or 990-EZ) 2011 INDIANA MORTGAGE BANKERS, INC.	23-7345226	Page 4
Schedule C (Form 990 or 990-EZ) 2011 INDIANA MORTGAGE BANKERS, INC. Part IV# Supplemental Information (continued)		
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

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

INDIANA MORTGAGE BANKERS, INC.	23-7345226
Form 990-EZ, Part III - Organization's Primary Exempt Purpose	
Education of Members:	
The association serves approximately 150 members, belonging to	various chapters
across the State of Indiana, who benefit from the programs pres	ented by the
association. The association holds two main events each year,_	a convention and a
production_and_servicing_conferenceAlong_with_smaller_monthl	y and special
meetings, these events are designed to educate and update the m	embers and the
mortgage community on various topics relevant to the residentia	l mortgage banking
industry	
	
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2011 Schedu	e O - Supplemental In	formation		Page 2
Client 02INMORT IN	DIANA MORTGAGE BANKERS	, INC.		23-7345226
9/28/12 Form 990-EZ, Part I, Line 16 Other Expenses				01 48PM
Bank Charges Board Expenses Conferences, Conventions, and Donations Dues & Subscriptions Insurance Miscellaneous Office Expenses Telephone Travel	Meetings		\$ Total \$	2,096. 2,955. 46,507. 1,830. 1,000. 2,564. 1,675. 2,091. 2,524. 5,494.
Form 990-EZ, Part II, Line 26 Total Liabilities				
Accounts Payable and Accrued	Expenses	\$	inning	2,573. 2,573.
		Total \$	2,513. \$	2,513.
Form 990-EZ, Part IV List of Officers, Directors, Trustees,	and Key Employees	10fg1 2	2,513. \$	2,573.
Form 990-EZ, Part IV List of Officers, Directors, Trustees, Name and Address	and Key Employees Title and Average Hours Per Week Devoted	Compen-	Health Benefits & Contrib- bution to EBP & DC	Expense Account & Other Allowances
List of Officers, Directors, Trustees,	Title and Average Hours	Compen-	Health Benefits & Contrib- bution to EBP & DC	Expense Account & Other Allowances
Name and Address Scott Weghorst 11478 Lantern Rd	Title and Average Hours <u>Per Week Devoted</u> Past President	Compen- sation	Health Benefits & Contrib- bution to EBP & DC	Expense Account & Other Allowances
Name and Address Scott Weghorst 11478 Lantern Rd Fishers, IN 46038 Janet Johnson 200 E. Kirkwood Ave.	Title and Average Hours Per Week Devoted Past President 0 \$	Compen- sation	Health Benefits & Contrib- bution to EBP & DC	Expense Account & Other Allowances
Name and Address Scott Weghorst 11478 Lantern Rd Fishers, IN 46038 Janet Johnson 200 E. Kirkwood Ave. Bloomington, IN 47408 Tom Dinwiddie One Indiana Square STE 1800	Title and Average Hours Per Week Devoted Past President 0 \$ President 0 Legal Counsel	Compensation 0. S	Health Benefits & Contrib- bution to EBP & DC 0.	Expense Account & Other Allowances \$ 0.

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Schedule O - Supplemental Information

Page 3

Client 02INMORT

INDIANA MORTGAGE BANKERS, INC.

23-7345226

9/28/12

01 48PM

Form 990-EZ, Part IV (continued) List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Health Benefits & Contrib- bution to EBP & DC	Expense Account & Other Allowances
Kathy Peck 1525 US Highway 41, C-26 Schererville, IN 46375	Director 0	\$ 0.	\$ 0.	\$ 0.
Patricia Sprinkle 201 W. Morgan St. Spencer, IN 47460	Director 0	0.	0.	0.
Kim Harris 30 S. Meridian St. Ste 1000 Indianapolis, IN 46204	Director 0	0.	0.	0.
Susie Avery 4766 Pennington Ct Indianapolis, IN 46254	Secretary 0	0.	0.	0.
David Egts 5513 Illinois Rd. Ft. Wayne, IN 46804	Director 0	0.	0.	0.
Palmer Myers 1182 E. Summit St. Crown Point, IN 46307	Director 0	0.	0.	0.
Diane Archer 4612 Dupont Oaks Place Ft. Wayne, IN 46845	Director 0	0.	0.	0.
Becky Minix 20 E. 91st Street Indianapolis, IN 46240	Director 0	0.	0.	0.
Alan W Thorup PO Box 596 Fishers, IN 46038	Executive Direc 0	0.	0.	0.
Bob Wampler 5777 N. Post Road Indianapolis, IN 46216	Director 0	0.	0.	0.
	Total	<u>\$ 0.</u>	<u>\$</u> 0.	<u>\$ 0.</u>