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## ,Form **990**

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

OMB No 1545-0047 2011

			Under sect	ion 501(c), 527, or 4	347(a)(1) of the Int	ernal Reven	ue Code	L			
Done	netmont of the	- T	(ex	cept black lung ben	efit trust or private	e foundation	)			n to Publ	
Inter	artment of the nal Revenue	Service	► The organization	on may have to use a copy	of this return to satisfy	y state reporting	requireme	nts	∵ln	spection	.1 - ,
A	For the 2	011 calendar	year, or tax year begin	ning 10/01	, 2011,	and ending	9/3	0	, 201	L2	
	Check if app							D Employer I	dentification	Number	
	Addres	s change W]	INE & SPIRITS V	VHOLESALERS O	F INDIANA			35-04	12515		
	Name o	change 13	35 N. PENNSYLVA	ANIA STREET #				E Telephone	number		-
	Initial re	" ITN	NDIANAPOLIS, II	1 46204				(317)	916-4	186	
	Termin										
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	$\vdash$	ed return	Name and address of princip	al officer TAMES	CALVERT	н		group return fo	<del></del>		X No
	Applica	tion ponung		ar onicer JAMES	CHIVERI	I	• •	ffiliates include		Yes	AN
_	<del></del>		AME AS C ABOVE	<del></del>			If 'No,' a	ttach a list (se	e instruction		ш"
<u></u>	Tax-exem	<del> </del>	501(c)(3) X 501(c) (	6 ) (insert no )	4947(a)(1) or	527			_		
<u>1</u>	Website	e: ► N/A					1.0	kemption numb			
K_		organization	Corporation Trust X	Association Other	<u>►  L</u>	ear of Formation	n 1977	M State	of legal don	nicile IN	<u> </u>
Pa		Summary									
	1 Bri	efly describe t	the organization's miss	ion or most significa	nt activities <u>PR</u>	ROMOTE I	<u>NTERES</u>	T OF IN	<u>IDIANA</u>	<u>WHOLE</u>	SALE
ø	<u> </u>	QUOR_MEM	BERS.								
Revenue JNN A Schirities & Governance							<del>-</del> -			_ <b></b> _	
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ಶ			g members of the gove					<u> </u>	3		
8	ł		endent voting member		•	1b)		<u> </u>	4		
¥			individuals employed ii	•	(Part V, line 2a)				5		
ρij	1		volunteers (estimate if	-					6		
3,	1		ousiness revenue from	· · · · · · · · · · · · · · · · · · ·				<del></del>	7a		0.
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Ž							Pr	ior Year	<u>c</u>	urrent Y	ear
Ţ	ł .		d grants (Part VIII, line	•						250	
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₩.	1		ne (Part VIII, column (	•	•						
Ť	11 Oth	ner revenue (F	<del>Part VIII, column (A), l</del> i	nes <u>5, 6d,</u> 8c, 9c, 10	c, and 11e)			_		252	
<b>-</b>			add lines 8(through/1)			e 12)		_			,000
~	<b>13</b> Gra	ants and simil	ar amounts paid (Part	IX <del>, co</del> lumn (A), lines	1-3)					<u>58</u>	<u>, 875 </u>
~	<b>14</b> Bei	nefits paid to	or for members (Part I	X, column (A), line 4	.)						
읒	<b>15</b> Sal	laries, other d	hpensation, employe	e benefits (Part IX,	column (A), lines 5	5-10)					
မ္တ	16a Pro	1 -	draising:fees-(Part.IX,	ادوا							
Ë	h To		expenses (Rarl IX, cb		,		·, •, -		3 % (	~ *.	3 33 5
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	17 Otr	-	(Part IX, column (A), is								, 386
	<b>18</b> Tot	tal expenses	Add lines 13-17 (must	equal Part IX, colum	ın (A), line 25)			_			<u>,261</u>
	19 Re	venue less ex	penses Subtract line	8 from line 12				<del>-</del>		<u>-26</u>	,261
Net Assets or Fund Balances	1						Beginning	of Current Y		End of Ye	
	<b>20</b> Tot	tal assets (Pa	rt X, line 16)					34,03	5.		<u>,550</u>
80	<b>21</b> Tot	tal liabilities (F	Part X, line 26)					55,930	0.	75	<u>,706</u>
\$2	22 Ne	t assets or fur	nd balances Subtract I	ine 21 from line 20				-21,899	5.	-48	,156
Pa	1	Signature I					<del></del>				
		7 —		aturn, including accompan	ung schedules and state	ements and to I	the best of r	ny knowledge s	and belief it	e truo corr	oct and
con	ler penalties iplete Decla	ration of preparer	are that I have examined this r bither then officer is based of	on all information of which	preparer has any knowle	edge	inc best of t	ny knowicage i	and belief, it	is true, com	cct, and
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Form	990 (2011) WINE & SPIRITS WHOLESALERS OF INDIANA	350412515	Page 2
Par	rt'III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission		
	PROMOTE INTEREST OF INDIANA WHOLESALE LIQUOR MEMBERS.		
	Did the organization undertake any significant program services during the year which were not listed or	n the prior	
_	Form 990 or 990-EZ?		Yes X No
	If 'Yes,' describe these new services on Schedule O	<b>ل</b> سب	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices?	Yes X No
	If 'Yes,' describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the an	rices, as measured	by expenses
	others, the total expenses, and revenue, if any, for each program service reported	nount of grants and	anocations to
42	a (Code Code Including grants of \$)	(Revenue \$	)
	INCREASE PUBLIC AWARENESS OF THE INTERESTS OF THE WINE AND SPIRE	ITS DEALERS	OF INDIANA
	THROUGH CONFERENCES AND PUBLIC RELATIONS CAMPAIGNS.		
			<b>_</b>
			<del>-</del>
	b (Code (Code (Expenses \$ including grants of \$)	Revenue \$	)
7.	A COORGE TO A COORGE	·	· · · · · · · · · · · · · · · · · · ·
	c (Code:   Code:	(Payanua \$	· ·
40	c (Code:) (Expenses \$ including grants of \$)	(i teveride \$	
			<del>-</del>
4	d Other program services (Describe in Schedule O)  (Expenses \$ including grants of \$ ) (Revenue \$	<u>.</u>	,
	(Expenses \$ including grants of \$ ) (Revenue \$ e Total program service expenses ►	<u>,                                     </u>	
BAA			Form <b>990</b> (2011)

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	n 990 (2011) WINE & SPIRITS WHOLESALERS OF INDIANA 350412515	·	F	age 3
Pa	rt·IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete		162	140
1	Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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	Х	
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		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	X	
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		_X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, 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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
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	); ;	× -	***************************************
;	<b>a</b> Did the organization report an amount for land, buildings and equipment in Part X, line 10° <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
l	<b>b</b> Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 Ь		Х
-	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		х
	<b>d</b> 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	11 d		х
-	e Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X	11 e	X	-
•	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	11 f		х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		X
	<b>b</b> 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, XII, and XIII is optional	12b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		х

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)

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

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

20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

17

18

19

20 20 b Х

Х

X

Part IV	Checklist of Required Schedules	(continued)
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	THE Office Kings of Reduced Contactory			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
k	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		
	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		 
25 a	Section 501(c)(3) and 501(c)(4) 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		
l	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		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		X
	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)			
i	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
I	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
29	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  Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c		X
30	contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
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		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
I	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		Х
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		Х
38	Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Forn	n <b>990</b> (	(2011)

WINE & SPIRITS WHOLESALERS OF INDIANA 350412515 Page 5 Form **990** (2011) Part V | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 0 **b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 0 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х **4**a financial account in a foreign country (such as a bank account, securities account, or other financial account) **b** If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 5с c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization X 6a solicit any contributions that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6b not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and 7 a services provided to the payor? b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7h c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c 7d d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e **7** f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? q If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business 8 holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 8 9a a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11 a a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources 11b

against amounts due or received from them ) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

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

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

a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O

**b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

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 12a

13a

14a

12b

13b

13c

Form 990 (2011) WINE & SPIRITS WHOLESALERS OF INDIANA 350412515 Page 6 Part'VI | Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1 a 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision Х 3 of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Χ Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a Х members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7b stockholders, or other persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 8a a The governing body? Х 8ь **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director or 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? b if 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes? Х 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 3 SEE SCHEDULE O Х 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a **b** Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b Х to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12c Schedule O how this is done 13 Х 13 Did the organization have a written whistleblower policy? X 14 14 Did the organization have a written document retention and destruction policy? 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? 15a a The organization's CEO, Executive Director, or top management official X 15b **b** Other officers of key employees of the organization 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 16a taxable entity during the year? b 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure IN 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website |X| Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 SEE SCHEDULE O the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Form <b>990</b> (20 <b>1</b> 1)	WINE.	٦	SPIRITS	WHOLESALERS	OF	INDIANA

350412515

2age **7** 

Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees; officers, key employees; highest compensated employees; and former such persons.

|X| Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (C) Position (B) (F) (A) Name and title (do not check more than one box, unless person is both an officer Reportable compensation from related organizations (W-2/1099-MISC) Estimated amount of other compensation Average hours per week Reportable compensation from and a director/trustee) the organization (W-2/1099-MISC) (describe hours for related from the organization and related Individual or director Highest Former Institutional trustee emptoyee organiza organizations tions in Schedule O) trustee (1) JAMES CALVERT 1 Х X 0 0. 0. PRESIDENT (2) JAMES PURUCKER Χ EXECUTIVE SEC. 1 Х 0. 0. **(6)**\_ <u>(7)</u> (8) \_ (9)\_ (10) (11) (12) (13) (14)\_\_

Part VII Section A. Officers, Directors, Trust	ices, i	Ney	<u> </u>			сэ,	all	a riigilest coi	iiperisateu Eiri	Dioyees (com)
(A) Name and title	(B) Average hours	ge box, unless person i			is both an		(D) Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other	
	per week (describ e hours for related organi- zations	Individual or directo	institutional	Officer	Key employee	Highest co	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	related organi- zations in Sch O)	trustee	al trustee		oyee	Highest compensated employee				
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total								0.	0.	<del></del>
c Total from continuation sheets to Part VII, Section A	١.						•	0.	0.	0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited	to tho	se li	sted	abo	ve)	who	rece			<del></del>
from the organization   0										Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trust Idividua	ee, I	key (	emp	loye	e, o	r hig	hest compensate	d employee	3 X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th such individual	oortable nan \$15	cor 50,00	nper	nsat <i>If 'Y</i>	ion a	and (	othe olete	r compensation fr Schedule J for	rom	4 X
5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If 'Yes,' or	ompens complet	satio e Sc	n fro	om a lule .	ny ι <i>J for</i>	ınrel suc	atec h pe	l organization or i	ndıvıdual	5 X
Section B. Independent Contractors										
Complete this table for your five highest compensation from the organization Report compensation.	ed inde nsation	for t	dent the c	con	ndar	tors yea	tnat r en	ding with or within	the organization's	
(A) Name and business addres	s							Description		(C) Compensation
				_						
					_					
				_						
2 Total number of independent contractors (including \$100,000 in compensation from the organization >		lımı	ted t	to th	ose	lıste	d at	oove) who receive	d more than	

Par	t VIII   Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
· · ·	1a Federated campaigns 1	a	-		<del></del>	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	· • —	b				
	· · · · · · · · · · · · · · · · · · ·	С	1			
		d				
	e Government grants (contributions)	е				;
NOT S	f All other contributions, gifts, grants, and		•	*.		~
B분	similar amounts not included above	f	_			
F S	g Noncash contributions included in Ins 1a-1f	\$		_		,
	h Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·	•	<i>j</i> * ^		<u> </u>
ă		Business Code		250 000		
Ē	2a MEMBERSHIP DUES & ASSESSMENT		258,000.	258,000.		
#	p					
Ž	c					
M SE	d					<del></del>
3RAI	f All other program service revenue	-			•	
PROGRAM SERVICE REVENUE	q Total. Add lines 2a-2f	<b>•</b>	258,000.			
	Investment income (including divider other similar amounts).  Income from investment of tax-exem	•				
	5 Royalties	,p. 20.10 p. 0000000 <b>▶</b>	•			
	(i) Real	(II) Personal	1 ,			1: 36:
	6a Gross rents		1 : :		•	,
1	<b>b</b> Less rental expenses		] ^, {		•	_
	c Rental income or (loss)			\$ ` \	e seconomica con seconomica de la constante de	
	d Net rental income or (loss)	<b>&gt;</b>	•			
	7a Gross amount from sales of assets other than inventory (i) Securitie	s (ii) Other				<i>,</i> **,
	b Less. cost or other basis and sales expenses c Gain or (loss)			5	-	
	d Net gain or (loss)	<b>_</b>		room ones a miner on a h	M1 0 0017 M1 00 00 00 00	
ÜĒ	8a Gross income from fundraising even (not including \$	ts				;
OTHER REVENI	of contributions reported on line 1c)			`.	* *	1.4%
. RE	See Part IV, line 18	a				
별	<b>b</b> Less direct expenses	Ь	1			
0	c Net income or (loss) from fundraisin	g events.				
	9a Gross income from gaming activities See Part IV, line 19	-	. 4.,	* ,		,
	<b>b</b> Less direct expenses	b				
	c Net income or (loss) from gaming a	ctiviti <u>es</u>	•			
	10a Gross sales of inventory, less return and allowances	s a	* *		3	, ` .
	<b>b</b> Less cost of goods sold	b				
	c Net income or (loss) from sales of in					
	Miscellaneous Revenue	Business Code				
	11a MISCELLANEOUS b					
	d All other revenue					
	e Total. Add lines 11a-11d	<b>•</b>				&
	12 Total revenue. See instructions	•	258,000.	258,000.	0.	0.

Page 10

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) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a response to any question in this Part IX							
Do r 6b, 7	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses			
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	58,875.				*		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22			. 4. 7.	* * *	) 1 		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16							
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.						
7	Other salaries and wages							
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)							
9	Other employee benefits							
10	Payroll taxes							
	Fees for services (non-employees)							
	· · · · · · · · · · · · · · · · · · ·	19,351.						
	Management	19,331.						
t	Legal	4 005	*****					
(	: Accounting	4,025.						
C	Lobbying	158,200.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
•	Professional fundraising services See Part IV, line 17							
f	Investment management fees.							
	Other							
	Advertising and promotion	1,000.						
13	Office expenses	544.			<del></del>			
	Information technology							
14								
15	Royalties	1 000	···					
16	Occupancy	1,909.						
17	Travel			···				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	15,473.						
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	215.						
23	Insurance	542.						
24								
	of line 25, column (A) amount, list line 24e			A vac		i jų		
	expenses on Schedule O.)	05 507	**	** · ** ** ** ** ** ** ** ** ** ** ** **	× ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′			
	TRAVEL AND ENTERTAINMENT	25,697.						
1	DUES AND SUBSCRIPTIONS	3,516.			<u> </u>			
	OFFICE EXPENSE	616.						
	PARKING	412.						
	All other expenses	-6,114.						
	Total functional expenses. Add lines 1 through 24e	284,261.	i					
	•	204,201.	<u> </u>					
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)	l						

WINE & SPIRITS WHOLESALERS OF INDIANA 350412515 Page 11 Form **990** (2011) Part X **Balance Sheet** (B) End of year (A) Beginning of year 11,514. 13,893 1 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 18,417 4 15,916 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) Notes and loans receivable, net 7 8 Inventories for sale or use 402 9 12. Prepaid expenses and deferred charges. Land, buildings, and equipment  $\;$  cost or other basis Complete Part VI of Schedule D 10a 4,703. 10a 4,595 323 108. 10b 10 c b Less accumulated depreciation 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 34,035 27,550 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II 22 400 in the same of the same 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties. 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 55,930 75,706. 25 75,706. 55, 930 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here ▶ |X| and complete lines 27 through 29 and lines 33 and 34. -21,89527 -48,156. 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here and complete

BAA

ANCES 33

30

31

32

34

lines 30 through 34.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

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

Retained earnings, endowment, accumulated income, or other funds

27,550 Form 990 (2011)

-48,156.

30

31

32

33

34

-21,895

34,035

Form 990 (2011) WINE & SPIRITS WHOLESALERS OF INDIANA 35041251	<u>)                                    </u>	Pa	ge 12
Part XI Reconciliation of Net Assets			
Check if Schedule O contains a response to any question in this Part XI			
1 1			
1 Total revenue (must equal Part VIII, column (A), line 12)		8,0	
2 Total expenses (must equal Part IX, column (A), line 25)		34, 2	
3 Revenue less expenses. Subtract line 2 from line 1		26 <u>, 2</u>	
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	-2	21,8	<u>95.</u>
5 Other changes in net assets or fund balances (explain in Schedule O).			<u>0.</u>
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6	- 4	48,1	56.
Part XII Financial Statements and Reporting			<del></del> 1
Check if Schedule O contains a response to any question in this Part XII			
		Yes	No
1 Accounting method used to prepare the Form 990 Cash X Accrual Other	_		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Х	
<b>b</b> Were the organization's financial statements audited by an independent accountant?	2b		<u>X</u>
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
<b>d</b> If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:		* :	ŽŽ.
X Separate basis Consolidated basis Both consolidated and separate basis	*** * ***		\$\sum_{n}
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
<b>b</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	1t 3b		
BAA	Form	990 (	(2011)

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

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

OMB No 1545-0047 2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

• 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

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 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

- 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

	e organization answered 'Yes,' Section 501(c)(4), (5), or (6) or	to Form 990, Part IV, line 5 (Proxy Tax) or I	Form 990-EZ, Part V,	line 35a (Proxy Tax), the	en
	e of organization	gamzations complete rare m		Employer identifica	ation number
	NE & SPIRITS WHOLES	ALERS OF INDIANA		350412515	
Pa	rt I-A Complete if the O	rganization is exempt under secti	on 501(c) or is a		
		organization's direct and indirect political ca			PART IV
2		ngamzation o anoot and manoot pointed of	parg delitities	<b>▶</b> \$	
_	Volunteer hours			•	
		rganization is exempt under secti	on 501(c)(3).	<del></del>	
		se tax incurred by the organization under s		► \$	
		se tax incurred by organization managers i		► s	
		section 4955 tax, did it file Form 4720 for t		•	Yes No
	a Was a correction made?	Society 1999 tax, aid it the Ferrit Wile te.			Yes No
_	<b>b</b> If 'Yes.' describe in Part IV				
		rganization is exempt under secti	on 501(c), excer	ot section 501(c)(3	).
1		pended by the filing organization for section			
	- ·				
2	function activities	gorganization's funds contributed to other o	rganizations for secti	on 527 exempt	58,875.
3	Total exempt function expend line 17b	ditures Add lines 1 and 2 Enter here and o	on Form 1120-POL,	<b>►</b> \$	58,875.
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	ount paid from the fil delivered to a separ	ing organization's funds ate political organizatio	Also enter the
	(a) 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	35-1455043	58,875.	
(1)	INDIANA - PAC	INDIANAPOLIS, IN 46204			
(2)					
(3)					
(4)					
(5)					
(6)					

Schedule C (Form 990 or 990-EZ) 201	1 WINE & SPIR	ITS WHOLESALERS	OF INDIANA	350412	
Part II-A Complete if section 501	the organization	n is exempt under so	ection 501(c)(3) a	and filed Form 5768 (	election under
		ons to an affiliated group (	and list in Part IV ea	ch affiliated group member'	s name.
		share of excess lobbying		gp	,
	•	ked box A and 'limited cor		1	
	Limits on Lobbyi			(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditi	ures to influence pub	lic opinion (grass roots lo	bbying)		-
<b>b</b> Total lobbying expenditi	ures to influence a le	gislative body (direct lobb	yıng)		
c Total lobbying expenditi	ures (add lines 1a an	d 1b)			
d Other exempt purpose of	expenditures				
e Total exempt purpose e	xpenditures (add line	es 1c and 1d)			
f Lobbying nontaxable an both columns	nount Enter the amo	ount from the following tab	ole in		
If the amount on line 1e, col	umn (a) or (b) is T	he lobbying nontaxable a	mount is		
Not over \$500,000		20% of the amount on line 1e			- 6 × ×.3. ×
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		· ,	<u> </u>
g Grassroots nontaxable	amount (enter 25% o	f line 1f)			
h Subtract line 1g from lir	ne 1a If zero or less,	enter -0-			
i Subtract line 1f from lin	e 1c If zero or less,	enter -0-			
j If there is an amount of section 4911 tax for this		er line 1h or line 1i, did th	ne organization file Fo	orm 4720 reporting	Yes No
		4-Year Averaging Period	Under Section 501(h)		
(Sol	me organizations tha	it made a section 501(h) e is below. See the instructi	lection do not have to	o complete all of the five	
	Lobb	ying Expenditures During	g 4-Year Averaging Po	eriod	
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> Total
2a Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))		The state of the s			
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount	42 8 0	A. X. Y	V 2 3 8 3 8 8		
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
BAA				Schedule C (Form	n 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011 WINE & SPIRITS WHOLESALERS OF INDIANA  Part: II-B:   Complete if the organization is exempt under section 501(c)(3) and has NO		0412		F	Page <b>3</b>
(election under section 501(h)).	(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		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?					
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)?			* X		<b>*</b> ***
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912		ř			
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 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 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' O answered 'Yes.'	(c)(5 R (b	5), or 5) Pai	section t III-A, li	ne 3,	is
1 Dues, assessments and similar amounts from members		1	2	258,0	000.
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		136,	<u>575.</u>
<b>b</b> Carryover from last year		2b		3,	727 <u>.</u>
c Total		2c		L40,3	<u>302.</u>
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.		3		159,	960.
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	al				
expenditure next year?		4			0.
5 Taxable amount of lobbying and political expenditures (see instructions)	_	5			0.
Part IV Supplemental Information					

art IV	Supp	lemental I	ntormation	

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

PART 1-A, LINE 1 - DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES
CONTRIBUTIONS_TO_POLITICAL_ORGANIZATIONSPAC
ADDITIONAL INFORMATION
FORM 1120-POL WAS NOT REQUIRED TO BE FILED

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (	Form`990 or 990-EZ) 2011 WINE & SPIRITS WHOLESALERS OF INDIANA	350412515	Page <b>4</b>
Part IV	Form`990 or 990-EZ) 2011 WINE & SPIRITS WHOLESALERS OF INDIANA  Supplemental Information (continued)		
<u></u>			
<b></b>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		<del></del>
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		<del></del>	
		<del></del>	
			<b>-</b>
		. <b>-</b>	

# SCHEDULÈ D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

WII	NE & SPIRITS WHOLESALERS OF IN	DIANA	350412515				
	rt I Organizations Maintaining Dono	r Advised Funds or Other Similar Fi					
	the organization answered 'Yes' to Form 990, Part IV, line 6.						
_		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year		<u> </u>				
5	Did the organization inform all donors and donor funds are the organization's property, subject t	or advisors in writing that the assets held in do o the organization's exclusive legal control?	onor advised Yes No				
6	Did the organization inform all grantees, donor used only for charitable purposes and not for the purpose conferring impermissible private benefits.	he benefit of the donor or donor advisor, or foi	ds can be r any other Yes No				
Pa	rt II Conservation Easements. Comp	ete if the organization answered 'Ye	s' to Form 990, Part IV, line 7.				
1	Purpose(s) of conservation easements held by	the organization (check all that apply)					
	Preservation of land for public use (e g , re	ecreation or education) Preservation	of an historically important land area				
	Protection of natural habitat	Preservation	of a certified historic structure				
	Preservation of open space	<del></del>					
2	Complete lines 2a through 2d if the organization last day of the tax year	n held a qualified conservation contribution in	the form of a conservation easement on the				
			Held at the End of the Tax Year				
;	a Total number of conservation easements		2a				
1	<b>b</b> Total acreage restricted by conservation easen	nents	2b				
	c Number of conservation easements on a certifi	ed historic structure included in (a)	2c				
(	<b>d</b> Number of conservation easements included in structure listed in the National Register	(c) acquired after 8/17/06, and not on a histo	ric <b>2d</b>				
3	Number of conservation easements modified, t tax year ▶	ransferred, released, extinguished, or termina	ted by the organization during the				
4	Number of states where property subject to con	nservation easement is located >					
5	Does the organization have a written policy regand enforcement of the conservation easemen	parding the periodic monitoring, inspection, haits it holds?	ndling of violations, Yes No				
6	Staff and volunteer hours devoted to monitorin	g, inspecting, and enforcing conservation ease	ements during the year				
7	Amount of expenses incurred in monitoring, ins	specting, and enforcing conservation easemen	ats during the year				
8	Does each conservation easement reported on 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)?	line 2(d) above satisfy the requirements of se	ection Yes No				
9	In Part XIV, describe how the organization rep- include, if applicable, the text of the footnote to conservation easements	orts conservation easements in its revenue an o the organization's financial statements that d	d expense statement, and balance sheet, and escribes the organization's accounting for				
Pa	rtill Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasures, wered 'Yes' to Form 990, Part IV, In	or Other Similar Assets. e 8.				
1:	a If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its finance	held for public exhibition, education, or resea	nue statement and balance sheet works of rch in furtherance of public service, provide,				
	b If the organization elected, as permitted under historical treasures, or other similar assets hel- following amounts relating to these items:	SFAS 116 (ASC 958), to report in its revenue d for public exhibition, education, or research	statement and balance sheet works of art, in furtherance of public service, provide the				
	(i) Revenues included in Form 990, Part VIII,	line 1	<b>►</b> \$				
	(ii) Assets included in Form 990, Part X		<b>►</b> \$				
2	If the organization received or held works of ar amounts required to be reported under SFAS 1		for financial gain, provide the following				
	a Revenues included in Form 990, Part VIII, line	1	<b>►</b> \$				
1	<b>b</b> Assets included in Form 990, Part X		<b>►</b> \$				

		HOLESALERS C		350412		Page 2
Part III Organizations Mainta	ining Collection	ns of Art, Histo	orical Treasures, o	r Other Similar As	sets (con	tınued)
3 Using the organization's acquisition items (check all that apply):	on, accession, and	other records, che	ck any of the following t	hat are a significant us	e of its collec	ction
a Public exhibition		<b>d</b> Loan o	or exchange programs			
<b>b</b> Scholarly research		e 🗌 Other				
c Preservation for future gener	ations	_				
4 Provide a description of the organ Part XIV					) in	
5 During the year, did the organizar assets to be sold to raise funds ra	tion solicit or received	ve donations of art,	historical treasures, or	other similar	Yes	No
Part IV Escrow and Custodia						
line 9, or reported an	amount on For	m 990, Part X,	line 21.			,
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, or	other intermediary t	for contributions or othe	r assets not	Yes	□No
<b>b</b> If 'Yes.' explain the arrangement	in Part XIV and co	molete the following	g table.			
bili 100, explain the arrangement	mi are zer and oc		9 1		Amount	
c Beginning balance				1c		
<b>d</b> Additions during the year				1 d		
e Distributions during the year				1 e		
f Ending balance				1 f		
2a Did the organization include an a	mount on Form 99	0, Part X, line 21?			Yes	No
<b>b</b> If 'Yes,' explain the arrangement						
Part V Endowment Funds. Co	omplete if the	organization an	swered 'Yes' to Fo	rm 990, Part IV, lii	ne 10.	
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four y	ears back
1 a Beginning of year balance						<u> </u>
<b>b</b> Contributions					4	* * *
c Net investment earnings, gains, and losses					* * *	
d Grants or scholarships					2 % 2 -	in Alexan
<ul> <li>Other expenditures for facilities and programs</li> </ul>					J.A.S.	
f Administrative expenses					3.4	* ***
<b>g</b> End of year balance						<u> </u>
2 Provide the estimated percentage	•	ar end balance (line	1g, column (a)) held as	S		
a Board designated or quasi-endov		%				
<b>b</b> Permanent endowment ►	8					
c Temporarily restricted endowmer		<sup>%</sup>				
The percentages in lines 2a, 2b,	and 2c should equ	al 100%				
3a Are there endowment funds not a organization by:	n the possession o	f the organization t	hat are held and admını	stered for the	Yes	s No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
<b>b</b> If 'Yes' to 3a(II), are the related of	organizations listed	as required on Sch	nedule R?		3b	
4 Describe in Part XIV the intended	d uses of the organ	ization's endowmei	nt funds			
Part'VI Land, Buildings, and	Equipment. Se	ee Form 990, P	art X, line 10.			
Description of property	(a) (	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	<b>(d)</b> Book	value
1 a Land				-, -, -, -, -, -, -, -, -, -, -, -, -, -		
<b>b</b> Buildings						
c Leasehold improvements						
<b>d</b> Equipment			2,316.	2,208.		108.
e Other			2,387.	2,387.		0.
Total. Add lines 1a through 1e (Colum	nn (d) must equal F	orm 990, Part X, co	olumn (B), line 10(c) )	<u> </u>		108.
BAA				Sche	dule <b>D</b> (Form	990) 2011

2 FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

(11)

Total. (Column (b) must equal Form 990, Part X, column (B) line 25)

75,706.

	dule D (Form 990) 2011 WINE & SPIRITS WHOLESALERS OF INDIA		350412		Page 4
Par	t·XI Reconciliation of Change in Net Assets from Form 990 to Audited Finan	icial Statements		N/A	
1	Total revenue (Form 990, Part VIII, column (A), line 12)				
2	Total expenses (Form 990, Part IX, column (A), line 25)				
3	Excess or (deficit) for the year Subtract line 2 from line 1				
4	Net unrealized gains (losses) on investments				
5	Donated services and use of facilities				
6	Investment expenses				
7	Prior period adjustments				
8	Other (Describe in Part XIV )				
9	Total adjustments (net). Add lines 4 through 8				
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3				
Par	t XII: Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per	Retur	n N/A	
	Total revenue, gains, and other support per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		". A. 2)		
a	Net unrealized gains on investments	2a			
	Donated services and use of facilities	2b	1		
	Recoveries of prior year grants.	2c	A Area	Í	
	Other (Describe in Part XIV )	2d			
	Add lines 2a through 2d		2e	]	
_	Subtract line 2e from line 1		3		
_	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		29 1		
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a	: * * * · · · ·		
	Other (Describe in Part XIV )	4b			
	Add lines 4a and 4b.		4c		
	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)		5		
	t XIII Reconciliation of Expenses per Audited Financial Statements	With Expenses per Re		N/A	
	Total expenses and losses per audited financial statements	THE EXPONSES POLITIC	1	1,711	
_					
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2a	* C4	:	
	Donated services and use of facilities	2b			
	Prior year adjustments				
	Other losses	2c			
	Other (Describe in Part XIV )	2d	<u> </u>		
•	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		, x		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b			
	Other (Describe in Part XIV.)	4D		4	
	: Add lines <b>4a</b> and <b>4b</b> . Total expenses Add lines <b>3</b> and <b>4c.</b> <i>(This must equal Form 990, Part I, line 18</i> )		5		
	TXIV Supplemental Information			<u> </u>	
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Par V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, line additional information	rt III, lines 1a and 4; Part IV es 2d and 4b Also complet	, lines 1 e this pa	b and 2b; art to provide	
					<b>-</b>
					<del>_</del>
		<del></del>			

Schedule D (Porm 990) 2011 WINE & SPIRITS WHOLESALERS OF INDIANA	350412515	Page 5
Part-XIV Supplemental Information (continued)	• • • •	
	•	
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	<b>-</b>	

# SCHEDULE I (Form 990)

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

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

OMB No 1545-0047

Open to Public Inspection

<u>2</u> (h) Purpose of grant or assistance Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. LOBBYING PURPOSES X Yes Employer identification number Part II | Grants and Other Assistance to Governments and Organizations in the United States. Complete If the organization answered 'Yes' to 350412515 (g) Description of non-cash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) SEE PART IV o. (e) Amount of non cash assistance 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant 58,875 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable Part II can be duplicated if additional space is needed Part I | General Information on Grants and Assistance 35-1455043 WINE & SPIRITS WHOLESALERS OF INDIANA (b) EIN WINE & SPIRITS WHOLESALERS PA 135 N PENNSYLVANIA SUITE 1175 1 (a) Name and address of organization or government INDIANAPOLIS, IN 46204 111 1 1 1 1 1 Department of the Treasury Internal Revenue Service Name of the organization 1 1 1 0 8 ଫ୍ର €, ତ୍ର ତ୍ର 6 8

Schedule 1 (Form 990) (2011)

TEEA3901L 06/01/11

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

Enter total number of other organizations listed in the line 1 table

BAA

Schedule I (Form 990) (2011)

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

#### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

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.

Employer identification number Name of the organization WINE & SPIRITS WHOLESALERS OF INDIANA 350412515 <u>FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS</u> A COPY OF THE 990 DRAFT IS PROVIDED TO THE PRESIDENT AND EXECUTIVE SECRETARY WHO HAVE THE OPPORTUNITY TO REVIEW AND REQUEST REVISIONS AS NECESSARY PRIOR TO FINAL FILING. FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE DOCUMENTS ARE PROVIDED UPON REQUEST.