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Form **990** 

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

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Ā	For the	2012 calendar year, or tax year beginni	ng , 2012, a	and ending			, 20		
В	Check if	pplicable C Name of organization Indiana	Mineral Aggregates Association	, Inc.		D Employer	identification number		
	Address	hange Doing Business As				35	- 0410458		
	Name ch	nge Number and street (or P O box if	mail is not delivered to street address)	Room/suite		E Telephone	number		
	Initial retu	m 11711 N. College Ave.		18	0	317	- 580-9100		
	Terminate	d City, town or post office, state, a	nd ZIP code						
	Amended	return Carmel, IN 46032				<b>G</b> Gross rec	erpts \$ 861,130		
	Application	n pending F Name and address of principal of	a group return for affiliates? Yes No						
		Same as C above	ficer Robert Jones			all affiliates included? Tyes No			
<u> </u>	Tax-exen	pt status 501(c)(3) 501(d	c) ( 6 ) ◀ (insert no ) ☐ 4947(a)(1) or	527	4 ''		st (see instructions)		
J	Website:			<del></del>	H(c) Group	o exemption r	number ►		
K	Form of a	ganization 🗸 Corporation 🗌 Trust 📗 Asso	ociation ☐ Other ► L Ye	ar of formation	<del>'</del>	·	f legal domicile IN		
P	art I	Summary							
	1	Briefly describe the organization's mi	ssion or most significant activities	• •					
_		The purpose of the Indiana Minera	<del>-</del>	olve comm	on probl	ems of the	e Indiana		
nce		aggregate producing industry, in t				<del></del>			
T.		research and increased public awa							
Ve	2	Check this box ▶ ☐ if the organization							
Ö		Number of voting members of the go				1 - 1	15		
Activities & Governance		Number of independent voting members				4	14		
ıte		Total number of individuals employed				5			
ş	1	Total number of volunteers (estimate				6	187		
ď	1	Total unrelated business revenue from	- · · · · · · · · · · · · · · · · · · ·			7a	19,725		
	1	Net unrelated business taxable incon	. , ,		•	7b	9,314		
				<del>-                                    </del>	Prior Y		Current Year		
Revenue	8	Contributions and grants (Part VIII, Iii	ne 1h)			158,330	160,792		
	1	Program service revenue (Part VIII, III		. —		629,524	632,526		
ěVe		nvestment income (Part VIII, column	<del>-</del> -	·		2,170	16,307		
ř		Other revenue (Part VIII, column (A), I	• •		25,416	24,623			
		Total revenue—add lines 8 through 11		ne 12)		815,440	834,248		
	13	Grants and similar amounts paid-(Pai				142,000	145,000		
	ľ	Benefits paid to or for members (Rar		•	•	0	0		
so.	4-	Salaries, other compensation, employe	The state of the s	5-10)		254,287	271,599		
Expenses	16a	Professional fundraising fees (Part IX	column (A) line-11e)	· · · · ·	•	0	0		
per	b	Total fundraising expenses (Part AX)	folimma(D) Jine 25)	0			· · · · · · · · · · · · · · · · · · ·		
Ň	17	Other expenses (Part IX, column (A),		······		313,106	305,301		
	18	Total expenses Add lines 13-17 (mu		5) -		709,393	721,900		
	19	Revenue less expenses Subtract line		·		106,047	112,348		
	<del></del>	iteveride icos experiocoauguraer-min	<u> </u>	 Be	ginning of Ci		End of Year		
sets or	20	Total assets (Part X, line 16) .			• •	698,530	896,877		
Asse	21	Total liabilities (Part X, line 26) .		–		53,441	139,430		
Net Ass	22	Net assets or fund balances Subtrac	t line 21 from line 20	· ·		645,089	757,447		
	art II	Signature Block	St mid 21 Hom mid 20			<del>- 10,000</del>	701,447		
		nes of perjury, I declare that I have examined the	nis return, includino accompanyino schedula	e and stateme	ante and to	the best of m	v knowledge, and belief it is		
		and complete Deslaration of preparer (other t					y knowledge and belief, it is		
		Land Ga	· · · · · · · · · · · · · · · · · · ·						
Sig	an	Signature of officer			L	ate _			
	ere	ROBERT G. JONE	: <b>c</b>			8-2	- 13		
		Type or print name and title	, <u> </u>						
_		Print/Type preparer's name	Preparet's signature	Date		1	PTIN		
	aid	Stones & KloCos-	Det nilled	8	2/13	Check Self-empl	_ if		
	epare	Storthon D. Klayford	en CPA		<del>- ' -</del>		-		
Us	se Onl	Firm's name ► Stephen R. Kleifge			-   -	m's EIN ► one no 317	- 250-9687		
Ma	v the 1F	S discuss this return with the prepare		1	J Ph	one no 317	- 250-9687		
		ork Reduction Act Notice, see the sep	<del></del>		110001	<u> </u>	Form <b>990</b> (2012)		
. 0	raperv	ork neutron Act Notice, see the sept	อเลเซ เมริเเนตแบบรร.	Cat No	11282Y		FUNTI <b>33U</b> (2012)		

(Expenses \$

Total program service expenses ▶

0 including grants of \$

0)

0 ) (Revenue \$

0

Part I	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		✓
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,	١,		
	Part III	5	✓	
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		✓
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	!	✓
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		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	✓	
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	11b		✓
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
_	Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			١,
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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			١.
4-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
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		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		i	١.
. <del>-</del>	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			.
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<b>✓</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			ĺ
46	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<b>/</b>	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			,
00	If "Yes," complete Schedule G, Part III	19		<b>√</b>
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a	<u> </u>	✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	i	l

Part	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other appropriate to any appropriate or organization.		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	/	İ
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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule $J$	23	1	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
	to defease any tax-exempt bonds?	24c		<u> </u>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  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	24d 25a		
b	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, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
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		1
28	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).			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<b>v</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		<b>√</b>
24	conservation contributions? If "Yes," complete Schedule M	30	<u> </u>	<b>✓</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		1
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b	_	<b>✓</b>
	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? <i>If "Yes," complete Schedule R</i> ,			
38	Part VI	37	-	<b>✓</b>
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			<b>V</b>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		
20				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
_	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	1	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	<del>`</del>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>✓</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>√</b>
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<b></b>
va	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6-		,
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		<b>-</b>
_	gifts were not tax deductible?	6b		İ
7	Organizations that may receive deductible contributions under section 170(c).	05		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Ī
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
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?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		ŀ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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			
a b	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources 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?	120		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del> </del>
	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u></u>

	( ( col c )			Page U
Part	, , , , , , , , , , , , , , , , , , , ,			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.			
Secti	Check if Schedule O contains a response to any question in this Part VI	<u> </u>	•	· L_J
36011	on 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   1a	$\vdash$	103	
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			[
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>√</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<b>✓</b>
6 7a	Did the organization have members or stockholders?	6		✓_
10	one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	/ a		<del></del>
•	stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following.			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<b>✓</b>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
40			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		<b>✓</b>
U	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110	_	-
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	1	1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	1
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	✓	
13	Did the organization have a written whistleblower policy?	13	✓	
14	Did the organization have a written document retention and destruction policy?	14	✓	
15	Did the process for determining compensation of the following persons include a review and approval by		İ	
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	_ '		
a b	The organization's CEO, Executive Director, or top management official	15a	<b>✓</b>	-
D	Officers or key employees of the organization	15b		1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			<b>Y</b>
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Indiana			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	า 501(	(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply			
40	Own website Another's website Upon request Other (explain in Schedule O)			1
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	ıı ıntei	est p	olicy.
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	<b>.</b>	
	organization: ► Robert Jones 11711 N. College Ave.Suite 180 Carmel, IN 46032 317-580-9100	J. 1110	•	

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

#### 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 employees."
- 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

, a.i., . o.a.o.	u orgi	ai iiz	auo	шс	ompe	ะเรล	ited any currer	it officer, director	r, or trustee.
							1		
(B)	(do n	nt ch			than c	nne	(D)	(E)	(F)
Average	box,	unles	s pe	rson	ıs both	n an	Reportable	Reportable	Estimated
week (list any	v <del></del>				<u> </u>			amount of other	
hours for	ndıv or dı	nstif	₹	(ey	ng da	orn	the	organizations	compensation from the
organizations	idua recto	utio	e,	emp	est c	Еď			organization
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	(B) Average hours per week (list any hours for related organizations below dotted line)  1.0 .0 1.0 .0 1.0 .0 1.0 .0 1.0 .0 1.0 .0 1.0 .0 1.0 .0 1.0 .0	(B) Average hours per week (list any hours for related organizations below dotted line)  1.0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .	(B) Average hours per week (list any hours for related organizations below dotted line)  1.0  0.0  1.0	(B) Average hours per week (list any hours for related organizations below dotted line)  1.0  .0  1.0  .0  1.0  .0  1.0  .0  1.0  .0	Average hours per week (list any hours for related organizations below dotted line)  1.0  0.0  1.0	(C) Position (do not check more than obox, unless person is both officer and a director/trus' ee end organizations below dotted line)  1.0  0.0  1.0	Average hours per week (list any hours for related organizations below dotted line)  1.0  0.0  1.0	(B) Average hours per week (list any hours for related organizations below dotted line)  1.0  0.0  1.0  1.0  0.0  1.0	C    C    C    C    C    C    C    C

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	<del></del>				•	C)								
	(A)	(B)	(do n	ot ch		ntion	e than c	nne	(D)	(E)		(F)		
	Name and title	Average	box,	unles	s pe	rson	is both	an	Reportable	Reportable			mated	
		hours per week (list any		T-			or/trust	·	compensation	compensation f related	rom		ount of	
		hours for related	Individual trustee or director	Institutional trustee	Officer	₹	ang d	Form	the	organization (W-2/1099-Mi			ensatio	'n
		organizations	rect	i ii	Ĕ	employee	est o	l er	organization (W-2/1099-MISC)	(W-2/1099-MI	SC)		m the nization	1
		below dotted	악함	nal		Š	eom		,			and	related	
		line)	ıstee	trus		%	pens					orgai	nızatıon	5
			"	ee			Highest compensated employee							
(15) R	obert Jones	40.0		-		-			<u> </u>		-+			
	xecutive Director	.0	!		1	1	1		147,746		0		24,	775
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(25)		.0	<del>                                     </del>			$\vdash$	<u> </u>	1			$\dashv$			
3552		.0												
1b	Sub-total		`.	٠.	٠.	٠	·	<b></b>	147,746		0		24,	775
С	Total from continuation sheets to Part	VII, Sectio	n A					▶	0		0			0
d	Total (add lines 1b and 1c)	. <u>.</u>						▶	147,746		0		24,	775
2	Total number of individuals (including bu	t not limited	to th	nose	e lis	ted	above	e) w	vho received m	ore than \$10	0,000	0 of		
	reportable compensation from the organ	ızation ►	1											
_													Yes	No
3	Did the organization list any former of								oloyee, or high	est comper	ısated	į.	1	١,
	employee on line 1a? If "Yes," complete											3		✓
4	For any individual listed on line 1a, is the													
	organization and related organizations individual			150	,000	)? I				neaule J for	suci	1	,	
5	Did any person listed on line 1a receive of	or accello c	omno		tion	fro				 ration or indi	 Widus	. 4	<b>  '</b>	
5	for services rendered to the organization											5		/
Section	on B. Independent Contractors		301116	.010			u.c	· ·		<del>· · · · · · · · · · · · · · · · · · · </del>	<del></del>	( 5		<u> </u>
1	Complete this table for your five highest	compensat	ed in	den	enc	lent	contr	act	tors that receive	ed more than	\$10	0.000.0	f	
•	compensation from the organization. Re													ax
	year								,			J		
	(A)							Γ	(B)			(C)	<u> </u>	
	Name and business add	dress							Description of s	services		Compen		
	· <u></u>							<u>L</u>						
2	Total number of independent contract								hose listed ab	ove) who				
	received more than \$100,000 of compen	isation from	ı ıne c	orga	JIIZ2	atior	ı 🚩 (	)		l I				

Form 9	90 (2012	2)					Page
Part		Statement of Revenue					Page
		Check if Schedule O contains a re-	sponse to any quest	ion in this Part VI	<u>III.</u>		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Membership dues	la				
	<u>h</u>	Total. Add lines 1a-1f .	Business Code	160,792			
Program Service Revenue	2a b c		900099 541800	612,801 19,725	612,801	19,725	
	d e f g	All other program service revenue  Total. Add lines 2a–2f.	•	632,526			
-	3	Investment income (including di		032,520			
	4 5	and other similar amounts) Income from investment of tax-exemp Royalties	ot bond proceeds	1,307	1,307		
	6a b c d	Gross rents . Less rental expenses Rental income or (loss) Net rental income or (loss) .					
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis	(ii) Other 15,000				
	c d	and sales expenses .  Gain or (loss) .  Net gain or (loss) .	15,000	15,000	15,000		
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).					
Other	С	See Part IV, line 18  Less: direct expenses  Net income or (loss) from fundrais Gross income from gaming activities		24,623			24,623
		See Part IV, line 19  Less direct expenses  Net income or (loss) from gaming  Gross sales of inventory, less					
	b b	returns and allowances Less cost of goods sold Net income or (loss) from sales of	a b Inventory . ▶				
	11a b	Miscellaneous Revenue	Business Code		1		.,

0 834,248

629,108

С

12

d All other revenue e Total. Add lines 11a-11d

**Total revenue.** See instructions

19,725

	90 (2012)  LIX Statement of Functional Expenses			<u> </u>	Page 10
Section	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. A	ll other organizations	s must complete colu	ımn (A)
	Check if Schedule O contains a respons				
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	145,000	145,000		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
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 .	171,175	171,175		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	72,254	72,254		· · · · · · · · · · · · · · · · · · ·
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1.560	4 500		
9	Other employee benefits	9,641	1,560 9,641	-	
10	Payroll taxes	16,970	16,970		
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	20,257	20,257		··· ··· · · · · · · · · · · · · · · ·
d e	Lobbying				
f	Professional fundraising services. See Part IV, line 17 Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,800	1,800		
12	Advertising and promotion .	3,213	3,213		
13	Office expenses	29,072	29,072		
14	Information technology .	8,117	8,117		
15	Royalties				
16	Occupancy	26,316	26,316		
17 18	Travel	26,180	26,180		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,040	1,040		
20	Interest		, -		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,430	6,430		
23	Insurance	8,457	8,457		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а		174,419	174,419		
b			,,,,,		
c					
d					
e	All other expenses				-
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	721,900	721,900	0	0
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

Form **990** (2012)

**Balance Sheet** Part X Check if Schedule O contains a response to any question in this Part X (B) (A) Beginning of year End of year Cash-non-interest-bearing . . . . 149,725 1 120,601 2 Savings and temporary cash investments . 517,901 2 698,840 3 Pledges and grants receivable, net . 3 4 10,344 33,555 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . 5 6 Loans and other 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 Assets 7 Notes and loans receivable, net . . . 7 Inventories for sale or use 8 7,003 9,225 9 Prepaid expenses and deferred charges 7,478 9 8,605 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 108,813 Less accumulated depreciation . . . 10b b 80,541 3,857 10c 28,272 11 Investments—publicly traded securities . . . . . . 11 12 Investments—other securities. See Part IV, line 11 . . . 13 Investments—program-related See Part IV, line 11 13 14 14 15 Other assets See Part IV, line 11. 15 16 Total assets. Add lines 1 through 15 (must equal line 34). 698,530 16 896,877 Accounts payable and accrued expenses . . . 17 20,741 17 27,915 18 Grants payable . . 18 19 Deferred revenue 32,700 19 111,515 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D . 21 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 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 . . 25 Total liabilities. Add lines 17 through 25 26 26 53,441 139,430 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets . 27 645.089 27 757,447 28 Temporarily restricted net assets. 28 29 Permanently restricted net assets. Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . . . . . . . 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund . 31 32 Retained earnings, endowment, accumulated income, or other funds . 32 33 645,089 33 757,447 34 Total liabilities and net assets/fund balances 698,530 34 896.877

Form		

Page **12** 

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		834,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		721.	
3	Revenue less expenses Subtract line 2 from line 1	3		112,	348
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		645,	089
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	·		0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		757,	437
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plaın ı	ın		
_					١.
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	٠	. 2a	ļ	<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both.	piled o	or		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	<del></del>	<b>  √</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	ea on	а		
_	Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o				
С	of the audit, review, or compilation of its financial statements and selection of an independent account		_		
	If the organization changed either its oversight process or selection process during the tax year, ex			┼	
	Schedule O.	рын	ın		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	.n		
Ja	the Single Audit Act and OMB Circular A-133?	IOIUI			,
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rac +h	. 3a	1	<b>-</b>
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
	The state of the s	44110		rm <b>990</b>	10010
			ru		, 12U 12)

#### 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

See separate instructions.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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 • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of organization **Employer identification number** ndiana Mineral Addregates Association. Inc. 35-0410458 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 1 Political expenditures . . Volunteer hours . . Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 . Enter the amount of any excise tax incurred by organization managers under section 4955 . 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . 4a Was a correction made? . Yes No If "Yes." describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . . . . . . . . . . Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . . . . . . . . . . . . . Total exempt function expenditures Add lines 1 and 2. Enter here and on Form 1120-POL, 3 . . . . . . . Yes Did the filing organization file Form 1120-POL for this year? . Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's funds If none, enter -0contributions received and promptly and directly delivered to a separate political organization If none, enter -0-(1)(2)(3)(4) (5)

(6)

_	
Page	4

Pa	ort II-A Complete if the organizat section 501(h)).	on is exempt (	under section 5	01(c)(3) and file	d Form 5768 (elec	ction under
	Check ▶ ☐ If the filing organization to name, address, EIN, exp	enses, and sha	re of excess lobi	oying expenditu	res).	up member's
В	Check ▶ ☐ if the filing organization of			trol" provisions	apply.	
		bbying Expendit			(a) Filing	(b) Affiliated
	(The term "expenditures"		·	<u> </u>	organization's totals	group totals
1	a Total lobbying expenditures to influent					
	<b>b</b> Total lobbying expenditures to influen	ce a legislative bo	ody (direct lobbyin	g)		
	c Total lobbying expenditures (add lines	1a and 1b) .				
	d Other exempt purpose expenditures					
	e Total exempt purpose expenditures (a		•			
	f Lobbying nontaxable amount Ente columns	r the amount f	rom the following	g table in both		
	If the amount on line 1e, column (a) or (b)	is: The lobbying	nontaxable amoun	t is:		· · · · · · · · · · · · · · · · · · ·
	Not over \$500,000	<del></del> -	nount on line 1e	113.		
	Over \$500,000 but not over \$1,000,000	·	s 15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000		s 10% of the excess			
	Over \$1,500,000 but not over \$17,000,000		5 5% of the excess of			
	Over \$17,000,000	\$1,000,000	o 70 Of the CAGGGG C	ντι Φ1,000,000		
	g Grassroots nontaxable amount (enter					<del></del>
	h Subtract line 1g from line 1a. If zero of	•				
	i Subtract line 1f from line 1c. If zero or					
	j If there is an amount other than ze		1h or line 1i, did	the organization	n file Form 4720	
	reporting section 4911 tax for this year		<u></u> .	<u> </u>		Yes No
	(Some organizations that i columns below	made a section to the	ctions for lines 2	not have to com a through 2f on p	<u>-</u>	
	Lobbyi	ng Expenditures	During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) Total
2	2a Lobbying nontaxable amount					
	<ul><li>b Lobbying ceiling amount (150% of line 2a, column (e))</li></ul>					
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))					
	f Grassroots lobbying expenditures					

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fi (election under section 501(h)).	led I	Form	5768	
For	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(a	1)		(b)
	makes of the left described	Yes	No	An	nount
1	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				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c d	Media advertisements?				
e	Publications, or published or broadcast statements?				
f a	Grants to other organizations for lobbying purposes?				
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total Add lines 1c through 1ı				
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			·	
d d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .  If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .				
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), c	or se	ction	
	501(c)(6).	• • •			
		•			Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	✓
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	•		2	✓
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? .		•	3	✓
	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OF answered "Yes."	(5), c R (b)	Part	: III-A,	line 3, is
1	Dues, assessments and similar amounts from members	-	1		380.447
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of			
а	Current year		2a		4.800
b	Carryover from last year		2b		
c	Total	-	2c		4.800
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3		3.804
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby and political expenditure next year?				
5	Taxable amount of lobbying and political expenditures (see instructions)	•	<u>4</u> 5		996
Par			<u> </u>		
Com	plete 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, line 2; and Part II-B, line 1 Also, complete this part for any additional information	art II	-A (at	filiated	group
		<b></b>			
			<b>-</b>	<b></b>	
					· <b></b>

## SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Ind	iana Mineral Aggregates Association, Inc.		35 - 0410458
Par		r Advised Funds or Other Similar Fo	unds or Accounts. Complete if the
	organization answered "Yes" to Fo	orm 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		
5	Did the organization inform all donors and		
	funds are the organization's property, subject		
6	Did the organization inform all grantees, do		
	only for charitable purposes and not for the	•	
	conferring impermissible private benefit?		· · · · Yes · No
		lete if the organization answered "Yes	s" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held		Combination of the same of the standard and
	Preservation of land for public use (e.g.,		
	Protection of natural habitat	☐ Preservation	of a certified historic structure
2	Preservation of open space Complete lines 2a through 2d if the organiza	tion held a qualified conservation contribu	ition in the form of a conservation
-	easement on the last day of the tax year.	mon neid a qualified conservation contribt	dion in the form of a conservation
			Held at the End of the Tax Year
а	Total number of conservation easements .		2a
b	Total acreage restricted by conservation eas		2b
C	Number of conservation easements on a cer		2c
d	Number of conservation easements include		
	historic structure listed in the National Regis		· ·   2d
3	Number of conservation easements modified	d, transferred, released, extinguished, or to	erminated by the organization during the
	tax year ►		
4	Number of states where property subject to		
5	Does the organization have a written pol	icy regarding the periodic monitoring, i	inspection, handling of
	violations, and enforcement of the conserva-		
6	Staff and volunteer hours devoted to monitor	ring, inspecting, and enforcing conservati	on easements during the year
_	<b></b>		
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ea	asements during the year
	<b>&gt;</b> \$	and lime O(d) also are about the second	
8	Does each conservation easement reported (i) and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirement	
0			· · · · · · · · · · · · · · · No
9	In Part XIII, describe how the organization rebalance sheet, and include, if applicable, the	eports conservation easements in its reven	fugancial statements that describes the
	organization's accounting for conservation e	easements	manda statements that describes the
Par		ections of Art, Historical Treasures,	or Other Similar Assets
		vered "Yes" to Form 990, Part IV, line	
1a	If the organization elected, as permitted un		
	works of art, historical treasures, or other		
	public service, provide, in Part XIII, the text	of the footnote to its financial statements t	that describes these items.
b	If the organization elected, as permitted u	nder SFAS 116 (ASC 958), to report in i	ts revenue statement and balance sheet
	works of art, historical treasures, or other		
	public service, provide the following amount	· · · · · · · · · · · · · · · · · · ·	
	(i) Revenues included in Form 990, Part VIII	, line 1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works	of art, historical treasures, or other sim	ilar assets for financial gain, provide the
	following amounts required to be reported u	• • •	
а	Revenues included in Form 990, Part VIII, Iir		• \$
h	Accate included in Form 990 Part Y		<b>▶</b> ◆

_	7
Page	_

Part	III Organizations Maintaining	Collections	of Art, His	torical 1	reasures,	or Oti	ner Similar Ass	sets (con	tinued)
3	Using the organization's acquisition,	accession, and	other reco	ds, chec	k any of the	follow	ing that are a si	gnificant u	se of its
	collection items (check all that apply).								
а	☐ Public exhibition		d	☐ Loan	or exchange	e progr	ams		
b	☐ Scholarly research		e	□ Other	r				
С	☐ Preservation for future generations	3							
4	Provide a description of the organization	tion's collection	ns and expla	ain how t	hey further t	the org	anızatıon's exem	pt purpos	e ın Part
	XIII								
5	During the year, did the organization								
	assets to be sold to raise funds rather								
Part	IV Escrow and Custodial Arra	ingements.	Complete i	f the org	anization a	answer	ed "Yes" to Fo	rm 990, F	art IV,
	line 9, or reported an amour								
1a				-	or contributi	ons or	other assets no	t	
	included on Form 990, Part X? .			•				☐ Yes	☐ No
b	If "Yes," explain the arrangement in P	art XIII and cor	nplete the fo	llowing to	able.				
							Ar	nount	
C	Beginning balance					1c			
d	3 ,					1d			
е	Distributions during the year .					1e			
f	· ·					1f			
2a	Did the organization include an amount							☐ Yes	☐ No
	If "Yes," explain the arrangement in P								
Par	V Endowment Funds. Compl								
		(a) Current yea	ır <b>(b)</b> Prı	or year	(c) Two years	s back	(d) Three years back	(e) Four ye	ears back
1a	Beginning of year balance						· · · · · · · · · · · · · · · · · · ·		
þ	Contributions							<u> </u>	
С	Net investment earnings, gains, and					ł			
	losses								
d	Grants or scholarships				ļ			ļ	
е	Other expenditures for facilities and		1						
_	programs								
f	Administrative expenses					_			
g	End of year balance	L			L	1		<u> </u>	······
2	Provide the estimated percentage of	-	ir end baland	e (line 1g	g, column (a)	)) held a	as:		
a	Board designated or quasi-endowme		%						
b	Permanent endowment ▶	%	0.4						
С	Temporarily restricted endowment		% 						
20	The percentages in lines 2a, 2b, and 2			4 46	المامل مسم لم	اممامہ		_	
3a	Are there endowment funds not in th organization by.	e possession (	or the organi	zation in	at are nelo a	and ad	ministered for the		
	(i) unrelated organizations .								es No
	"		•					3a(i)	
b	(ii) related organizations If "Yes" to 3a(ii), are the related organ				· · · ·			3a(ii) 3b	
4	Describe in Part XIII the intended uses							OD _	
Pari							<del></del> -	<del></del>	
	Description of property		or other basis	T	or other basis	(c)	Accumulated	(d) Book	value
	2 description of property		estment)		other)		epreciation	(4) 2001	• a.ao
1a	Land								
b	Buildings			-	_				
c	Leasehold improvements .		<del></del> -	<del> </del>		_			
d	Equipment		108,813			_	80,541	<del></del>	28,272
e	Other								
Total.	Add lines 1a through 1e. (Column (d) r	nust equal For	m 990, Part	X, colum	n (B), line 10	)(c).)	•		28,272

Part VII	Investments - Other Securit	ies. See Form 990, Part X, lir	ne 12.
(a	Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financia	l derivatives		
	held equity interests		
(3) Other			
(A) (B)			
(C)			
(D)			
(E)	·		
(F)			
(G)			
(H)			
<u>(I)</u>			
	(b) must equal Form 990, Part X, col (B) line 12		
Part VIII	Investments—Program Rela		ine 13.
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
_(1)	<del></del>		
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
	(b) must equal Form 990, Part X, col (B) line 13		
Part IX	Other Assets. See Form 990	(a) Description	(b) Book value
<u>(1)</u>		(a) Description	(b) Book value
(2)			
(3)			
(4)			
(5)			
_(6)			
(7)	<del></del>		
_(8)			
(9)			
(10)	umn (b) must equal Form 990, Part	Y col (R) line 15.)	
Part X	Other Liabilities. See Form 9		· · · · · · · <b>.</b> · · · · · · · · · · · · · · · · · · ·
1.	(a) Description of liability	(b) Book value	
(1) Federa	I income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(9)			
(9)			
(11)			
	(b) must equal Form 990, Part X, col (B) line 25		
			inization's financial statements that reports the organization
			he footnote has been provided in Part XIII

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Page 4	

	Total revenue, gains, and other support per audited financial statements	nts V		1	
<u>.</u>	Amounts included on line 1 but not on Form 990, Part VIII, line 12	•		<b>├</b> ¹┼	
		0-1			
a	Net unrealized gains on investments	2a		-	
b	Donated services and use of facilities	2b		4	
C	Recoveries of prior year grants	2c		-	
d	Other (Describe in Part XIII.)	2d		1	
	Add lines 2a through 2d			2e	
	Subtract line 2e from line 1	i ı		3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			1	
_	Investment expenses not included on Form 990, Part VIII, line 7b	4a		4	
b	Other (Describe in Part XIII )	4b		1	
	Add lines 4a and 4b			4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		<u> </u>	5	
_	XII Reconciliation of Expenses per Audited Financial Statem	ents	With Expenses pe	er Retu	urn
	•			1	
:	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a		] [	
b	Prior year adjustments	2b			
C	Other losses	2c		] [	
d	Other (Describe in Part XIII )	2d		]	
e	Add lines 2a through 2d			2e	
,	Subtract line <b>2e</b> from line <b>1</b>			3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		1	
С	Add lines <b>4a</b> and <b>4b</b>			4c	
j	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)		5	
rt					
mp rt V	XIII Supplemental Information lete this part to provide the descriptions required for Part II, lines 3, 5, and, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b ation.				

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

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number Indiana Mineral Aggregates Association, Inc. 35-0410458 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. ☐ Mail solicitations e Solicitation of non-government grants ☐ Internet and email solicitations ☐ Solicitation of government grants c Phone solicitations Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990. Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (or retained by) fundraiser listed in col (i) (vi) Amount paid to (or retained by) organization (III) Did fundraiser have (i) Name and address of individual (iv) Gross receipts custody or control of contributions? (n) Activity or entity (fundraiser) from activity Yes No 1 3 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Gross receipts  Less Contributions	Golf Fundraiser (event type)  51.505  51.505  2.277  2.043  20.390	(event type)	(total number)	(d) Total events (add col (a) through col (c))
Less Contributions Gross income (line 1 minus line 2)  Cash prizes  Noncash prizes  Rent/facility costs  Food and beverages  Entertainment	51.505 51.505 2.277 2.043	(event type)	(total number)	
Less Contributions Gross income (line 1 minus line 2)  Cash prizes  Noncash prizes  Rent/facility costs  Food and beverages  Entertainment	51.505 2.277 2.043			
Gross income (line 1 minus line 2)	2.277			
Inne 2)	2.277			
Noncash prizes	2.043			
Rent/facility costs Food and beverages Entertainment				
Food and beverages Entertainment	20.390			
Entertainment				
Other direct expenses .				
	2.171			
Direct expense summary. Add Net income summary. Combi				26.881
Gaming. Complete if the than \$15,000 on Form 99	organization answer			eported more
	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Gross revenue	<u>-</u>			<del></del>
Cash prizes				
Noncash prizes .				
Rent/facility costs				
Other direct expenses .			_	
Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
Direct expense summary Ad	ld lines 2 through 5 in co	olumn (d) .		(
Net gaming income summary	y Combine line 1, colun	nn d, and line 7 .		
inter the state(s) in which the ord	ganization operates gar	ning activities:		
s the organization licensed to op	perate gaming activities	in each of these states		🗌 Yes 🗌 No
	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses .  Volunteer labor  Direct expense summary Ad  Net gaming income summare  ther the state(s) in which the or the organization licensed to of "No," explain.	Cash prizes	Cash prizes .  Noncash prizes .  Rent/facility costs  Other direct expenses .  Volunteer labor	Cash prizes

chedul	de G (Form 990 or 990-EZ) 2012			Page 3
11 12	Does the organization operate gaming activities with nonmembers?	_	Yes [	No
13	Indicate the percentage of gaming activity operated in:	Ш	Yes [	_ NO
a	The organization's facility			%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.			
	Name ▶			
	Address►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes [	] No
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ .  If "Yes," enter name and address of the third party:			
	Name ►			
	Address►		<b></b>	
16	Gaming manager information:			
	Name ►		<b></b>	
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	□ Director/officer □ Employee □ Independent contractor			
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes [	□ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$			
Part	Supplemental Information. Complete this part to provide the explanations required by Part I, columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also copart to provide any additional information (see instructions).			s
<b></b>				

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

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OMB No 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2012) Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, **%**□ (h) Purpose of grant or assistance 35-0410458 ✓ Yes See Part IV Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . . (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash (e) Amount of non-grant cash assistance cash assistance other) Cat No 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 145.000 Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance 501-c-6 35-1720634 (p) EIN ndiana Mineral Aggregates Asperation. Inc. Part I General Information on 1 One N Capitol #1005 Indols, IN 46204. 1 (a) Name and address of organization (1) Build Indiana Council..... or government Name of the organization Part II 6 2 9 12 € <u>(2</u>) 9 E 8 ල

Schedule I (Fo	Schedule I (Form 990) (2012)  Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	lividuals in the U	nited States. Con	nplete if the organiz	ation answered "Yes" to	Fage Form 990, Part IV, line 22.
	(a) Type of grant or assistance (b) Number of recipients	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
2						
ო						
4						
ഹ						
9						
,						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	te this part to prov	vide the informatic	on required in Part I,	line 2, Part III, column (b	), and any other additional
Purpose of	Purpose of grant to Build Indiana Council-to gromote the industry and educate the public regarding the importance of maintaining and improving the infrastructure.	: Industry and educal	te.tbe.public.regardin	ta the unportance of ma	indaioina.and improving the	nfrastructure.
.The Indiana	The Indiana Mineral Aggregates Association monitors the use of grant funds, through, its active particination on the Board of Directors, of the Build Indiana Council. There are three board.	e use of grant funds.	through its active pai	rticination on the Board	f of Directors of the Build Ind	iana Gouncil. There are three board
members.o	members.on.the Build Indiana Council board (one. of which .is .a.votung member) as well as .a.staff representative.	ch.is.a.vatina membi	er) as well as a staff r.	e presentative.		
		6 1 1 1 1 1 1 1 1 1 1 1 1 1				
				1		
			į	C.		Schedule I (Form 990) (201

#### **SCHEDULE J** (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
 Attach to Form 990.
 See separate instructions.

OMB No 1545-0047 20**12** 

Open to Public Inspection

Name of the organization Employer identification number Indiana Mineral Aggregates Association, Inc 35-0410458 Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to . . . . . . . . 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant Compensation survey or study Form 990 of other organizations ☐ Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization. 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? . 4b Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? . 5a Any related organization? If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of. The organization? . . 6a **b** Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (ii) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(O) Montocopie	(E) Total of only	
Color Jones   (1)   135,000   8,400   135,00	(A) Name and Title	(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	(b) Nontaxable benefits	(a)-(i)(a)	(F) Compensation reported as deferred in prior Form 990
				4.346	4.140	20.635	172.521	
		0						
	1)							
	<u> </u>	0	6 6 6 6 6 6 7 7 7 7 7 7 7	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	4 4 6 6 6 6 6 6 6 6 7 7 7 7 7 7 7 7 7 7		7	
	7							
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	j)							
	1)							
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	1)							
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	1)							
	II)							
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16	ii)							

Schedule J (Form 990) 2012

#### **SCHEDULE 0** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

35-0410458

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Indiana Mineral Aggregates Association, Inc.

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.

Inspection Employer identification number

Part VI Line 11-The tax return is reviewed first by the Executive Director Once reviewed,
all officers and board members are provided a copy of the tax return prior to the return being filed
Part VI Line 12-The conflict of interest policy has been communicated to all board members and employees. Any
possible conflicts are to be disclosed to other board members and made a matter of record
Part VI Line 15-The policy regarding the process of determining the compensation of the Executive Director
of the Indiana Mineral Aggregates Association, Inc. contains the following elements:
Review and approval-The compensation of the Executive Director is reviewed and approved by the board of
directors, provided that persons with conflicts of interest with respect to the issue are not involved.
Use of comparable data-The Executive Director's compensation is reviewed and approved using comparable
data for similarly qualified persons in similar organizations.
Contemporaneous documentation and recordkeeping-There is contemporaneous documentation and
recordkeeping with respect to the deliberations and decisions regarding the compensation agreement.
The compensation agreement is expressed in the form of a contract.
Part VI Line 19-The association's governing documents, conflict of interest policy and tax return are available
or review upon request at the association's office during normal business hours