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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning **SEP 1, 2012** and ending **AUG 31, 2013**

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Terminated
 - Amended return
 - Application pending

C Name of organization
INDEPENDENT INSURANCE AGENTS OF CENTRAL INDIANA, INC.

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
3435 WEST 96TH STREET

City or town, state or country, and ZIP + 4
INDIANAPOLIS, IN 46268

D Employer identification number
35-0413292

E Telephone number
317-824-3780

F Group Exemption Number **▶**

G Accounting Method: Cash Accrual Other (specify) **▶**

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: **▶ N/A**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (**6**) ◀ (insert no.) 4947(a)(1) or 527

(Form 990, 990-EZ, or 990-PF)

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **▶ \$ 31,444.**

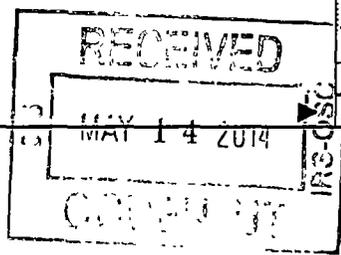
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

| | | | |
|--|--|----|---------|
| | | 1 | |
| | | 2 | |
| | | 3 | 2,700. |
| | | 4 | 39. |
| | | 5a | |
| | | 5b | |
| | | 5c | |
| | | 6a | |
| | | 6b | 28,705. |
| | | 6c | 21,123. |
| | | 6d | 7,582. |
| | | 7a | |
| | | 7b | |
| | | 7c | |
| | | 8 | |
| | | 9 | 10,321. |
| | | 10 | 3,500. |
| | | 11 | |
| | | 12 | 307. |
| | | 13 | |
| | | 14 | |
| | | 15 | |
| | | 16 | 2,016. |
| | | 17 | 5,823. |
| | | 18 | 4,498. |
| | | 19 | 24,445. |
| | | 20 | 0. |
| | | 21 | 28,943. |

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

Form 990-EZ (2012)



SCANNED JUN 06 2014 Revenue

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

| | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments | 30,320. | 34,818. |
| 23 Land and buildings | | |
| 24 Other assets (describe in Schedule O) | | |
| 25 Total assets | 30,320. | 34,818. |
| 26 Total liabilities (describe in Schedule O) SEE SCHEDULE O | 5,875. | 5,875. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 24,445. | 28,943. |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

| | | | |
|---|--|-----|--------|
| 28 SCHOLARSHIPS TO PROMOTE THE EDUCATION OF THOSE IN THE INSURANCE INDUSTRY | (Grants \$ 3,500.) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 5,823. |
| 29 | | | |
| 30 | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | |
| 31 Other program services (describe in Schedule O) | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | |
| 32 Total program service expenses (add lines 28a through 31a) | | 31a | 5,823. |
| | | 32 | 5,823. |

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|------------------------------------|--|--|---|--|
| KEN RHODEN PRESIDENT | 1.00 | 0. | 0. | 0. |
| STEVE WELLS PRESIDENT - ELECT | 1.00 | 0. | 0. | 0. |
| SCOTT WENCLEWICZ VICE-PRESIDENT | 1.00 | 0. | 0. | 0. |
| BILL LEPPERT SECRETARY/TRESURER | 1.00 | 0. | 0. | 0. |
| BILL BOLANDER DIRECTOR | 1.00 | 0. | 0. | 0. |
| BRUCE KLINEMAN DIRECTOR | 1.00 | 0. | 0. | 0. |
| ED MATTHEWS DIRECTOR | 1.00 | 0. | 0. | 0. |
| PAUL SCHAFAER DIRECTOR | 1.00 | 0. | 0. | 0. |
| TOM JOHNSON DIRECTOR | 1.00 | 0. | 0. | 0. |
| DEAN MAYFIELD DIRECTOR | 1.00 | 0. | 0. | 0. |
| KELLY SHEPHERD PURMORT DIRECTOR | 1.00 | 0. | 0. | 0. |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V

| | Yes | No |
|--|-----|-----|
| 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | | X |
| 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | | X |
| 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | | X |
| 35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | N/A | |
| 35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | | X |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | | X |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions | 37a | 0. |
| 37b Did the organization file Form 1120-POL for this year? | | X |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | | X |
| 38b If "Yes," complete Schedule L, Part II and enter the total amount involved | 38b | N/A |
| 39 Section 501(c)(7) organizations Enter | | |
| 39a Initiation fees and capital contributions included on line 9 | 39a | N/A |
| 39b Gross receipts, included on line 9, for public use of club facilities | 39b | N/A |
| 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> N/A, section 4912 <input type="checkbox"/> N/A; section 4955 <input type="checkbox"/> N/A | | |
| 40b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | N/A |
| 40c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | N/A |
| 40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization | | N/A |
| 40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | X |
| 41 List the states with which a copy of this return is filed <input type="checkbox"/> IN | | |
| 42a The organization's books are in care of <input type="checkbox"/> AMY MILLER, CONTROLLER Telephone no <input type="checkbox"/> 317-824-3780 Located at <input type="checkbox"/> 3435 W 96TH ST, INDIANAPOLIS, IN ZIP + 4 <input type="checkbox"/> 46268 | | |
| 42b 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)? If "Yes," enter the name of the foreign country <input type="checkbox"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | 42b | X |
| 42c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/> | 42c | X |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43 N/A | 43 | N/A |
| 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | X |
| 44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | X |
| 44c Did the organization receive any payments for indoor tanning services during the year? | 44c | X |
| 44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 44d | |
| 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | X |
| 45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | 45b | |

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? Yes No
 If "Yes," complete Schedule C, Part I 46 X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51
 Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II Yes No
 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 47 48
 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
 b If "Yes," was the related organization a section 527 organization? 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee paid more than \$100,000 | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--|--|---|---|--|
| N/A | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Date 5/8/14
 Signature of officer *Amy Miller*
 AMY MILLER, CPA, CONTROLLER
 Type or print name and title

| | | | | | |
|--|------------------------------------|-------------------------|---------|---|-----------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | AMANDA MEKO, CPA | <i>Amanda Meko</i> | 4/23/14 | | P01062615 |
| | Firm's name ▶ GREENWALT CPAS, INC. | Firm's EIN ▶ 35-1489521 | | Phone no. 317-241-2999 | |
| Firm's address ▶ 5342 W. VERMONT STREET INDIANAPOLIS, IN 46224 | | | | | |

May the IRS discuss this return with the preparer shown above? See instructions Yes No

INDEPENDENT INSURANCE AGENTS OF CENTRAL

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| Revenue | | (a) Event #1 | (b) Event #2 | (c) Other events NONE | (d) Total events (add col. (a) through col. (c)) |
|-----------------|------------------------------------|---|--------------|--------------------------|--|
| | | GOLF OUTING (event type) | (event type) | (total number) | |
| 1 | Gross receipts | 28,705. | | | 28,705. |
| 2 | Less: Contributions | | | | |
| 3 | Gross income (line 1 minus line 2) | 28,705. | | | 28,705. |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | 3,324. | | 3,324. |
| | 6 | Rent/facility costs | 16,277. | | 16,277. |
| | 7 | Food and beverages | | | |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses | 1,522. | | |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | (21,123.) |
| | 11 | Net income summary. Combine line 3, column (d), and line 10 | | | 7,582. |

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

| Revenue | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|---|---|---|---|---|
| | | 1 | Gross revenue | | |
| Direct Expenses | 2 | Cash prizes | | | |
| | 3 | Noncash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No |
| | 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | () |
| | 8 | Net gaming income summary. Combine line 1, column d, and line 7 | | | |

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

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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.

Name of the organization **INDEPENDENT INSURANCE AGENTS OF CENTRAL INDIANA, INC.** Employer identification number **35-0413292**

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

| DESCRIPTION OF PROPERTY: | AMOUNT: |
|--------------------------|---------|
| INTEREST | 39. |

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: GRANT

GRANTEE NAME: BALL STATE UNIVERSITY

GRANTEE ADDRESS: 2000 W. UNIVERSITY AVE. MUNCIE, IN 47306

DATE OF GIFT: 12/19/12

AMOUNT GIVEN: 2,500.

ACTIVITY CLASSIFICATION: GRANT

GRANTEE NAME: INSURANCE INSTITUTE OF INDIANA POLITICAL ACTION

COMMITTEE

GRANTEE ADDRESS: 115 W. WASHINGTON STREET, SUITE 955

INDIANAPOLIS, IN 46204

DATE OF GIFT: 12/19/12

AMOUNT GIVEN: 1,000.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 3,500.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

| DESCRIPTION OF OTHER EXPENSES: | AMOUNT: |
|--------------------------------------|---------------|
| XM LUNCHEON | 567. |
| OPERATING EXPENSES | 1,449. |
| TOTAL TO FORM 990-EZ, LINE 16 | 2,016. |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012)
232211
01-04-13

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

OMB No 1545-0047

2012

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Inspection

| | | | |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | INDEPENDENT INSURANCE AGENTS OF CENTRAL INDIANA, INC. | Employer identification number | 35-0413292 |
|--------------------------|---|--------------------------------|------------|

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|--------------------------------------|---------------|---------------|
| PAYROLL TAXES PAYABLE | 2,925. | 2,925. |
| DEFERRED REVENUE | 2,950. | 2,950. |
| TOTAL TO FORM 990-EZ, LINE 26 | 5,875. | 5,875. |

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROMOTE CONTINUING
EDUCATION AND GRANTS AND SCHOLARSHIPS TO ADVANCE THE EDUCATION OF
PROFESSIONALS IN THE INSURANCE INDUSTRY IN CENTRAL INDIANA

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.