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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► Do not enter social security numbers on this form as it may be made public Information about Form 990 and its instructions is at www.irs.gov/form990.

2014

OMB No 1545-0047

Open to Public Inspection

| | | | dar year, or tax year begi | nning 6/01 | , 2014, and | l ending | | | , 20 | | |
|--------------------------------|----------------------------------|-----------------------------------|--|--|---|-------------|------------------|-----------------------|------------------|----------------|--------------|
| В | Check if app | licable | C | | | | ן ני |) Employer | r identification | number | |
| | Address | s change | INDIANA MORTGAG | E BANKERS, INC. | | | L | 23-7 | 345226 | | |
| | Name o | change | P.O. BOX 596 | 0.0 | | | E | Telephone | e number | | |
| | Initial re | eturn | FISHERS, IN 460 | 38 | | | L | 317- | 773-734 | 14 | |
| | Final retu | rn/terminated | | | | | Γ | | | | |
| | Amende | ed return | | | | | 0 | Gross rec | eipts \$ | 242 | ,179. |
| | Applica | tion pending | F Name and address of princi | pal officer | | F | l(a) Is this a g | roup return | for subordinat | | 107 |
| | | | SAME AS C ABOVE | | | F | (b) Are all su | bordinates in | ncluded? | Yes | No |
| ī | Tax-exem | pt status | 501(c)(3) X 501(c) (| 6) ◄ (insert no) | 4947(a)(1) or | 527 | if 'No,' att | ach a list (s | see instruction | is) — | |
| J | Website | e: ► N/ | | <u> </u> | ,,,, | | I(c) Group exe | emption num | nber ► | | |
| K | | rganization | X Corporation Trust | Association Other | L Year o | of formatio | | | ite of legal do | micile IN | T |
| | | Summar | | 7 GSGCGGGTT GGTCT | L Toda o | | . 1930 | 111 312 | | miche IIV | 1 |
| Га | | | | sion or most significant activ | vities EDIIC | እ ጥ T () እ | OF ME | MDEDC. | | | |
| | ਾ ਹਾ | | | APPROXIMATELY 150 | | | | | בטנופ בים | N DTED | |
| Governance | 7,7 | | | IANA, WHO BENEFIT | | | | | | | |
| nar | AS AS | SOCIAT | | TATION HOLDS TWO N | | | | | | | <u> 7</u> |
| Ver | 2 Che | ck this bo | x ► If the organizati | on discontinued its operation | | | | | | <u> </u> | |
| ဗ | 3 Nur | | | erning body (Part VI, line 1a | | | | | 3 | | 14 |
| જ | 4 Nun | nber of in | dependent voting membe | rs of the governing body (Pa | art VI, line 1b) | | | | 4 | | 0 |
| Activities & | | | | ın calendar year 2014 (Part | V, line 2a) | | | | 5 | | Ö |
| ţi | | | of volunteers (estimate i | | | | | | 6 | | 0 |
| Ac | | | | Part VIII, column (C), line | 12 | | | | 7a | | 0. |
| | b Net | unrelated | business taxable income | from Form 990-T, line 34 | | | • | | 7b | | 0. |
| | | | | 7 | | | Pric | or Year | (| urrent Y | ear |
| Ð | | | and Grants (Part VIII, Inf | | | | | | | | |
| Revenue | 9 Pro | gram serv | ice Tevenuer (Fart All) in | e 2g) | | | | 215,03 | | 242 | <u>,135.</u> |
| leve | 10 Inve | estment in | come (Part VIII, column | (A), lines 3, 4, and /d) | | | | 6 | 51. | | 44. |
| ш, | | | | ines 5, 6d, 8c, 9c, 10c, and | | ^ | <u> </u> | 015 00 | - | | 150 |
| | | | | 1 (must equal Part VIII, colu | ımın (A), iine 12 | 2) | <u> </u> | 215,09 | | | ,179. |
| | | | | IX, column (A), lines 1-3) | | | | 2,46 | 5. | 5 | <u>,800.</u> |
| | | | to or for members (Part | | 48.1 | | | | | | |
| ရွ | 15 Sala | | | ee benefits (Part IX, column | (A), lines 5-10 | J) | | | | | |
| Expenses | 16 a Pro | tessional | fundraising fees (Part IX, | column (A), line 11e) | | | | | | | |
| cbe | b Tota | al fundrais | sing expenses (Part IX, co | olumn (D), line 25) ► | | | | | | | |
| ũ | 17 Oth | er expens | es (Part IX, column (A), I | ines 11a-11d, 11f-24e) | | | | 202,38 | 7. | 229 | ,846. |
| | l | | | equal Part IX, column (A), | line 25) | | | 204,85 | | | ,646. |
| | 19 Rev | | expenses Subtract line | | ŕ | | | 10,24 | | | ,533. |
| 8 6 | | | , participation in the | | | | Beginning | | | End of Ye | |
| alan, | 20 Tota | al assets (| Part X, line 16) | | | | | 108,08 | | | ,616. |
| A B | 21 Tota | | s (Part X, line 26) | | | | | $\frac{100,00}{2,57}$ | | | , 573. |
| Net Assets or Fund Balances | 22 Net | | fund balances Subtract | line 21 from line 20 | | | | | | | |
| | | | | mie ZT HOM MIE ZV | · | | | 105,51 | 1. | 112 | <u>,043.</u> |
| | | Signatur | | | | | | | | | |
| Unde | er penalties of plete Declara | f perjury. I de Ition of prepa | clare that have examined this re refolior than officer is based o | eturn, including accompanying schedi n all information of which preparer ha | ules and statements as any knowledge | , and to th | ie best of my l | knowledge ai | nd belief, it is | true, correc | t, and |
| | 7 | | Vall Vall | | , | | | | | | |
| c. | | Signatu | re of officer | | | | Date | | | | |
| Sig | | | | | | | | | | | |
| He | re | | N W THORUP | | | | EXECUT | TAE D | LREC | | |
| | | | | | | | 4 | | 1 == - | | |
| | | | reparer's name | reparer's signature | V | | ا ہے،/ | neck | f PTIN | | |
| Pai | , | DEBORA | H L. KELB | NUTOWNY)./ | Celb 10 | 0/6/ | /) se | If-employed | [P00] | <u> 175547</u> | |
| | parer | Firm's name | | KELB, CPA, PC | | · · · · · · | | | | | |
| Us | e Only | Firm's addre | ss * 819 E. 64TH | STREET STE 104 | | | Fı | rm's EIN 🟲 | 20-085 | 2548 | |
| _ | | | INDIANAPOLIS | S, IN 46220 | | | Pi | none no 3 | 3174661 | 040 | |
| May | the IRS | discuss th | | r shown above? (see instruc | rtions) | | | | | Yes | No |

Yes No Form **990** (2014)

| Form | 990 (2014) INDIANA MORTGAGE BANKERS, INC. 23-7345226 | | |
|------|--|-------------------|----------------|
| Par | t III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | X |
| 1 | Briefly describe the organization's mission | | |
| | SEÈ SCHEDULE O | | |
| | | | |
| | | | |
| | | | |
| 2 | , | | _ |
| | Form 990 or 990-EZ? | | Yes X No |
| _ | If 'Yes,' describe these new services on Schedule O | . \Box | 🗖 |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program servi If 'Yes,' describe these changes on Schedule O | ces? | Yes X No |
| 4 | Describe the organization's program service accomplishments for each of its three largest program service | es, as measured | by expenses |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations and revenue, if any, for each program service reported | to others, the to | ital expenses, |
| | and revenue, if any, for each program service reported | | |
| | (Code) (Function & 110,000 and white exerts of &) (Po | | 140 155) |
| 4 8 | | venue \$ | 148,177.) |
| | APPROXIMATELY 150 MEMBER COMPANIES BENEFIT FROM THE PROGRAMS PRESI | | |
| | ORGANIZATION FOR THEIR EDUCATION AND MUTUAL GOALS. THE ASSOCIATION AND MUTUAL GOALS. | ~ . | |
| | EVENTS EACH YEAR, A CONVENTION, AND A PRODUCTION AND SERVICING COL | | THE |
| | CHAPTERS HOLD SMALLER, SPECIAL MEEINGS DESIGNED TO EDUCATE AND UP | DATE THE M | EMBERS. |
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| 4 t | (Code) (Expenses \$ including grants of \$) (Re | venue \$ |) |
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| 40 | Other program services. (Describe in Schedule O) | | |
| _ | (Expenses \$ including grants of \$) (Revenue \$ | |) |
| 4 e | Total program service expenses ► 119,808. | | |

| | • | | 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 | | х |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III | 5 | Х | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III | 8 | | X |
| 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 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable | | | |
| ā | Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI | 11 a | | Х |
| ŀ | Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII | 11 b | | Х |
| C | Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII | 11 c | | Х |
| C | I Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX | 11 d | | Х |
| | e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11 e | | Х |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X | 11 f | | X |
| 12 a | a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII | 12a | | Х |
| | Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional | 12 b | _ | Х |
| | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| t | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II | 18 | | Х |
| | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III | 19 | | <u> </u> |
| | a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | 20 | | X |
| t | olf 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20 b | | |

Part IV Checklist of Required Schedules (continued)

| | • | | Yes | No |
|------------|---|------|-----|--------|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II | 21 | | Х |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III | 22 | | х |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> | 23 | | х |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25a | 24a | | x |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| C | I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I | 25a | | |
| Ŀ | 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 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II | 26 | | х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III | 27 | | х |
| 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) | - | | |
| а | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | | Х |
| b | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28b | | Х |
| | 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 | | х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II | 32 | | х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I | 33 | | Х |
| 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 | | х |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI | 37 | | Х |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | | Х |
| BAA | | Form | 990 | (2014) |

| | n 990 (2014) INDIANA MORTGAGE BANKERS, INC. | 23-7345226 | | P | age |
|-----------|--|-------------------------|--|-----|------|
| <u>Pa</u> | rt V Statements Regarding Other IRS Filings and Tax Compliance | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | | |
| | · | | | Yes | No |
| | a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 1 a 0 | | i | |
| | b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1 b 0 | | l | |
| | c Did the organization comply with backup withholding rules for reportable payments to vendors and r | | | | |
| | (gambling) winnings to prize winners? | | 1 c | | |
| 2 | a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | | | |
| | | 2a 0 | | | |
| | b If at least one is reported on line 2a, did the organization file all required federal employmen | | 2 b | | |
| _ | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in | · | | | v |
| | a Did the organization have unrelated business gross income of \$1,000 or more during the year | _ | 3 a | | X |
| | b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O | <u> </u> | 3 b | | |
| 4 | a At any time during the calendar year, did the organization have an interest in, or a signature or other | er authority over, a | | | Х |
| | financial account in a foreign country (such as a bank account, securities account, or other fi | manciai account)? | 4 a | | ^ |
| | b If 'Yes,' enter the name of the foreign country | A (FDAD) | | | |
| _ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial | _ ` ′ / | | | - 17 |
| | a Was the organization a party to a prohibited tax shelter transaction at any time during the tax | · — | 5 a | | X |
| | b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt | <u> </u> | 5 b | | X |
| (| c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | | 5 c | | |
| 6 | a Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions? | nd did the organization | 6- | | Х |
| | | <u> </u> | 6 a | | Λ. |
| | b If 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible? | | 6ь | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | İ | |
| i | a Did the organization receive a payment in excess of \$75 made partly as a contribution and p | | | | |
| | services provided to the payor? | <u> </u> | 7 a | | |
| | b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | <u> </u> | 7 b | | |
| (| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it in Form 8282? | | 7 c | | |
| , | d If 'Yes,' indicate the number of Forms 8282 filed during the year | 7d | - | | |
| | e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal | | 7 e | | |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal beni | | 7 f | _ | |
| | g If the organization received a contribution of qualified intellectual property, did the organization file | <u> </u> | ' | + | |
| , | as required? | | 7 g | | |
| I | n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C? | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | | 7 h | | |
| | organization have excess business holdings at any time during the year? | · · · · — | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | _ | | - | |
| - | a Did the sponsoring organization make any taxable distributions under section 4966? | | 9 a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related pers | | 9 b | | |
| | Section 501(c)(7) organizations. Enter: | | - | | |
| | a Initiation fees and capital contributions included on Part VIII, line 12 | 10a | - | - 1 | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| | Section 501(c)(12) organizations. Enter | [100] | | | |
| | a Gross income from members or shareholders | 1 11 -1 | | ł | |
| | | 11 a | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 116 | | | |
| 12 | a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o | f Form 1041? 1 | 2 a | | |
| ı | olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | [| |
| i | Is the organization licensed to issue qualified health plans in more than one state? | 1 | 3 a | | |
| | Note. See the instructions for additional information the organization must report on Schedule | e O | | | _ |
| ı | 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 | 13 b | | | |
| • | Finter the amount of reserves on hand | 13c | - 1 | - 1 | |

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

14 a

Form 990 (2014) INDIANA MORTGAGE BANKERS, INC. 23-7345226 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 14 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 1 b 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 X 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? Х 8 a **b** Each committee with authority to act on behalf of the governing body? X 8 b 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 q Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10 a Did the organization have local chapters, branches, or affiliates? X 10 a b 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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes.' describe in Schedule O how this was done 12 c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a **b** Other officers or key employees of the organization 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safequard the organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > IN Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website Own website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

ALAN W THORUP PO BOX 596

FISHERS IN 46038 317-773-7344

| Form 990 (2014) | TNDTANA | MORTGAGE | BANKERS. | TNC |
|------------------------|---------|----------|----------|-----|

23-7345226

Pane **7**

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| | | | | (C) | | | | | | |
|--|---|--|-----------------------|--|---|--|----------|-----------------|-----------------|--|
| (A) Name and Title | (B) Average hours per | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation | | | | |
| | week (list any hours for related organiza- tions below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) ANTHONY RUIZ | 1_ | | | | | | | | | |
| CHAPTERCHAIRMAN | 0 | Х | | | | | | 0. | 0. | 0. |
| (2) LOUIS CRONMILLER | 1_ | | | | | | | | | |
| CHAPTERCHAIRMAN | 0 | Х | | | | | _ | 0. | 0. | 0. |
| (3) DEBRA BASS | 1 | | | | | | | | | |
| DIRECTOR | 0 | X | | | | | | 0. | 0. | 0. |
| (4) MATT BYRD | 1 | | | | | | | | | |
| CHAPTERCHAIRMAN | 0 | X | | | | | | 0. | 0. | 0. |
| (5) TODD DONLEY | 1 | | | | | | | | | |
| DIRECTOR | 0 | X | | | | | | 0. | 0. | <u> </u> |
| (6) KRISTINE CLARK | 1 | | | | | | | | | |
| CHAPTERCHAIRMAN | 0 | Х | | | | | | 0. | 0. | 0. |
| → KAREN RANSTALL → CONTROL 1 | Į | | | | | | | | |
| CHAPTERCHAIRMAN | 0 | Х | | | | | | 0. | 0. | 0. |
| (8) DAVE MILLER | 1 | | | | | | | | | |
| DIRECTOR | 0 | X | | | | | | 0. | 0. | 0. |
| (9) CLINT MORGAN | 1 | | | | | | | | | |
| DIRECTOR | 0 | Х | | | | | | 0. | 0. | 0. |
| (10) CHRIS WEIBERG | 11 | | | | | | | | | |
| DIRECTOR | 0 | Х | | | | | | 0. | 0. | 0. |
| (11) BOB WAMPLER | 1 | | | | | | | | | |
| PRESIDENT | 0 | | | Х | | | | 0. | 0. | 0. |
| (12) SUSIE AVERY CRMP | 1 | | | | | | | | | |
| PAST PRESIDENT | 0 | | | Х | | | | 0. | 0. | 0. |
| (13) JOE HUNTZINGER, CRMP | 1 | | | | | | | | | |
| VICE PRESIDENT | _ o _ | | | Х | | | | 0. | 0. | 0. |
| (14) DEBORAH RYNEARSON | _1_ | | | | | | \sqcap | | | |
| SECRETARY/TREAS | 0 | | | Х | | | | 0. | 0. | 0. |

| Part VII Section A. Unicers, Directors, Ir | | ney | | | | es, | an | a nignest Con | npensated Emp | loyee | S (cont | inued) |
|--|--|----------------|-----------------------|----------------------|-----------------------------------|------------------------------|---------------|--|--|----------|---|---------------|
| (A) Name and title | Average hours per | box | , unle | heck ss pe | sition more erson direct | than is bot or/trus | h an stee) | (D) Reportable compensation from | (E) Reportable compensation from | amo | (F) stimate | ther |
| | week (list any hours for related organiza tions below dotted line) | or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | or ar | npensat from the ganization nd relate anization | e on ed |
| (15) | | | | | | | | | | | | |
| (16) | | | | | | | | | _ | | | |
| (17) | | | | | | | | | | , | | |
| (18) | | | | | | | | | | | | |
| (19) | | | | - | | | | | | | | |
| (20) | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | |
| (22) | | 1 | | | | | | | | | | |
| (23) | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | |
| 1 b Sub-total | | | L I | | <u> </u> | | - | 0. | 0. | | | 0. |
| c Total from continuation sheets to Part VII, Secti | on A | | | | | | ▶ | 0. | 0. | | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | ▶ | 0. | 0. | | | 0 . |
| 2 Total number of individuals (including but not limited from the organization ▶ 0 | to those l | sted | abov | /e) v | vho | recer | ved | more than \$100,00 | 0 of reportable comp | ensatio | n | |
| | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for suc | tor, or tru h individua | stee, al | key | em | ploy | ee, o | or h | ighest compensate | ed employee | 3 | | X |
| 4 For any individual listed on line 1a, is the sum of the organization and related organizations greater | reportabler than \$15 | e con 50,00 | nper | nsat <i>If 'Y</i> | ion 'es' | and com | othe | er compensation fi e Schedule J for | om | | - | |
| such individual Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes | e compen | sation | n fro | m a | any i | unrel | ated | d organization or i | ndıvıdual | 4 | | X |
| Section B. Independent Contractors | s, comple | ie sc | nead | uie . | יטו כ | Suc | πρε | erson | | 5 | | X |
| Complete this table for your five highest compensation from the organization. Report comper | sated inde | pend the ca | ent | con dar y | trac /ear | tors i | that | received more that | an \$100,000 of ganization's tax year | | | |
| (A) Name and business add | ress | | | | | | | (B) Description of | of services | Compe | C) insatio | on |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 Total number of independent contractors (including to | | ted to | tho | se li | sted | abo | ve) v | who received more | than 🚓 | l de la | | Marki |
| \$100,000 of compensation from the organization | - 0 | | | | | | | | | | | 总统 |

| | Check if Schedule O contains a response or note to | | | (C) | |
|--|--|---|--|--|--|
| | , | Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded from tax under sections 512-514 |
| nts Its | 1 a Federated campaigns 1 a | | | | |
| irar | b Membership dues 1 b | | | | |
| s, G | c Fundraising events 1c | | | | |
| Gift Iar | d Related organizations 1 d | | | | |
| ns, | e Government grants (contributions) | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | f All other contributions, gifts, grants, and similar amounts not included above 1 f | | | | |
| d C | g Noncash contributions included in lines 1a-1f \$ | | | | |
| <u>2 g</u> | h Total. Add lines 1a-1f | • | | | |
| Program Service Revenue | Business Code | | | | |
| eve | 2a EDUCATIONAL SEMINARS | 148,177. | 148,177. | | |
| e H | b MEMBERSHIP DUES & ASSESSMENTS c | 93,958. | 93,958. | | |
| ξ | d | | | | |
| Š | e | | | | |
| grar | f All other program service revenue | | | | |
| Pro | g Total. Add lines 2a-2f | 242,135 . | | | |
| _ | 3 Investment income (including dividends, interest and | 242,133. | | · · · · · · · · · · · · · · · · · · · | |
| | other similar amounts) | 44. | | | 44. |
| | 4 Income from investment of tax-exempt bond proceeds | . • | | | |
| | 5 Royalties | • | | · | |
| | (i) Real (ii) Personal | | | | |
| | 6 a Gross rents | _ | | | |
| | b Less rental expenses | _ | | | |
| | c Rental income or (loss) d Net rental income or (loss) | <u> </u> | | | - |
| | (i) Securities (ii) Other | - | | | |
| | 7 a Gross amount from sales of assets other than inventory | - | | | |
| | | | | | |
| | b Less cost or other basis and sales expenses | | | | |
| | c Gain or (loss) | | | | |
| | d Net gain or (loss) | • | | | |
| ø | 8a Gross income from fundraising events | | | | |
| Ē | (not including \$ | | | | |
| eķe | of contributions reported on line 1c) | | | | |
| r T | See Part IV, line 18 | | | | |
| Other Revenue | b Less direct expenses b | _ | _ | | |
| Ď | c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 | | | <u>.</u> | |
| | | | | | |
| | b Less direct expenses b | | | | |
| | c Net income or (loss) from gaming activities | - | | | |
| | 10a Gross sales of inventory, less returns and allowances | | | | |
| | b Less cost of goods sold b | | | · · · · · · · · · · · · · · · · · · · | |
| | c Net income or (loss) from sales of inventory | P | | | <u> </u> |
| | Miscellaneous Revenue Business Code | | | | - |
| | 11a | | | | |
| | b | | | | |
| | d All other revenue | | | | |
| | e Total. Add lines 11a-11d | • | | | |
| | 12 Total revenue. See instructions. | 242,179. | 242,135. | 0. | 44. |
| | | | | υ. | |

Part IX Statement of Functional Expenses

| 000 | • Check if Schedule O contains a response or note to any line in this Part IX | | | | | | | | |
|--------|--|-----------------------|---------------------------------------|-------------------------------------|--------------------------------|--|--|--|--|
| | not include amounts reported on lines 7b, 8b, 9b, 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 domestic organizations and domestic governments See Part IV, line 21 | 5,800. | 5,800. | | | | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | | | | | | | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | 0. | 0. | 0. | 0. | | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | 0. | 0. | 0. | | | | |
| 7 | Other salaries and wages | | • | | | | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | • | | | | | | |
| 9 | Other employee benefits | | | | | | | | |
| 10 | Payroll taxes | | _ | | | | | | |
| 11 | Fees for services (non-employees) | | | | | | | | |
| | a Management | 71 175 | | 71 475 | | | | | |
| | Legal | 71,475. | <u> </u> | 71,475. | | | | | |
| | _ - | 3,996. | · · · · · · · · · · · · · · · · · · · | 3,996. | - | | | | |
| | Accounting | 1,790. | | 1,790. | · . | | | | |
| | Lobbying | 13,529. | | 13,529. | | | | | |
| | Professional fundraising services See Part IV, line 17 | | | | | | | | |
| | Investment management fees | | | | | | | | |
| g | Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) | 5,213. | | 5,213. | | | | | |
| 12 | Advertising and promotion | 196. | | 196. | | | | | |
| | Office expenses | 150. | | 170. | <u></u> | | | | |
| 14 | · | 3,042. | 3,042. | | | | | | |
| | | 3,042. | 3,042. | | | | | | |
| 15 | | | | | | | | | |
| 16 | Occupancy | | | | | | | | |
| | Travel | 2,461. | | 2,461. | | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | | | | | |
| 19 | Conferences, conventions, and meetings | 110,322. | 110,322. | | | | | | |
| 20 | Interest | | | | | | | | |
| 21 | Payments to affiliates | | | | | | | | |
| 22 | Depreciation, depletion, and amortization | | | | · | | | | |
| 23 | Insurance | 1,866. | | 1,866. | | | | | |
| | 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) | 1,000. | | 1,000. | | | | | |
| á | DUES & SUBSCRIPTIONS | 5,050. | | 5,050. | | | | | |
| _ | BOARD EXPENSES | 3,161. | | 3,161. | | | | | |
| | TELEPHONE | 2,784. | 84. | 2,700. | | | | | |
| | BANK_CHARGES | 1,937. | 04.) | | | | | | |
| | | 3,024. | 560 | 1,937. | | | | | |
| | All other expenses | | 560. | 2,464. | | | | | |
| | Total functional expenses. Add lines 1 through 24e | 235,646. | 119,808. | 115,838. | 0. | | | | |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720) | | | | | | | | |

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year Cash - non-interest-bearing 1 40,586. 44,097 Savings and temporary cash investments 2 63,987 74,030 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a b Less accumulated depreciation 10b 10 c 11 Investments - publicly traded securities 11 12 Investments – other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 108,084 16 114,616. 17 Accounts payable and accrued expenses 2,573. 17 2,573 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 ⊔abilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 Total liabilities. Add lines 17 through 25 2,573 26 2,573. Organizations that follow SFAS 117 (ASC 958), check here > X and complete Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 105,511 112,043. 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Find Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. þ Capital stock or trust principal, or current funds 30 ţ Paid-in or capital surplus, or land, building, or equipment fund 31 31

BAA

32

33

34

112,043

32

33

34

105,511

108,084

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

| | n 990 (2014) INDIANA MORTGAGE BANKERS, INC. | 23-734522 | 6 | Page 12 |
|-----|---|-------------|---------|---|
| Pa | rt XI Reconciliation of Net Assets | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | X |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 242 | 2,179. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 235 | 5,646. |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 5,533. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 5,511. |
| 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) SEE SCHEDULE O | 9 | | -1. |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 112 | 2,043. |
| Pa | t XII Financial Statements and Reporting | | | · · · · · · |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | |
| | | | Y | es No |
| 1 | Accounting method used to prepare the Form 990 X Cash Accrual Other | | . [] | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O | | | |
| 2 8 | a Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 a | X |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both Separate basis Both consolidated and separate basis | viewed on a | | |
| ı | Were the organization's financial statements audited by an independent accountant? | | 2 b | X |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sebasis, consolidated basis, or both Separate basis Both consolidated and separate basis | eparate | | |
| • | If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? | audit, | 2 c | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule ${\sf O}$ | | | |
| 3 8 | a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133? | ngle | 3 a | Х |
| | olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits | ed audit | 3 b | |
| BAA | <u> </u> | | Form 99 | 90 (2014) |

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and it instructions is at www.irs.gov/form990.

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) (see instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then

| • ; | Section 501(c)(4), (5), or (6) o | organizations Complete Part III | | | |
|------|--|--|-------------------------|--|--|
| Name | e of organization | · · · · · · · · · · · · · · · · · · · | | Employer identific | ation number |
| | DIANA MORTGAGE BANK | | | 23-734522 | |
| Pa | rt I-A Complete if the o | rganization is exempt under secti | on 501(c) or is a | section 527 organi | zation. |
| 1 | Provide a description of the | organization's direct and indirect political c | ampaign activities in | Part IV | |
| 2 | Political expenditures | | | ► \$ | |
| 3 | | | | | _ |
| Pa | rt I-B Complete if the o | rganization is exempt under secti | on 501(c)(3). | | - |
| 1 | Enter the amount of any exc | ise tax incurred by the organization under | section 4955 | ▶ \$ | |
| 2 | Enter the amount of any exc | cise tax incurred by organization managers | under section 4955 | ► \$ | |
| 3 | If the organization incurred a | a section 4955 tax, did it file Form 4720 for | this year? | | Yes No |
| 4: | a Was a correction made? | | | | Yes No |
| 1 | b If 'Yes,' describe in Part IV | | | | |
| Pa | rt I-C Complete if the o | rganization is exempt under secti | on 501(c), excep | t section 501(c)(3) | |
| 1 | Enter the amount directly ex | pended by the filing organization for section | n 527 exempt functio | n activities >\$ | · · · · · · · · · · · · · · · · · · · |
| 2 | Enter the amount of the filing of function activities | organization's funds contributed to other organ | izations for section 52 | 7 exempt ►\$ | |
| 3 | Total exempt function expen line 17b | ditures Add lines 1 and 2 Enter here and | on Form 1120-POL, | ► \$ | |
| 4 | Did the filing organization file | e Form 1120-POL for this year? | | | Yes X No |
| 5 | Enter the names, addresses organization made payments amount of political contribution | and employer identification number (EIN) of For each organization listed, enter the an is received that were promptly and directly delal action committee (PAC). If additional spa | nount paid from the f | iling organization's fund | nich the filing |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter-0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

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

Schedule C (Form 990 or 990-EZ) 2014

| Schedule C (Form 990 or 990-EZ) 2014 | TAIDTANIA | MODECACE | DAMMEDO | TNC |
|---|-----------|-----------|---------|-----|
| Schedule 6 (1 01111 330 01 330-LL) 2014 | INDIANA | MORTGAGE: | BANKERS | INI |

23-7345226

Page 2

| Part II-A Complete if section 501 | the organization | on is exempt under sec | ction 501(c)(3) and | filed Form 5/68 (el | lection under |
|---|--|---|--|---|-----------------------------|
| | | age to an affiliated group (and | list in Part IV each affilia | atod group mombar's name | |
| A Check In the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures) | | | | θ, | |
| | | ecked box A and 'limited con | | | |
| (The term | | ying Expenditures ans amounts paid or incurr | ed.) | (a) Filing organization's totals | (b) Affiliated group totals |
| · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | ublic opinion (grass roots lob | | <u> </u> | |
| | - | legislative body (direct lobby | · · · | - | - |
| c Total lobbying expendit | | | • | | |
| d Other exempt purpose | expenditures | | | | |
| e Total exempt purpose e | expenditures (add li | nes 1c and 1d) | | | |
| f Lobbying nontaxable ar both columns | nount Enter the ar | nount from the following tabl | e ın | | |
| If the amount on line 1e, col | umn (a) or (b) ıs | The lobbying nontaxable a | amount is | | |
| Not over \$500,000 | | 20% of the amount on line 1e | | | |
| Over \$500,000 but not over \$1 | <u> </u> | \$100,000 plus 15% of the excess | | | |
| Over \$1,000,000 but not over \$ | · · · · · · · · · · · · · · · · · · · | \$175,000 plus 10% of the excess | | | |
| Over \$1,500,000 but not over \$ | \$17,000,000 | \$225,000 plus 5% of the excess of | ver \$1,500,000 | | |
| over \$17,000,000 g Grassroots nontaxable | amount (enter 25% | of line 15 | | | |
| h Subtract line 1g from lir | | | | | - |
| i Subtract line 1f from lin | | • | | | |
| j If there is an amount other | | |) 4700 داء داء | roporting | |
| section 4911 tax for this | | into the organical tractions | anization file Form 4/20 | reporting | ∏Yes ∏No |
| section 4911 tax for this | | · · | | reporting | Yes No |
| | s year? ne organizations th | 4-Year Averaging Period U at made a section 501(h) ele ns below. See the instructio | nder Section 501(h) | omplete all of the five | Yes No |
| | s year? ne organizations th colum | 4-Year Averaging Period U at made a section 501(h) ele | nder Section 501(h) ection do not have to cons for lines 2a through | omplete all of the five 1 2f.) | Yes No |
| | s year? ne organizations th colum | 4-Year Averaging Period U at made a section 501(h) ele ns below. See the instructio | nder Section 501(h) ection do not have to cons for lines 2a through | omplete all of the five 1 2f.) | Yes No |
| (Som | s year? ne organizations th colum Lob | 4-Year Averaging Period U at made a section 501(h) ele ns below. See the instruction bying Expenditures During | nder Section 501(h) ection do not have to cons for lines 2a through 4-Year Averaging Perio | omplete all of the five n 2f.) od | |
| Calendar year (or fiscal year beginning in) 2 a Lobbying non-taxable | s year? ne organizations th colum Lob | 4-Year Averaging Period U at made a section 501(h) ele ns below. See the instruction bying Expenditures During | nder Section 501(h) ection do not have to cons for lines 2a through 4-Year Averaging Perio | omplete all of the five n 2f.) od | |
| Calendar year (or fiscal year beginning in) 2 a Lobbying non-taxable amount b Lobbying ceiling amount (150% of line | s year? ne organizations th colum Lob | 4-Year Averaging Period U at made a section 501(h) ele ns below. See the instruction bying Expenditures During | nder Section 501(h) ection do not have to cons for lines 2a through 4-Year Averaging Perio | omplete all of the five n 2f.) od | |
| Calendar year (or fiscal year beginning in) 2 a Lobbying non-taxable amount b Lobbying ceiling amount (150% of line 2a, column (e)) c Total lobbying | s year? ne organizations th colum Lob | 4-Year Averaging Period U at made a section 501(h) ele ns below. See the instruction bying Expenditures During | nder Section 501(h) ection do not have to cons for lines 2a through 4-Year Averaging Perio | omplete all of the five n 2f.) od | |
| Calendar year (or fiscal year beginning in) 2 a Lobbying non-taxable amount b Lobbying ceiling amount (150% of line 2a, column (e)) c Total lobbying expenditures d Grassroots nontaxable | s year? ne organizations th colum Lob | 4-Year Averaging Period U at made a section 501(h) ele ns below. See the instruction bying Expenditures During | nder Section 501(h) ection do not have to cons for lines 2a through 4-Year Averaging Perio | omplete all of the five n 2f.) od | |
| Calendar year (or fiscal year beginning in) 2 a Lobbying non-taxable amount b Lobbying ceiling amount (150% of line 2a, column (e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line | s year? ne organizations th colum Lob | 4-Year Averaging Period U at made a section 501(h) ele ns below. See the instruction bying Expenditures During | nder Section 501(h) ection do not have to cons for lines 2a through 4-Year Averaging Perio | omplete all of the five n 2f.) od (d) 2014 | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity | |) | (b) | |
|--|--|----|--------------|--|
| | | No | Amount | |
| During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | - | |
| a Volunteers? | | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | |
| c Media advertisements? | | | | |
| d Mailings to members, legislators, or the public? | | | | |
| e Publications, or published or broadcast statements? | | | | |
| f Grants to other organizations for lobbying purposes? | | | · | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | |
| i Other activities? | | | | |
| j Total Add lines 1c through 1i | | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | |
| b If 'Yes,' enter the amount of any tax incurred under section 4912 | | | | |
| c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 | | | · · · | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | | | Yes | No |
|-----|---|---|-----|----|
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | 1 | | X |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | | X |
| _ 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | 3 | | X |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'

| 1 Dues, assessments and similar amounts from members | 1 | 93,958. |
|---|-----|----------|
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a Current year | 2 a | 13,528. |
| b Carryover from last year | 2 b | <u> </u> |
| c Total | 2 c | 13,528. |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | 12,023. |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political | | |
| expenditure next year? | 4 | 1,505. |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 5 | 0. |

Part IV | Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

SCHEDULE 0 (Form 990 or 990-EZ)

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.

2014

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

INDIANA MORTGAGE BANKERS, INC

Employer identification number 23-7345226

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

EDUCATION OF MEMBERS:

THE ASSOCIATION SERVES APPROXIMATELY 150 MEMBERS, BELONGING TO VARIOUS CHAPTERS ACROSS THE STATE OF INDIANA, WHO BENEFIT FROM THE PROGRAMS PRESENTED BY THE THE ASSOCIATION HOLDS TWO MAIN EVENTS EACH YEAR, A CONVENTION AND A ASSOCIATION. PRODUCTION AND SERVICING CONFERENCE. ALONG WITH SMALLER MONTHLY AND SPECIAL MEETINGS, THESE EVENTS ARE DESIGNED TO EDUCATE AND UPDATE THE MEMBERS AND THE MORTGAGE COMMUNITY ON VARIOUS TOPICS RELEVANT TO THE RESIDENTIAL MORTGAGE BANKING INDUSTRY.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO DOCUMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

ROUNDING

| | \$ -1. |
|-------|-----------|
| TOTAL | \$ 1. |