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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2016

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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-EZ and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning		January 1	, 2016, and ending	December 31	, 2016
B Check if applicable		C Name of organization		D Employer identification number	
<input type="checkbox"/> Address change		Central Indiana CPCU Society Chapter, Inc.		310908122	
<input type="checkbox"/> Name change		Number and street (or P.O. box, if mail is not delivered to street address)		E Telephone number	
<input type="checkbox"/> Initial return		P O Box 44754		812-230-7678	
<input type="checkbox"/> Final return/terminated		City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption Number	
<input type="checkbox"/> Amended return		Indianapolis, IN 46244-0754		►	
<input type="checkbox"/> Application pending					
G Accounting Method.		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
I Website: ► www.centralindiana cpcusociety org					
J Tax-exempt status (check only one) —		<input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) () <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Form of organization:		<input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			
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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$					

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

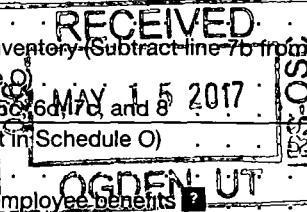
Revenue	1 Contributions, gifts, grants, and similar amounts received	1 34,180 84	1	
			2 Program service revenue including government fees and contracts	2 36,992 50
	3 Membership dues and assessments	3	4	
	4 Investment income	4		
	5a Gross amount from sale of assets other than inventory	5a		
	b Less: cost or other basis and sales expenses	5b		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
	6 Gaming and fundraising events			
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
	c Less: direct expenses from gaming and fundraising events	6c		
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
	7a Gross sales of inventory, less returns and allowances	7a		
	b Less: cost of goods sold	7b		
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
	8 Other revenue (describe in Schedule O)	8		
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 71,173 34		
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 3,000 00		
	11 Benefits paid to or for members	11		
	12 Salaries, other compensation, and employee benefits ►	12 31,200 00		
	13 Professional fees and other payments to independent contractors ►	13 5,850.00		
	14 Occupancy, rent, utilities, and maintenance	14		
15 Printing, publications, postage, and shipping	15 211 82			
16 Other expenses (describe in Schedule O) ►	16 28,257 66			
17 Total expenses. Add lines 10 through 16 ►	17 68,519.48			
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 2,653 86		
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 54,334.20		
	20 Other changes in net assets or fund balances (explain in Schedule O)	20		
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21 56,988.06		

For Paperwork Reduction Act Notice, see the separate instructions.

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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	54,334.20	22 56,988.06
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	54,334.20	25 56,988.06
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	54,334.20	27 56,988.06

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 . . . Expenses

What is the organization's primary exempt purpose? _____

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.

?	28	Hosted "I-Day" which is an insurance industry luncheon and continuing education event		
?	(Grants \$	) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	10,776 35
?	29	Hosted educational training sessions to help students pass the CPCU industry examination		
?	(Grants \$	) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	6,925 01
?	30	Host monthly meetings for insurance companies and agencies on current insurance topics		
?	(Grants \$	) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	3,954 23
?	31	Other program services (describe in Schedule O)		
?	(Grants \$	) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	1,551 01
?	32	Total program service expenses (add lines 28a through 31a)	► 32	21,655 59

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
Tammy Walker, Executive Director	25	31,200 00	0	0
Debra Adam, President				
Jon Lough, President Elect				
Terry Baker, Vice President			.	
Nancy Natale, Secretary				
Tom Woodason, Treasurer				
Ruth Kelly, Past President				
Amy Weber, Incoming Secretary				
				</

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 Schedule 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	33	✓
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)	34	✓
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)?	35a	✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	✓
c	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	35c	✓
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	36	✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37b	✓
b	Did the organization file Form 1120-POL for this year?	38a	✓
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?	38b	✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39	Section 501(c)(7) organizations. Enter:	39b	
a	Initiation fees and capital contributions included on line 9	40a	
b	Gross receipts, included on line 9, for public use of club facilities	40b	✓
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►	40c	✓
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	40d	
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40e	✓
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	41	List the states with which a copy of this return is filed ► Indiana
e	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	42a	The organization's books are in care of ► Tom Woodason Telephone no. ► 812-230-7678
42a	Located at ► 24 N. 6th St, Terre Haute, IN ZIP + 4 ► 47807-0900	42b	Yes
b	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: ►	42c	No
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ►	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ► <input type="checkbox"/>
43	and enter the amount of tax-exempt interest received or accrued during the tax year ► 43	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	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	
b	44c	Did the organization receive any payments for indoor tanning services during the year?	
c	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	
d	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	
45a	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)	

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

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

		Yes	No
47	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	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	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."		

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."

(a) Name and business address of each independent contractor	(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 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	 <u>Tom Woodason</u> Signature of officer	 5/11/17 Date
	 Tom Woodason, Treasurer 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
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no	

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