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			n
Form	3	3	u

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ 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.

Dep	artment or	f the Treasury	I	security numbers on this fo		-	-		Inspection	
		nue Service		Form 990 and its instruction			v/torm990	<i>/</i>	. 20	الكلية
			ndar year, or tax year beginning		2016, and	بنناقه ناهج النب	 1	D Emple	, 20 er identification num	
В		applicable	C Name of organization Indiana Mi	ineral Aggregates Associ	iation, l	nc.				loer
님		change	Doing business as					35	- 0410458	
\vdash	Name cl	-	Number and street (or P.O box if ma	is not delivered to street addres	is) F	Room/suite	. I	E Telephor		
님	Initial ref	turn (11711 N. College Ave.			180	·	317	- 580-9100	
닏		irn/terminated	City or town, state or province, coun	try, and ZIP or toreign postal code	е		- 1			
닏		ed return	Carmel, IN 46032					G Gross re	 	7,953
\Box	Applicat	tion pending	F Name and address of principal office	Robert Jones					subordinates? Tyes	_
			Same as C above						s included? L. Yes	
<u> </u>		mpt status.	501(c)(3) Z 501(c) (6) ◀ (insert no) ☐ 4947(a))(1) or L	527			list. (see instructions))
Ţ	Website		w.indmaa.org		,		H(c) Group			
K			✓ Corporation Trust Associa	tion Other ▶	L Year o	of formation.	1947	M State	of legal domicile IN	
Р	art i	Summ		 						
_	1	-	escribe the organization's miss	_		~~~~~~~				
ဦ	}		ation is to solve common pro							
Ē	} _		fety/ reclamation, pollution,							se.
Governance	2	Check th	is box ▶☐ if the organization	discontinued its operations	s or disk	65-60 PE	nore than	25% of	its net assets.	
ලී	3		of voting members of the gove	1	~~ ti			703		15
Activities &	4		of independent voting member				2017	184		14
£	5		nber of individuals employed in	- H	ine 2	A CO	۷9W	6 5		5_
桑	6		nber of volunteers (estimate if	11	نينيا:	نسنسن	بالريان والمسترار	1 1 1 1 1 1 1 1 1 1		195
ĕ	7a		elated business revenue from l		2 70%			" 7a	3	3,850
	<u> </u>	Net unre	lated business taxable income	from Form 990-T, line 34			, <u>vin</u> , ri	\7b		0_
						<u> </u>	Prior Ye	er	Current Year	<u> </u>
₫	8		tions and grants (Part VIII, line	-			·	167,072	168	B,257
5	9	_	service revenue (Part VIII, line			· ·		773,379	846	6,567
Revenue	10		ent income (Part VIII, column (A	•				3,392	55	5,878
ů.	11		enue (Part VIII, column (A), line		-			18,146	20	0,424
	12		enue-add lines 8 through 11 (n			12)		61,989	1,091	1,126
	13	Grants a	nd similar amounts paid (Part I	X, column (A), lines 1-3).				160,000	162	2,000
	14		paid to or for members (Part IX					0	L 	0
S	15	Salaries,	other compensation, employee t	benefits (Part IX, column (A),	, lines 5-	-10)		320,785	329	9,484
Expenses	16a	Profession	onal fundraising fees (Part IX, c	olumn (A), line 11e)				0		0
ğ	b	Total fun	draising expenses (Part IX, col-	umn (D), line 25) 🕨		0				
W	17	Other ex	penses (Part IX, column (A), line	es 11a-11d, 11f-24e) .		[137,519	525	5,490
	18	Total exp	enses. Add lines 13-17 (must	equal Part IX, column (A), l	lıne 25)	· [18,304	1,016	6,974
	19	Revenue	less expenses. Subtract line 1	8 from line 12	<u> </u>			43,686	74	4,153
ts or						Beg	inning of Cu	rrent Year	End of Year	
85 g	20	Total ass	sets (Part X, line 16)			[1,	140,721	1,143	3,498
Net Asse	21	Total liab	oilities (Part X, line 26)					54,249	82	2,873
₽.5	22_	Net asse	ts or fund balances. Subtract li	ine 21 from line 20			9	86,472	1,060	0,625
P	art II	Signa	ture Block							
			iry, I declare that I have examined this r						ny knowledge and be	elief, it is
tru	e, correc	ct, and comp	lete. Declaration of preparer (other than	officer) is based on all information	n of which	preparer ha	s any knowl	edge.		
			Kabert G.	me				11:	14-17	
Si	gn	Sign	ature of officer	U			Da	te	· · · · · · · · · · · · · · · · · · ·	
He	re	R	obert G. Jones							
		Тур	e or print name and title							
D-	nid		pe preparer's name	Preparer's signature		Date		Check	ZI rf PTIN	
	epare	5+	ennen R Kleifgen	5 Cotton (Cles)		_ ///	4/17	self-emp		
	se On	,,	1	0			Fim	n's EIN ▶	•	
J:	,c UII	Firm's	address ► 5225 Whisperwood I	n, Indpls IN 46226				ne no. 31	17 - 250-9687	,
Ma	y the I		s this return with the preparer :		tions)				🗹 Yes [No
Fo	Paper	work Redu	ction Act Notice, see the separa	te instructions.		Cat. No.	11282Y		Form 99	0 (2016)





om 99	90 (2016)					Page Z
art		rogram Service Ac				
	Check if Schedu	le O contains a res	ponse or note to any line	in this Part III	<u> </u>	<u> 0</u>
1	Briefly describe the or					
			he development and use			n
			cessing, use and sale of	aggregates. To pron	note general welfare	
	of the members of t	he assocation and t	he industry.			
						
2			ant program services duni		e not listed on the	
	prior Form 990 or 990					Yes 🗹 No
	If "Yes," describe thes					
3		-	or make significant chan	-		
	services?					Yes 🗹 No
	If "Yes," describe thes	•				
4	expenses. Section 50	1(c)(3) and 501(c)(4)	ce accomplishments for ea organizations are required each program service rep	to report the amount	t program services, as of grants and allocati	measured by ons to others,
48	(Code:) (E)	xpenses \$	0 including grants of \$	0) (6	Revenue \$	0)
40		nd Operations Sem	inar-This is an annual eve	ont for members to h		
			ning and educational op;			

					······	
			·····			
			·····			
1	· · · · · · · · · · · · · · · · · · ·					
4b	(Code:) (Ex	xpenses \$	0 including grants of \$	0) (F	Zovenue \$	0)
70	Environmental Stev	vardshin Council-Ti	nis is an ongoing year-lor	a function of the ass	sociation The nurnos	e is to
			ogram for the industry.		••••••••••	***************************************
	.,	***************************************				

4c	(Code:) (E	xpenses \$	0 including grants of \$	0) (F	Revenue \$	0)
		**********	es the actvitities of the Pu	blic Information and	Education committee	
			des a summer meeting to			
	opportunities, and		4			
			*	***************************************		

					······································	

			^			
			·····	***************************************		
4d	Other program service	es (Describe in Scher	fule O.)			
-70	(Expenses \$	including grain		Revenue \$	0)	
40	Total program service		0/(<i>`-</i>	

Form 99	0 (2016)			Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	ļ	١,
_	complete Schedule A	1	ļ	1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	/	ļ
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	١.		١,
4		3		1
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	1	
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
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	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
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		1
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		1
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		1
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			-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	18	✓	
		19	<u> </u>	

Part	Checklist of Required Schedules (continued)			
		لــــا	Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		4
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	1	
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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	1	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		Ť	
	\$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		4
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		
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-E2? 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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		4
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I	24		,
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		4
	complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Ilne 1	34		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
þ	If "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			4_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37		1
J	19? Note . All Form 990 filers are required to complete Schedule O.	38	1	
		لمرتت		(2016)

Part	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	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			Í
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize winners?	1c		İ
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	IC		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5			1
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	ľ
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	Í
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O .	3b	1	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
þ	If "Yes," enter the name of the foreign country:			ĺ
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			l
E^	(FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
ъа b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		7
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		L
7	Organizations that may receive deductible contributions under section 170(c).			
a				l
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
·	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			1
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		
a	Initiation fees and capital contributions included on Part VIII, line 12			i
b	Gross receipts, Included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			i
11	Section 501(c)(12) organizations. Enter:			į
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			l
	against amounts due or received from them.)			İ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]		ļ	
13	Section 501(c)(29) qualified nonprofit health insurance Issuers. Is the organization licensed to issue qualified health plans in more than one state?	120		
а	Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b				
-	the organization is licensed to issue qualified health plans			Í
C	Enter the amount of reserves on hand	į	- 1	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		V
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	₁ 990	(2016)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

financial statements available to the public during the tax year.

Robert Jones 11711 N. College Ave. Suite 180 Carmel, IN 46032 317-580-9100

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D~~~	7

Form 990 (2016)

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key 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.

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

Check this box it heither the organization no	any relate	u org.	OI IIZ		C)	ompe	IISa	led any correc	t officer, director	, or trustee.
(A)	(B)	/40.5	at at	Pos	ition			(D)	(E)	(F)
Name and Title	Average	e look alless person is boulder t						Reportable	Reportable	Estimated
	hours per week (list any	 				or/trust	<u> </u>	compensation from	compensation from related	amount of other
	hours for related	Individual trustee or director	nsti	Officer	Key employee		Former	the	organizations (W-2/1099-MISC)	compensation
	organizations	dua	돌	Q	ફ	est c	₫	organization (W-2/1099-MISC)		from the organization
	below dotted	3 2	<u>a</u>		oye	ğ	l		{	and related organizations
	1	stee	Institutional trustee	ĺ	•	Highest compensated employee	ļ	ļ		organizations
	ļ 		8	_	_	ied.	_			
(1) Steve Crane	1.0									_
President	.0			1				0	0	0
(2) Dennis Garrison	1.0									
President-Elect	.0]		1			1	0	0	0
(3) Greg Gould	1.0							0	Q	•
Vice President	.0			1	<u> </u>	<u> </u>	L		U	0
(4) Gus Diehr	1.0					I		0		
Treasurer	.0	<u> </u>		1					0	0
(5) Gene Yarkie	1.0				{			0	0	0
Secretary	.0		<u> </u>	1			L		0	0
(6) Jim Rancilio	1.0	1			1		Ì	0	o	0
Immediate Past President	.0	ļ		1	L.	L	<u> </u>	-	•	<u> </u>
(7) Ed Gehr	1.0		(ļ	1	ļ	0	0	0
Director	.0	1	_	L_	_	L	L		•	· · · · · · · · · · · · · · · · · · ·
(8) Ken Mulzer, Jr.	1.0	Į.	ļ			l			0	0
Director	.0	1	<u> </u>	_	<u> </u>	ļ	<u> </u>			
(9) Will Robertson	1.0	1	Į	l	l	[ه ا	o
Director	.0	1	<u> </u>	L.	L	L	<u> </u>	<u> </u>		
(10) John Schmidt	1.0]					o	0
Director	0.0	1		<u> </u>	<u> </u>	<u> </u>	<u> </u>			
(11) Nathan Wanstrath	1.0)		Ì	ì		0	ا م	0
Director	.0	1	-	<u> </u>	<u> </u>		!	 		
(12) Spencer Depoy	1.0		}	1	1	ĺ	1	0	o	o
Director	∫.0	1	├	ļ	-	ļ	L	ļ — — — — —	ļ	
(13) Todd Pester	1.0		{	1	ĺ	1	1	1 0	ol ol	
Director	.0	1	┞-	┞-	 _	 	<u> </u>	ļ		0
(14) Mike Nolan	1.0						1		0	0
Director	」.0	L≰.		l	L	L	L.,		l	

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
			}		-	C)				ı	1			
	(A)	(B)	ido n	ot ch		tion	e than o	300	(O)	(E)	(F)			
	Name and title	Average	box,	unles	s pe	rson	is both	an	Reportable	Reportab			mated	
		hours per week (list any			_		or/trust	<u> </u>	compensation	compensation related	n from		unt of ther	
		hours for	Individual trustee or director	Inst	Officer	Key employee	를 다 다	Former	the	organizatio		comp	ensatio	ก
		related organizations	a d	\$	೪	9	loye	렱	organization (W-2/1099-MISC)	(W-2/1099-N	(ISC)		n the nization	
		below dotted	흐흑	nstitutional trustee		흏	\$ G	l	(** 23 1000 111100)		Į		related	
		line)	Į į	Ş	1	8) pe				- 1	organ	ization	5
		ì	ă	itee			Highest compensated employee				}			
(15) R	obert Jones	40.0		H	-	-	_==	-	ļ					
E	xecutive Director	.0		<u>. </u>	1	1	√		0		0			0
(16)		.0			_									
		.0			_	_	L		<u> </u>					
(17)		0.	1					ł	1		1			
		.0	<u> </u>		<u> </u>	<u> </u>		<u> </u>	 i					
(18)		.0		ļ				l			-			
(10)		.0	├	-		-		├	 					
(19)		1.0	i	}		1		1		i	1			
(20)		.0	 -	-	├-	 		├─	 					
3557		.0	ĺ					l	ļ					
(21)		.0		T					 					
2		.0]				}	1	Ì	1	1			
(22)		.0				Г	·							
		.0			L	_		_	<u> </u>					
(23)		.0	ļ		İ	l					-			
		0.	<u> </u>		<u> </u>	L.			<u> </u>					
(24)		.0			1	1		1			ľ			
		1.0	ļ	L		ļ.,		<u> </u>	ļ					
(25)		.0	1		İ				1		- 1			
46	Cub Askal	1.0	<u> </u>	<u> </u>	<u> </u>	<u> </u>	L	Ļ	163,790		-		42.6	200
1b c	Sub-total	VII Sactio		•	•	•	•	>	103,790		0		13,0	0
d	Total (add lines 1b and 1c)							•	163,790		0		13,0	
2	Total number of individuals (including bu									are then \$1) of		-
-	reportable compensation from the organ		0	1036	, 1131	ico	above	s) **	TIO TECEIVED TIT	ore man or	00,000	, 01		
													Yes	No
3	Did the organization list any former of							emp	oloyee, or high	est compe	nsated	3		
	employee on line 1a? If "Yes," complete											3		✓
4	For any individual listed on line 1a, is the													
	organization and related organizations	greater th	an \$	150,	OOC)? /	f "Ye	s, "	complete Sch	edule J fo	r such	1 1		
_	individual			•						 	• • 411.4	. 4	✓	
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or inc	iviqua			,
Section	on B. Independent Contractors					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-	such person	<u> </u>	<u>····</u>	5		1
1	Complete this table for your five highest	compensat	ed in	dep	end	ent	contr	acti	ors that receive	d more tha	n \$100	000 of		
•	compensation from the organization. Rej													ах
	year.	•						·	,			•		
	(A)								(B)			(C)		
	Name and business add	tress						L	Description of s	ervices		Compens	ation	
								<u> </u>						
								-						
		·		—				-						
								-						
2	Total number of independent contractor	ors (includii	ng bi	n tı	ot	limit	ed to	L_ th	nose listed abo	ve) who				
-	received more than \$100,000 of compens									-,				
													000	more

Part	VIII	Statement of Reve	_						
		Check if Schedule O	contains	a res	ponse or note to				<u> 0</u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats a	1a	Federated campaigns		1a					
S S	b	Membership dues .		1b	168,257	Į.	ł	į	
£ F	C	Fundraising events .		1c		1	į.	[
ig ig	di e	Related organizations Government grants (con		1d 1e	 	İ	ł		
ions	f	All other contributions, gi		 		Ĩ	j		
the st		and similar amounts not inc		1f		ì		İ	
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contributions include		-1f. \$		}		}	
	<u>h</u>	Total. Add lines 1a-1	<u>f</u>	<u> </u>	Business Code	168,257			
anne	2a				900099	842,717	842,717		
Rev	b				541800	3,850	042,717	3,850	
ice	c				0.1,300				
Sen	đ								
Program Service Revenue	e	A11 A1.			ļ				
rog	f g	All other program ser Total. Add lines 2a-2				846,567			
	3	Investment income				0-10,307	· · · · · · · · · · · · · · · · · · ·	<u>-</u>	
		and other similar amo	•		▶	54,238	54,238		
	4	Income from investmen			ond proceeds ▶				
	5	Royalties	(i) Real		(ii) Personal				
	6a	Gross rents			(4)			}	
	b	Less: rental expenses				1		j	
	С	Rental income or (loss)				Í		ļ	
	_d	Net rental income or (<u> </u>	>				
	7a	Gross amount from sales of assets other than inventory	(i) Securit		(ii) Other 10,000				
	ь	Less cost or other basis and sales expenses .			8,360			ĺ	
	С	Gain or (loss)			1,640	ĺ			
	đ	Net gain or (loss) .			<u>· · · · • </u>	1,640	1,640		
er Revenue	8a	Gross income from fuevents (not including \$		-:					
œ '		of contributions reported See Part IV, line 18 .			48,891]	}]	
ë ë	ь	Less: direct expenses				ľ			
U	С	Net income or (loss) f	rom fundra	using		20,424			20,424
	9a	Gross income from ga See Part IV, line 19 .							
		Less: direct expenses							
		Net income or (loss) f Gross sales of in	-	-	vities ►				
		returns and allowance						ļ	
	b	Less. cost of goods s						Ì	
	С	Net income or (loss) f		or inv	entory Business Code				
	11a					0		Ì	
	b								
	C								
	d	All other revenue .							
	12	Total. Add lines 11a- Total revenue. See in				1,091,126	898,595	3,850	20,424
				- -		.,,.201	550,555	3,330	Form 990 (2016)

Form 990 (2016) Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX . (C) Management and general expenses Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service (D) Fundraising expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . 162,000 162,000 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 179.798 179.798 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages 117,394 117,394 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 3,383 3,383 9 Other employee benefits 8,549 8,549 20,360 20,360 10 Fees for services (non-employees): ь 23,137 Accounting 23,137 Professional fundraising services. See Part IV, line 17 Investment management fees 7,557 7.557 Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . 1.838 1.838 Advertising and promotion 12 1,085 1,085 Office expenses 13 30,191 30,191 Information technology 14 7,202 7,202 15 Occupancy 16 29,265 29,265 Travel 17 28,322 28,322 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 2,793 2,793 20 21 14,934 14,934 22 Depreciation, depletion, and amortization . 23 9,738 9,738 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Member Meetings and Workshops 146.803 146,803 56,233 b Training and Ceritfications 56,233 40,469 40,469 C Aglime Promotion d Public Outreach Activities 27,306 27,306 e All other expenses 98,617 98,617 Total functional expenses. Add lines 1 through 24e 25 1,016,974 1,016,974 ß 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 tollowing SOP 98-2 (ASC 958-720)

	Check if Schedule O contains a response or note to any line in this Pa		· · ·	<u> </u>
		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	171,516	1	111,990
2	Savings and temporary cash investments	178,062	2	184,662
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	46,249	4	34,582
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		6	
7	Notes and loans receivable, net		7	
8	Inventones for sale or use	8,692	8	14,859
9	Prepaid expenses and deferred charges	15,726	9	11,986
10a				
l 6		44,081	10c	62,787
111	Investments—publicly traded securities	676,395	11	722,634
12	Investments—other securities. See Part IV, line 11		12	,
13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,140,721	16	1,143,498
17	Accounts payable and accrued expenses	59,924	17	4,123
18	Grants payable	05,524	18	7,12
19	Deferred revenue	94,325	19	78,750
20	Tax-exempt bond liabilities	34,020	20	70,730
21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
22	Loans and other payables to current and former officers, directors,		'	
22	trustees, key employees, highest compensated employees, and		- 1	
	disqualified persons. Complete Part II of Schedule L		- l	
000	· · · · ·		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
1	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	154,249	26	82,87
	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	986,472	27	1,060,62
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
27 28 29 30 31 32 33	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds.		32	
33	Total net assets or fund balances	986,472	33	1,060,62
34	Total liabilities and net assets/fund balances	1,140,721	34	1,143,498

Were the organization's financial statements audited by an independent accountant?

separate basis, consolidated basis, or both:

Separate basis

Schedule O.

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a

Consolidated basis Both consolidated and separate basis

If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2016)

2b

2c

За

3b

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 2016

Open to Public Inspection

▶ 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 its instructions is at www.irs.gov/form990.

If the organization answered "Yes," on Form 990, Part IV, Ilne 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," on 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-B.

	rganization answered "Yes ee separate instructions), ti	," on Form 990, Part IV, line 5 (Proxy nen	Tax) (see separate	instructions) or Form 990	-EZ, Part V, line 35c (Proxy
• Se	ction 501(c)(4), (5), or (6) orga	ınizations: Complete Part III.			
Name o	of organization			Employer ider	ntification number
Indiana	Mineral Aggregates Assoc				35-0410458
Pärt		e organization is exempt unde			
1	Provide a description of definition of "political can	the organization's direct and incorpaign activities")	direct political car	mpaign activities in Part	IV. (see instructions for
2		y expenditures (see instructions) .			
3		cal campaign activities (see instruc			
Part		e organization is exempt unde			····
1	•	excise tax incurred by the organiza			, ,
2	•	excise tax incurred by organization	•		
3	•	ed a section 4955 tax, did it file For	m 4720 for this ye	ear?	Yes No
4a	Was a correction made?				Yes No
ь	If "Yes," describe in Part				
Part		e organization is exempt und			(c)(3).
1		ly expended by the filing organiz		•	
_				> \$	•••••
2	527 exempt function acti	filing organization's funds contribution vitles		> \$	
3	Total exempt function eline 17b	expenditures. Add lines 1 and 2.		on Form 1120-POL, ▶ \$	
4	Did the filing organization	file Form 1120-POL for this year	?	· · · · · · · · · ·	Yes No
5	organization made payme the amount of political co	ses and employer identification nur ents. For each organization listed, or intributions received that were pro-	enter the amount property	paid from the filing organi delivered to a separate p	zation's funds. Also enter olitical organization, such
	as a separate segregated	fund or a political action committee	e (PAC). If addition	iai space is needed, provi	de information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount pad 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)					

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed (election under section 501(h)).	Fo	rm 5	768
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)		(p)
desci	iption of the lobbying activity.	3 N	٥	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of:			
a	Volunteers?	╁	\dashv	
b	Media advertisements?	+-	\dashv	
đ	Mailings to members, legislators, or the public?	+-	+	
e	Publications, or published or broadcast statements?	+	\top	
f	Grants to other organizations for lobbying purposes?	\top		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	T		
h	Railles, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	\Box	$\Box\Box$	
i	Other activities?			
i	Total. Add lines 1c through 1i		<u> </u>	
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		<u> </u>	
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	1	\vdash	
	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)		ecti	00
r ar c	501(c)(6).		3000	
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?		Γ	1 /
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2 1
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the price	r yea	ır?	3 1
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (I answered "Yes."			
1	Dues, assessments and similar amounts from members	1		391,756
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).			
а	Current year	2	a	5,400
Ь	Carryover from last year	2		
С	Total	2		5,400
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	L	4	11,753
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?	1	,	C
_ 5	Taxable amount of lobbying and political expenditures (see instructions)			0
	t IV Supplemental Information			
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated group I instructions); and Part II-B, line 1. Also, complete this part for any additional information.	st); l	Part II	-A, lines 1 and
2 (300	s instructions), and Part in o, line 1. Also, complete this part for any additional information.			
				*
			• • • • • • •	
•••••				
			. ,	,,,,,,,,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2017

Open to Public Inspection Employer identification number

	Mineral Aggregates Association, Inc.		<u> </u>	35-0410458
Par	- 3			Accounts.
	Complete if the organization answered			
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year		_	
2	Aggregate value of contributions to (during year)		<u> </u>	
3	Aggregate value of grants from (during year) .			
4	Aggregate value at end of year	L	ــــــــــــــــــــــــــــــــــــــ	·
5	Did the organization inform all donors and donor funds are the organization's property, subject to the	ne organization's exclusive legal contr	ol?	· · · · 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the bene conferring impermissible private benefit?	fit of the donor or donor advisor, or	for any	other purpose
Par				
	Complete if the organization answered			
1	Purpose(s) of conservation easements held by the			
	Preservation of land for public use (e.g., recrea			
	Protection of natural habitat	☐ Preservation of	of a certi	fied historic structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization he easement on the last day of the tax year.	eio a quaimeo conservation contributi	การ กเ กอ ว	Held at the End of the Tax Year
	•		}	
a				28
Ь	Total acreage restricted by conservation easemen			2b
C	Number of conservation easements on a certified			2c
d	Number of conservation easements included in historic structure listed in the National Register			nu
3	Number of conservation easements modified, tran			by the organization during the
J	tax year ►	sierred, released, extinguished, or ter	minated	by the organization during the
4	Number of states where property subject to conse	envation easement is located >		
5	Does the organization have a written policy re		spection	 handing of
·	violations, and enforcement of the conservation ea			
6	Staff and volunteer hours devoted to monitoring, inspec			
•	L	mily, harding or violations, and children	CONSCIVE	adon casoments doming the year
7	Amount of expenses incurred in monitoring, inspectin	ng, handling of violations, and enforcing	conserv	ration easements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports			
3	balance sheet, and include, if applicable, the text			
	organization's accounting for conservation easem			
Par	III Organizations Maintaining Collection		r Other	Similar Assets.
	Complete if the organization answered			
18	If the organization elected, as permitted under SF			ue statement and balance sheet
	works of art, historical treasures, or other similar			
	public service, provide, in Part XIII, the text of the	footnote to its financial statements that	at descri	bes these items.
b	If the organization elected, as permitted under S works of art, historical treasures, or other similar public service, provide the following amounts related	r assets held for public exhibition, e		
	(i) Revenue included on Form 990, Part VIII, line 1			. ▶ \$
	(ii) Assets included in Form 990, Part X			. ▶ \$
2	If the organization received or held works of art following amounts required to be reported under S	, historical treasures, or other simila	r assets	s for financial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1			. ▶ \$
b	Assets included in Form 990, Part X			

Schoolu	le D (Form 990) 2017					n 0
	Organizations Maintaining	Collections of	Art Historical	Transuras or O	har Similar Acc	Page 2
3	Using the organization's acquisition, collection items (check all that apply):	accession, and of	her records, che	ck any of the follo	wing that are a sig	gnificant use of its
а	☐ Public exhibition		d 🗌 Loar	or exchange prog	rams	
ь	☐ Scholarly research			er		
С	Preservation for future generations	\$				
4	Provide a description of the organizat XIII.	tion's collections a	and explain how	they further the or	ganization's exemp	pt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta				☐ Yes ☐ No
Par	Complete if the organization 990, Part X, line 21.		' on Form 990,	Part IV, line 9, or	reported an amo	ount on Form
1a	is the organization an agent, trustee,	, custodian or oth	er intermediary f	or contributions o	r other assets not	
	included on Form 990, Part X?					☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the following t	table:		
	. ,	•	J	Γ	Алт	nount
c	Beginning balance			10	;	
ď	Additions during the year				1	
е	Distributions during the year					
f	Ending balance			1		
2a	Did the organization include an amount				I account liability?	☐ Yes ☐ No
b	If "Yes," explain the arrangement in P.	art XIII. Check here	e if the explanation	on has been provid	ed on Part XIII .	
Par	t V Endowment Funds.					
	Complete if the organization		on Form 990,	Part IV, line 10.		
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions				}	
C	Net investment earnings, gains, and				}	
	losses					
đ	Grants or scholarships					
е	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of t	he current year en	d balance (line 1	g, column (a)) held	as:	
a	Board designated or quasi-endowmen	nt ▶	%			
b	Permanent endowment ►	%				
C	Temporanly restricted endowment ▶	%				
	The percentages on lines 2a, 2b, and					
За	Are there endowment funds not in the organization by:	e possession of th	e organization th	nat are held and ac	Iministered for the	Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" on line 3a(ii), are the related o	rganizations listed	as required on S	ichedule R?		3b
4	Describe in Part XIII the intended uses		n's endowment	funds.		
Par	t VI Land, Buildings, and Equip	ment.				

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property

(a) Cost or other basis (other)

(a) Cost or other basis (other)

(a) Cost or other basis (other)

(b) Cost or other basis (other)

(c) Accumulated depreciation

(d) Book value

(d) Book value

(d) Book value

1a Land

b Buildings

c Leasehold improvements

d Equipment

d Equipment

Other

107,476

44,690

62,786

Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

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Name o	of the organization					Employer identific	cation number
Indian	a Mineral Aggregates Association,	inc.				35-	0410458
Par	Fundraising Activities.	Complete if the	ne organiza	ation ansv	vered "Yes" on F	orm 990, Part IV,	line 17.
	Form 990-EZ filers are r	not required to	complete	this part.			
1	Indicate whether the organization	on raised funds	through any	of the follo	owing activities. Ch	neck all that apply.	
, a	☐ Mail solicitations				on of non-governm		
b	☐ Internet and email solicitation	DNS	f [on of government	•	
c	Phone solicitations		a E	_	fundraising events	0.4	
ď	☐ In-person solicitations		,	_ 	and and and		
-	Did the organization have a wri	tten or oral agre	ement with	any individ	tual (including offic	ers directors trust	lees
	or key employees listed in Form						
ь	If "Yes," list the 10 highest paid		=		•	•	
_	compensated at least \$5,000 b						
		,					
		T	T		T	(v) Amount paid to	
	(i) Name and address of individual	(ii) Activity		draiser have r control of	(iv) Gross receipts	(or retained by)	(vi) Amount paid to (or retained by)
	or entity (fundraiser)	(4,7,2,,		outions?	from activity	fundraiser listed in col (i)	organization
			Yes	No	 	· 	
1		•			-{		}
•			1		{ }		
2		 	+	 	 		
~		1	1				
3		 	 	 	 		
•				}	1)
4		 	<u> </u>		 		
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6		1	1				
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8							
		<u> </u>		<u> </u>			
9				}])
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10			İ	}	1		
		<u> </u>	1	<u></u>	 		<u> </u>
					1		
Total				. •			<u> </u>
3	List all states in which the orga	anization is regis	stered or lic	ensed to s	iolicit contributions	or has been notifi	ed it is exempt from
	registration or licensing.						
						,	
•••••							

		·					
		•••••••••••					
		,					

Pa	rt II	Fundraising Events. Con than \$15,000 of fundraisin gross receipts greater tha	ng event contributions			
			(a) Event #1 Golf Fundraiser (event type)	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	48,891			48,891
_	2	Less: Contributions . Gross income (line 1 minus line 2)	48,891			48,891
	4	Cash prizes	2,120			2,120
	5	Noncash prizes	2,074			2,074
nses	6	Rent/facility costs	20,640			20,640
Direct Expenses	7	Food and beverages .				
Direc	8	Entertainment				·
	9	Other direct expenses .	3,633			3,633
	10 11	Direct expense summary. Ac Net income summary. Subtra	act line 10 from line 3, o	olumn (d)	>	28,467 20,424
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9		red "Yes" on Form 99	90, Part IV, line 19, or	reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Æ	1	Gross revenue				
ses	2	Cash prizes	<u> </u>			· · · · · · · · · · · · · · · · · · ·
Expen	3	Noncash pnzes				
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes% ☐ No	:
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	alumn (d)		
_	8	Net gaming income summar	y. Subtract line 7 from l	ine 1, column (d)		
8	a Is		onduct gaming activities	s in each of these states		Yes No
10		ere any of the organization's g	aming licenses revoked	l, suspended, or termin	•	

Grants and Other Assistance to Organizations.

SCHEDULE I (Form 990)			Grants and Governments	Grants and Other Assistance to Organizations, overnments, and Individuals in the United State	tance to Org luals in the L	rants and Other Assistance to Organizations, rernments, and Individuals in the United States		OMB No. 1545-0047
Department of the Treasury		ŏ ,	omplete if the organ	vization answered "Yes" on Fo Attach to Form 990.	'Yes" on Form 990, Form 990.	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.	a.	Open to Public
Internal Revenue Service Name of the organization		INTOL	mation about sche	dule I (rom 990) an	id its instructions i	Information about schedule I (Form 990) and its instructions is at www.irs.gov/torms90.	-	Employer identification number
Indiana Mineral Aggregates Association, Inc.	ntes Associativ	on. Inc.						35-0410458
Part I General	Information	General Information on Grants and Assistance	Assistance					
1 Does the organ	ization mainta	Does the organization maintain records to substantiate the an	stantiate the amou	int of the grants or	assistance, the g	rantees' eligibility for	e grants or assista	ce, and
2 Describe in Par	To the organ	Rescribe in Part IV the organization's procedures for monitoring the use of grant finds in the United States	or assistance : es for monitoring :	the use of grapt fur	botton I botton	States		
	ind Other As	Grants and Other Assistance to Domes	mestic Organiz	ations and Dor	nestic Governm	ents. Complete	The first three Systems of the Section of the Secti	wered "Yes" on Form
1 (a) Name and address of organization or government	of organization nt	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Build Indiana Council		37-1720634	501-c-6	162.000				See Part IV
(2)								
(6)								
(4)								
(5)								
(9)								
(2)								
(8)								
(6)								
(10)								
(11)								
(12)								
2 Enter total num 3 Enter total num	ber of section ber of other o	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	emment organization the tests	ions listed in the li	ine 1 table			0 -
For Paperwork Reduction Act Notice, see the instructions for	on Act Notice,	see the Instruction	s for Form 990.		3	Cat No 50055P		Schedule I (Form 890) (2016)

Part III	Grants and Other Assistance to Dome Part III can be duplicated if additional sp	mestic Individual I space is needed.	ls. Complete if the	e organization answ	estic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. pace is needed.	Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-						
2						
3						
4						
5						
9						
7						
Part IV	PartIV Supplemental Information. Provide the Information required in Part I, line 2; Part III, column (b); and any other additional information. The purpose of the grant to the Build Indiana Council is to promote the industry and educate the public reparding the improving the infrastructure.	the information re	quired in Part I, lir	19 2; Part III, column	(b); and any other addit	onal information.
<u> </u>						
he Indian	The Indiana Mineral Aggregates Association monitors the use of grant funds through its active participation on the Board of Directors of the Build Indiana Council. There are three	e use of grant funds t	hrough its active par	ticipation on the Board	f of Directors of the Build Indi	ana Council. There are three
MAA boar	MAA board members on the Build Indiana Council (one of which is a voting member) as well as a staff representative.	of which is a voting n	nember) as well as a	staff representative.		
· · · · · ·		, , , , , , , , , , , , , , , , , , ,				
		1	* * * * * * * * * * * * * * * * * * *			
				2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
						Schedule 1 (Form 890) (2016)

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service **Compensation Information**

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

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Name of the organization Indiana Mineral Aggregates Association, Inc. 35-0410458 Part I Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee ☐ Written employment contract Compensation survey or study Independent compensation consultant ☐ Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . 4b Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of 5a 5b If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a 6Ь If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, dld the organization provide any nonfixed payments not described on lines 5 and 67 If "Yes," describe in Part III 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

(F) Compensation in column (B) reported as deferred on prior Form 990 -----------Note: The sum of columns (B)(f)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. 180,876 ****************** (E) Total of columns (B)(i)+(D) 12,504 ****************** (D) Nontaxable benefits 4,582 (C) Retirement and other deferred compensation 7,203 (iii) Other reportable compensation (B) Breakdown of W-2 and/or 1099-MISC compensation 000'L (ii) Bonus & incentive compensation 149,587 (f) Base compensation EE e E € € € € € € EE EE EE EE EE € € € € E € € 1Robert Jones, Executive Director (A) Name and Title 8 얼 15 n 9 0 2 Ξ 9 5 \$

Schedule J (Form 990) 2017

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Employer identification number

Open to Public Inspection

Indiana Mineral Aggregates Association, Inc.	35-0410458					
Part VI Line 11-The tax return is reviewed first by the Executive Director. Once reviewed,						
all officers and board members are provided a copy of the tax return prior to the return being filed.						
The copy provided to the board members and directors excludes Schedule B, due to the sensitive nature of the information.						
Part VI Line 12-The conflict of interest policy has been communicated to all board members and emplo	yees. Any					
possible conflicts are to be disclosed to other board members and made a matter of record.						
Part VI Line 15-The process for determining the compensation of the Executive Director						
of the Indiana Mineral Aggregates Association, Inc. contains the following elements:						
Review and approval-The compensation of the Executive Director is reviewed and approved by the Exe	cutive Committee					
of the board of directors, provided that persons with conflicts of interest with respect to the issue are r	not involved.					
Use of comparable data-The Executive Director's compensation is reviewed and approved using comp	arable					
data for similarly qualified persons in similar organizations.	·····					
Contemporaneous documentation and recordkeeping-There is contemporaneous documentation and						
recordkeeping with respect to the deliberations and decisions regarding the compensation agreement.						
The compensation agreement is expressed in the form of a contract.						
Part VI Line 19-The association's governing documents, conflict of interest policy and tax return are av	ailable					
for review upon request at the association's office during normal business hours.						