\*

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.

OMB No 1545-0047

2016

Open to Public Inspection

<u>A</u>	For t	he 2016 calen	dar year, or ta					l6, and e					,	-
В	Check	ıf applicable	C Name of orga	inization In	ıdıana Cou	inty Audi	tors As	sociat	cion,	Inc	D Emple	yer ider	ntification nu	mber
	A	ddress change	Doing busine	ss as	• 7							-1973	3847	
	$\square_{N}$	ame change	Number and	street (or PO	pox if mail is not de	elivered to street	address)	F	Room/suit	e	E Telepi	none nun	nber	······································
	In	itial return	101 West	Ohio S	treet						(31	71 -	776-840	12
	FI	nal return/terminated			e, country, and ZII	P or foreign post	al code				- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- ' /	770 010	72
	HA	mended return	Indianap	olis			II	N 462	204		G Gross	receinte	\$ 198	297
	H	pplication pending	F Name and ad		oal officer	-		1 402		a) Is th	nis a group retu			Yes X No
	ш.,		Pauline Gra			ot Coaho	n	IN 465						Yes No
$\overline{}$	Tay.	exempt status	501(c)(3)	X 501(c) (		insert no )	4947(a)(1)		27	lf 'N	all subordinate o,' attach a list	(see ins	tructions)	
÷			···			insert no )	[ 4947(a)(1)	or j					_	
<del></del>			w.indiana			T					up exemption r			
K		of organization	X Corporation	Trust	Association	Other -		L Year of fo	ormation	_20	07 M	State of	legal domicile	IN
Pa	rt I	Summar		la										
	1		e the organiza		on or most sig	initicant activ	rities 7	<u>Assist</u>	t and	<u>re</u>	present	COL	unty_	
9		auditors	_in_India	<u>na.</u>	- <b></b>						. <b>– –</b> – –			
퍨			<b></b> -		- <b></b>		<b>-</b> -				. <b>– –</b> – –			
le I	2	Check this bo									;	- <del>-</del> -		
Activities & Governance	3		ting members	organization	on discontinue	ed its operation	ons or aispo: \	sea or m	ore thai	n 25%	6 of its net a		ı	_
•ฮ	4	Number of and	dependent votir	na members	s of the govern	nna hody (P:	) artVIlme 1l	h)				4		5
ies	5		of individuals e									5	<del> </del>	5
₹	6		of volunteers (					E13/E	<u>-n</u> .			6		1
₽G	7a		d business rev		• •	1						7a	†	0.
			business taxal							잃.		7b		0.
						6	<del>-                                      </del>	062	017 1	9	Prior Year		Curr	ent Year
	8	Contributions	and grants (Pa	rt VIII, line	1h)		•L			8	88,		-	91,607.
Revenue	9	Program servi	ice revenue (Pa	art VIII, line	2g)		··0@5	(株)	1 1-73		120,			106,680.
€.	10	Investment inc	come (Part VIII	, column (A	), lines 3, 4, a	nd 7d) . 🖳	LIPO		<b>9</b> 1		1207	307.	-	100,000.
æ	11	Other revenue	e (Part VIII, colo	ımn (A), lin	es 5, 6d, 8c, 9	c, 10c, and	11e)			-	25,	394.	<u> </u>	
	12	Total revenue	- add lines 8	through 11	(must equal F	art VIII, colu	mn (A), line	12)			234,			198,287.
	13	Grants and sir	milar amounts	paid (Part I)	K, column (A),	lines 1-3) .						000.		5,000.
	14	Benefits paid t	to or for memb	ers (Part IX	, column (A), l	ine 4)			[					
	15		r compensation								·			
enses			undraising fees						_		<del>-,,</del>		<del></del>	
xpenses									· · ·		<del></del>		-	
Expe			ing expenses (			_							ļ	<del></del>
			es (Part IX, col	, ,		•					153,2			163,228.
	18		s Add lines 13								158,2	296.		168,228.
<b>১</b> প্র	19	Revenue less	expenses Sub	tract line 18	3 from line 12	• • • • • •		· · · · ·	• • •		75 <b>,</b> 1	718.		30,059.
Net Assets or und Balance									<u>[1</u>	Begini	ning of Curre	nt Year	End	of Year
8 8 8			Part X, line 16)			• • • • • •			· · ·	_	133,	768.	_	163,326.
Net Assets Fund Baland	21	Total liabilities	(Part X, line 2	6)		• • • • • •			· · ·					
		Net assets or	fund balances	Subtract Iir	ne 21 from line	20					133,	768.		163,326.
Pa	rt II	Signatur	e Block		•								·	
Unde	penalt	ies of perjury, I decl	are that I have example th	nined this retur	n, including accom	panying schedu	les and statemer	nts, and to t	the best of	f my kn	owledge and b	elief, it is	true, correct,	and
comp	lete De	claration of prepare	er other than officer	) is based on a	Il information of wh	nich preparer has	any knowledge							
			MULLI		rest						11-5	2-1	7	
Sig	n	Signatur	e of officer	- /	U(I)					_	Date			
Hei	·e		line Graf	f	0				Ε	Pres	sident-	Elec	t	
		Type or	print name and title			•								
		Print/Type pr	eparer's name		Preparer's sign	nature		Date			Check	ıf	PTIN	
Pai	d	Donna	J Lehman,	CPA	Donna J	J Lehman	, CPA	10/	31/17	7	self-employ	ed l	P00407	493
	pare				IPANY, P.						† · · ·			
	On				NNER ST.						Firm's EIN	<b>&gt;</b> 35	-17502	80
		-		SVILLE			IN 460	60			Phone no		7) 776-	
May	the If	29 discuss this	return with the		hown above?	(see instruct		-			11110110110	121		

TEEA0101 11/16/16

Form 990 (2016)

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

			ors Association, inc.	35-19/384/	Page 2
Par		t of Program Service	•		$\Box$
	<del>`</del>		or note to any line in this Part III	· · · · · · · · · · · · · · · · · · ·	····
1	•	organization's mission			
	Assist and rauditors in	T 12			
2	Did the organization	undertake any significant nro	ogram services during the year which were	not listed on the prior	
_	Form 990 or 990-EZ	?		· · · · · · · · · · · · · · · · · · ·	X No
		ese new services on Schedule	e O significant changes in how it conducts, any i		
3	-	r cease conducting, or make s ese changes on Schedule O	significant changes in now it conducts, any j	program services? Yes	X No
4	Describe the organia Section 501(c)(3) ar	zation's program service acco	emplishments for each of its three largest pr required to report the amount of grants an orted.	ogram services, as measured by expense d allocations to others, the total expenses	s ,
4 a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
			ach year to educate count		
			by the General Assembly		
	of Departmen	nt of Local Govern	ment Finance and State Bo	ard of Accounts.	
	Attended by	over 400 persons	at each conference.		
			·		
					<b>-</b>
	(Code	) (Evpanses \$	ıncluding grants of \$	) (Povenue S	
40		) (Expenses 5	<del></del>	) (Revenue 5	
					<b></b> -
	<b></b>				
		- <b></b>			<b>-</b> -
					<b>-</b>
4 c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
			· · · · · · · · · · · · · · · · · · ·		<b></b>
4 4	Other program sens	ces (Describe in Schedule O	)		
-+ u	(Expenses \$		, ing grants of \$	) (Revenue \$	١
	Total program service		g g.u.n.o o. Y	) (I to volition of	<u>/</u>

Form 990 (2016) Indiana County Auditors Association, Inc.

Part IV | Checklist of Required Schedules 35-1973847

	•		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		x
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	-	Х
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		Х
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		Х
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		Х
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	•	Х
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	11 a		Х
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	11 b		_X
С	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
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	11 d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
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	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		X
	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		X
-	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E			X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		_X
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		Х
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
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.	19		Х

#### Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H . . . . . . Χ 20a b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . 20b 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 . . . . . . Х 21 Х 22 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 Χ 23 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 24a Χ **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 d 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-EZ? If 'Yes,' complete Schedule L. Part I 25b 26 Χ 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 Χ 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV . . . . . . . . . Χ 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х 28b X 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M . . . . . . . . 29 Χ 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I. . . . X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Χ 32 Χ 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, 34 X 35a X b 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38

Part V Statements Regarding Other IRS Filings and Tax Compliance			Г
Check if Schedule O contains a response or note to any line in this Part V	<del>· · · ·</del> ·	Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	-		<del>                                     </del>
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	: 	
2 a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax State-			
ments, filed for the calendar year ending with or within the year covered by this return   Za			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		-
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			X
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		_^
<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		_
4 a 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)?	4 a		Х
b If 'Yes,' enter the name of the foreign country			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		<u> </u>
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	ļ	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
Form 8282?	7 c	ļ	X
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?	7 e	l	Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		Х
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			х
Form 1098-C?	7 h		_^
organization have excess business holdings at any time during the year?	8		Х
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		Х
10 Section 501(c)(7) organizations. Enter	$\Box$		
a Initiation fees and capital contributions included on Part VIII, line 12			ĺ
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			l
11 Section 501(c)(12) organizations. Enter			•
a Gross income from members or shareholders			1
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If '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.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		L
Note. See the instructions for additional information the organization must report on Schedule O			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		

For	m 990 (2016) Indiana County Auditors Association, Inc. 35-1973847		F	Page (
Pa	rt VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below	w. ar	nd 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			
500	ction A. Governing Body and Management	• • •	<u>· · ·</u>	. X
36	ction A. Governing Body and Management		14	T
1	a Enter the number of voting members of the governing body at the end of the tax year   1 a		Yes	No
•	If there are material differences in voting rights among members	4		
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	ł		
	h Enterthe number of cuton would not be to do to the			İ
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
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			1
4	Did the organization make any significant changes to its governing documents	3	—	X
•	since the prior Form 990 was filed?			۱
5		4		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	-	<del></del>	X
-	Did the organization have members or stockholders?	6	Х	ļ
,	members of the governing body?	_ '	1,7	İ
		7 a	X	<del> </del>
	h 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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	a The governing body?	8 a	X	
ı	Each committee with authority to act on behalf of the governing body?	8 b	Х	1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Sec	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O			X
000	tion B. Folicies (This dection B requests information about policies not required by the internal Reven	ue C	oae ) Yes	<del> </del>
10:	a Did the organization have local chapters, branches, or affiliates?	10 a	res	No X
	o If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their	10 4		
•	operations are consistent with the organization's exempt purposes?	10 Ь		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b		
(	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	Х	
14	Did the organization have a written document retention and destruction policy?	14		Х
15	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	15a		X
	Other officers or key employees of the organization	15 b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)			<u> </u>
16 a	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		Х
t	of 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 safeguard the organization's exempt status with respect to such arrangements?	16 b		
Sec	tion C. Disclosure	00		
	List the states with which a copy of this Form 990 is required to be filed ► Indiana			•
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply	vailab	 ie	
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19		: to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

Pauline Graff

46526

IN

Form 990 (2016) Indiana County Auditor	s Ass	oci	ati	Lon		[nc.	_		35-19738	47 Page <b>7</b>
Part VII   Compensation of Officers, Directors	ors, Tru	ste	es,	Ke	y E	mpl	oye	es, Highest C	ompensated Er	nployees, and
Check if Schedule O contains a response or	note to ar	v lin	e in	this	Part	VII				
Section A. Officers, Directors, Trustees, Ko	ey Emp	loye	es	, ar	ıd F	ligh	est	Compensate	d Employees	<u> </u>
1 a Complete this table for all persons required to be listed organization's tax year								<del></del>		
<ul> <li>List all of the organization's current officers, director</li> <li>compensation Enter -0- in columns (D), (E), and (F) if no</li> </ul>	ors, trustee	es (w ation	heth was	er II	ndıvı d	duals	ог	organizations), reg	ardless of amount of	•
<ul> <li>List all of the organization's current key employees</li> </ul>	, if any S	ee in:	struc	ction	s fo	defi	nıtıc	n of 'key employee	e '	
<ul> <li>List the organization's five current highest compens who received reportable compensation (Box 5 of Form Worganization and any related organizations</li> </ul>	sated emp -2 and/or	loye Box 7	es (d 7 of	othe Forr	r tha n 10	n an 99-M	offic IISC	cer, director, truste o) of more than \$10	e, or key employee) 10,000 from the	
<ul> <li>List all of the organization's former officers, key em of reportable compensation from the organization and any</li> </ul>	ployees, a	and h organ	ighe izati	est c	omp	ensa	ted	employees who re	ceived more than \$1	00,000
<ul> <li>List all of the organization's former directors or truorganization, more than \$10,000 of reportable compensation.</li> </ul>	i <b>stees</b> tha	t rec	eıve rgan	d, ın ızatı	the on a	capa nd ai	city	as a former direct elated organization	or or trustee of the	
List persons in the following order individual trustees or demployees, and former such persons	lirectors, ii	nstitu	ition	al tr	uste	es, of	ffice	rs, key employees	, highest compensate	ed
X Check this box if neither the organization nor any rela	ted organ	zatio	n co	mp	ensa	ted a	ıny (	current officer, dire	ctor, or trustee	
				(C	)					
(A) Name and Title	(B) Average hours	thar	n one s both	box, an c	unles:	ck mor s perso and a		(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other
	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)	compensation from the organization and related organizations
_(1)_Gayle Pennington	2.00			<b> </b> ,,						
Past President		<u> </u>	<u> </u>	Х	_					
(2) Vicki Urbanik	_2.00			Х					i	
Secretary (3) Patty Pall	2 00	_	H	_	-		_			
_(3)_ Patty Ball Vice President	2.00			Х	ĺ					
	2.00				<del> </del>		$\vdash$			
Treasurer	- <u>2.</u>			Х	ľ					
(5) Pauline Graff	2.00									
President Elect				Х						
(6)										
_(7)	<b>-</b>									
(8)							$\exists$			
(9)										<del></del>
(10)		<del> </del>				-	$\dashv$			

(14)\_

(11)

(12)

(13)

3	Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual	3	Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual	4	 X
	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person	5	Х
ec	tion B. Independent Contractors		 

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above	ve) who received more than	

\$100,000 of compensation from the organization

Form 990 (2016)

	. Check if Schedule O contains a response or note	to any line in this Part VIII .			
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts Its	1 a Federated campaigns 1 a				
is is	b Membership dues 1 b 91	,607.		•	
Contributions, Gifts, Grants and Other Similar Amounts	c Fundraising events 1 c				
	d Related organizations 1 d				ĺ
in.	e Government grants (contributions) 1 e				
bution ther S	f All other contributions, gifts, grants, and similar amounts not included above				
Ē	g Noncash contributions included in lines 1a-1f \$				
Se	h Total. Add lines 1a-1f	91,607.	1		
e e	Business		•		
Program Service Revenue	2a Conference fees 900099	106,680.	106,680.	0.	0.
æ	b				
ję.	C				
8	d				
Ē	е			·	-
뼔	f All other program service revenue				
چ	g Total. Add lines 2a-2f	▶ 106,680.			
	3 Investment income (including dividends, interest and	d		<del></del>	
	other similar amounts)				
	4 Income from investment of tax-exempt bond procee				
	5 Royalties				
	(i) Real (ii) Per	rsonal			
	6 a Gross rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7 a Gross amount from sales of (i) Securities (ii) O	ither			
	assets other than inventory				
	b Less cost or other basis				
	and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)			<del></del>	
ue	8 a Gross income from fundraising events (not including. \$				
ě	of contributions reported on line 1c).				
æ	See Part IV, line 18 a				
Other Revenu	b Less direct expenses b		.]		
₽	c Net income or (loss) from fundraising events	, •			
	9 a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b				1
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns				
	and allowances a		l		
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business	Code			
	11a				
	d All other revenue				<del></del>
	d All other revenue		<u> </u>		
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	···▶ 198,287.	106,680.	0.	0.

	to 501(2)(2) and 501(2)(4) assemble to a second		4		<del></del>				
Sec	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								
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising				
	Grants and other assistance to domestic		expenses	general expenses	expenses				
1	organizations and domestic governments								
	See Part IV, line 21	5,000.	5,000.						
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	Benefits paid to or for members		·	-					
5	Compensation of current officers, directors, trustees, and key employees								
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)								
7	Other salaries and wages								
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)			<u>.</u>					
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (non-employees)								
a	Management								
t	Legal			<del></del>					
c	Accounting	635.		635.	· · · · · · · · · · · · · · · · · · ·				
c	Lobbying	13,267.	13,267.						
e	Professional fundraising services See Part IV, line 17 .	23/23/1	137207.						
f	Investment management fees								
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)								
12	Advertising and promotion								
13	Office expenses	8.		8.					
14	Information technology								
15	Royalties								
16	Occupancy			_					
17	Travel								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	148,594.	148,594.						
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization								
23	Insurance	623.		623.					
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)								
а	Report fees	14.		14.					
	Flowers	50.	50.						
	Bank fees	37.	37.						
d									
е	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	168,228.	166,948.	1,280.					
	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)								

and complete lines 30 through 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ► X

Paid-in or capital surplus, or land, building, or equipment fund . . . . . . .

Retained earnings, endowment, accumulated income, or other funds.....

Indiana County Auditors Association, Inc. 35-1973847 Part X **Balance Sheet** (B) (A) Beginning of year End of year 133,768 1 163,326. 2 2 3 3 4 Loans and other receivables from current and former officers, directors. 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 7 8 9 Land, buildings, and equipment cost or other basis 10 b 10 c b Less accumulated depreciation . . . . . . . . . . . . . 11 11 Investments - other securities See Part IV, line 11 . . . . . . . . . 12 Investments - program-related See Part IV, line 11 . . . . . . . . 13 13 14 Other assets See Part IV, line 11 . . . . . . . . . 15 15 16 163,326 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . . . 133,768 16 17 17 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . . . . . 21 21 Loans and other payables to current and former officers, directors, trustees. 22 23 Secured mortgages and notes payable to unrelated third parties . . . . . . . . . . . . 23 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 0 26 0. Total liabilities. Add lines 17 through 25 . . . . . . Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete Balances lines 27 through 29, and lines 33 and 34. 27 27 28 Temporarily restricted net assets . . . . . . . . 28

BAA

29

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32

33

Fund

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**Net Assets** 

163,326. Form 990 (2016)

163,326.

163,326.

29

30

31

32

33

34

133,768

133,768

133,768

Forfr	n 990 (2016) Indiana County Auditors Association, Inc. 35-	1973847		Р	age 12
Pai	rt XI Reconciliation of Net Assets				
	. Check if Schedule O contains a response or note to any line in this Part XI				. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	98,	287.
2	Total expenses (must equal Part IX, column (A), line 25)	2	_		228.
3	Revenue less expenses Subtract line 2 from line 1	3			059.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1		768.
5	Net unrealized gains (losses) on investments	5		<u> </u>	, 001
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1	63,	827 <u>.</u>
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. П
				Yes	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 a	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 reviewed on a				1
	separate basis, consolidated basis, or both				1 1
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 ь		x
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate				
	basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				.
C	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?		2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3 a	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?	. <i>.</i>	3 a	and the same of the same of	X
b	o If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au	dıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 ь		
BAA			Form	990 (	(2016)

### 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

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

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

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 Complete Parts I-A and B Do not complete Part I-C

Section 527 organizations Complete Part I-A only

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2016

• 5	Section 501(c)(3) organizations Section 501(c)(3) organizations Part II-A	that have filed Form 5768 (election under se that have NOT filed Form 5768 (election und	ction 501(h)) Completer section 501(h)) Co	te Part II-A Do not comp implete Part II-B Do not o	lete Part II-B complete
If the		,' on Form 990, Part IV, line 5 (Proxy Tax) tions), then	(see separate instruc	ctions) or Form 990-EZ,	Part V, line 35c
• 5	Section 501(c)(4), (5), or (6) org	anizations Complete Part III			
Name	of organization			Employer identific	ation number
Tnc	liana County Audito	rs Association, Inc.		35-197384	7
Par	t I-A Complete if the o	rganization is exempt under secti	on 501(c) or is a	section 527 organi	zation.
	Provide a description of the or	rganization's direct and indirect political camp of 'political campaign activities')			
2	Political campaign activity exp	enditures (see instructions)			
3		ampaign activities (see instructions)			
-	t I-B Complete if the o	rganization is exempt under secti	on 501(c)(3)		
1	Enter the amount of any excis	e tax incurred by the organization under sect	ion 4955		
2		e tax incurred by organization managers und			
_					
3		section 4955 tax, did it file Form 4720 for this			
4 a	Was a correction made?				Yes No
t	If 'Yes,' describe in Part IV				
Par		rganization is exempt under secti			
1	Enter the amount directly expe	ended by the filing organization for section 52	7 exempt function act	ıvıtıes ▶ Ş	
2	Enter the amount of the filing	organization's funds contributed to other orga	nizations for section 5	i27 exempt	
3	Total exempt function expendine 17b	itures Add lines 1 and 2 Enter here and on F	Form 1120-POL,	<b>&gt;</b> \$	
4	Did the filing organization file	Form 1120-POL for this year?			· · · Yes No
5	organization made payments amount of political contribution	and employer identification number (EIN) of a For each organization listed, enter the amound received that were promptly and directly disaction committee (PAC). If additional space is	nt paid from the filing of	organization's funds. Also political organization, suc	enter the
	(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.

Scitedule C (Form 990 or 990-EZ) 201	<sup>16</sup> Indiana Cou	unty Auditors Asso	ciation, Inc.	35-197	384 <u>7</u> Page 2
Part II-A Complete if section 501(	the organization	n is exempt under se	ction 501(c)(3) and	d filed Form 5768 (e	
A Check ► If the filing	g organization beloi	ngs to an affiliated group (and	l list in Part IV each affil	ated group member's nar	ne,
address,	EIN, expenses, and	share of excess lobbying ex	penditures)	• ,	·
_		ked box A and 'limited contro			
(The term		ring Expenditures ans amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditur		<del></del>	· · · · · · · · · · · · · · · · · · ·		
	•	gislative body (direct lobbying	•		<del></del>
		d 1b)			-
· · · · · · · · · · · · · · · · ·					
e Total exempt purpose exp	oenditures (add line	s 1c and 1d)			
f Lobbying nontaxable amo	ount Enter the amo	unt from the following table in	1		
If the amount on line 1e, colu		The lobbying nontaxable			
Not over \$500,000	(a) or (a) is	20% of the amount on line 1e			
Over \$500,000 but not over \$1,	000,000	\$100,000 plus 15% of the excess	over \$500,000		
Over \$1,000,000 but not over \$	1,500,000	\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000				
Over \$17,000,000		\$1,000,000			
g Grassroots nontaxable an	nount (enter 25% o	f line 1f)			
h Subtract line 1g from line	1a If zero or less,	enter -0			
i Subtract line 1f from line	1c If zero or less, e	nter -0			
j If there is an amount othe section 4911 tax for this y	er than zero on either	er line 1h or line 1i, did the or	ganızation file Form 472	0 reporting	Yes No
		4-Year Averaging Period U			<u> </u>
(Some		at made a section 501(h) ele elow. See the separate instr			
	Lobi	bying Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	( <b>d)</b> 2016	(e) Total
2 a Lobbying nontaxable 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 2d, column (e))					
f Grassroots lobbying expenditures					
BAA				Schedule C (Form	1 990 or 990-EZ) 2016

## 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)).

Tay and West response on times de Abratish di halam manida in Dark IV a data dad da anatan		1)	(b)	
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	Yes	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?			<del></del> .	
j Total Add lines 1c through 1i		1	<del></del>	
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		İ		
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/	م//5/	~"		

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

			Yes	
1	Were substantially all (90% or more) dues received nondeductible by members?	1		X
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
_3	Did the organization agree to carry over lobbying and political campaign activity 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	91,607.
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	13,267.
b Carryover from last year	2 b	
c Total	2 c	13,267.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
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	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	13,267.

### 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)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 2016

Open to Public Inspection

Name of the organization		Employer identification number
Indiana County Au	ditors Association, Inc.	35-1973847
	Tax returns are provided to the president and are	e available upon request
Pt VI, Line 11b	for review.	
	Tax returns are available to be viewed at guide:	star.org and upon
Pt VI, Line 18	request.	
	Tax returns are available to be viewed at guide:	star.org and upon
Pt VI, Line 19	request.	
	Membership is composed of four categories: Regu	larany person elected
	or appointed as a county auditor, Affiliateany	y individual employed in
	the office of the county auditor, Associateany	
	organization interested in the advancement of the	ne office of the county
	auditor, and Honoraryindividuals who have per:	formed distinguished
Pt VI, Line 6	service on behalf of the Association.	
	The officers of the Association will be elected	at the annual fall
Pt VI, Line 7a	meeting.	