Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury

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.

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

Open to Public

_	F Al	0047			0017						
<u>A</u> _			endar year, or tax year beginni			and endi			malow	, 20 er identification number	
В		applicable	C Name of organization Indian	a County Auditor	rs Assoc	clatic	on, Inc				
닏	Address	-	Doing business as			1				973847	
닏	Name ch	•	Number and street (or P O box if		address)	Room/s	suite		-	ne number	
닏	Initial ret	urn	101 West Ohio Stre						574	<u>) 535-6719 </u>	
닏	Final retur	m/terminated	City or town, state or province, co		tal code			- 1			
닏	Amende		Indianapolis, IN 4							ecerpts \$ 209,593.	
LJ	Applicati	on pending	F Name and address of principal off					this a group return for subordinates? Tyes X No			
			Pauline Graff, 117		oshen, l	IN A65	26 H(b) A				
<u></u>	Tax-exer	npt status	☐ 501(c)(3) 🔀 501(c) (6) ∢ (insert no) □ 4	4947(a)(1) or	<u> </u>	ν	If "No," a	ttach a	a list (see instructions)	
<u>J_</u>	Website	: <u>►</u> w	ww.indianaauditors.	org			H(c) (Group exe	mption	number ►	
<u>K</u>	Form of o	organization (X Corporation Trust Associ	ciation ☐ Other ►	L Ye	ar of form	ation 2	2007 N	State	of legal domicile: IN	
P	art I	Summ	ary		1						
	1	Briefly de	escribe the organization's mis	ssion or most significan	t activities:	Assı	st and	d repr	esei	nt county	
e			rs in Indiana.						· • • • • • • • • • • • • • • • • • • •		
ā		*	~~~			*					
era	2	Check th	is box ▶ ☐ if the organization	n discontinued its opera	ations or di	isposed	of more	than 25	% of i	its net assets.	
Governance	1		of voting members of the gov			·			-3-	5	
٩			of independent voting memb			line⊒lb	FOE!	/FD	4	<u> </u>	
es	5	Total nun	nber of individuals employed	l in calendar vear 2017	(Part V. line	307	7 (C) []	יים ט		0	
ξ			nber of volunteers (estimate	•	1	1			<u> </u>	1	
Activities	1		elated business revenue fron	- · ·	ino 12	MC MG	0.0.2	2018	(8) (9) (5)		
•			ated business taxable incom		L '	~ ~	• • •	• •	-76	0.	
	-	IVEL UITE	ated business taxable incom	<u>ie irom romii 550-1, iine</u>	5 54		3DEPr	or Year	. 70	Current Year	
	•	Contribut	tions and grants (Dort VIII. lin	a 1h\	L	<u>U'</u>	3000		~~	}	
Revenue			tions and grants (Part VIII, lin	91,6		100,953.					
	I	-	service revenue (Part VIII, lin	- '				106,6	80.	101,840.	
Re	1		nt income (Part VIII, column	• •							
-	I		renue (Part VIII, column (A), li			6,800.					
	1		enue—add lines 8 through 11					198,2		209,593.	
	1	Grants ar	00.								
	1		paid to or for members (Part								
e) S)	1		other compensation, employee		ın (A), lines	5–10)				- <u>-</u> -	
Expenses	16a	Professio	nal fundraising fees (Part IX,	column (A), line 11e)							
хb	b	Total fund	draising expenses (Part IX, co	olumn (D), line 25) 🕨							
Ш	17	Other exp	oenses (Part IX, column (A), li	ines 11a-11d, 11f-24e)				163,2	28.	204,253.	
	18	Total exp	enses. Add lines 13-17 (mus	st equal Part IX, column	(A), line 25	5) . [168,2	28.	204,253.	
_	19	Revenue	less expenses. Subtract line	18 from line 12		[30,0	59.	5,340.	
ès es							Beginning	of Current	Year	End of Year	
Net Assets or Fund Balances	20	Total asse	ets (Part X, line 16)			[163,3	26.	168,666.	
ŽÃ.	21	Total liabi	ilities (Part X, line 26)			[i		
종	22	Net asset	s or fund balances. Subtract	: line 21 from line 20		[163,3	26.	168,666.	
	art II	Signat	ure Block								
_		ties of pergur	y, I declare that I have examined this	s return, including accompany	ing schedules	s and state	ements, and	to the be	st of m	ny knowledge and belief, it is	
true	e, correct,	and comple	ete Declaration of preparer (other that	an officer) is based on all infor	mation of which	ch prepare	er has any k	nowledge	. ,		
		7	William State						n/	30/18	
Sig	ın	Signa	ature of officer	1				Date	~ / ·	20770	
He		Pair	lline Graff, Preside								
	-		or print name and title	71 1.						· · · · · · · · · · · · · · · · · · ·	
		<u> </u>	pe preparer's name	Preparer's signature		D	ate			PTIN	
Pai		Donna		Donna J Lehman	CDA	1	.0/20/2		neck _ if-empi	if 100 10 10 10 10 10 10	
	eparer				, CEM		.0/20/2				
Us	e Only	Firm's na			TITO T	NT 4 CO 1				35-1750280	
N 4 -	. the ID	Firm's ac	ddress > 1907 EAST CONN	IER ST., NOBLESV	TTTE, II	N 4606	οU	Phone no	ر کا	17)776-9212	
ıvıa)	y the IH	o discuss	this return with the preparer	snown above / (see ins	structions)					🔀 Yes 💹 No	

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

Form 9	90 (2017)				Page 2
Part		ement of Program Service			_
			esponse or note to any line in this Pa	<u>rt III </u>	<u> </u>
1	•	scribe the organization's mission			
	auditor	rs in indiana.			
2			ficant program services during the year	r which were not listed on the	
	•				☐ Yes ⊠ No
3		lescribe these new services on	Schedule O. J., or make significant changes in ho	w it conducts any program	
Ū		_			☐ Yes ⊠ No
	If "Yes." d	lescribe these changes on Scho			
4		_	vice accomplishments for each of its	three largest program services,	as measured by
) organizations are required to report		
	the total e	xpenses, and revenue, if any, f	or each program service reported.		
					
4a			including grants of \$		
			each year to educate coun		
			ed by the General Assembly	_	
			rnment Finance and State B s at each conference.		
	Accende	d by over 400 persons	s at each contendice.	· · · · · · · · · · · · · · · · · · ·	
					
		······		·	
4b	(Code:) (Expenses \$	including grants of \$	\ (Revenue \$	
710	(Oode) (Expenses w) (Noverlae w	
				·	····
		······································			••••
					···
					······································
					•••••
4c	(Code:) (Expenses \$	ıncluding grants of \$) (Revenue \$	<u>)</u>
	•				
		•••••			

Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ Total program service expenses ▶) (Revenue \$



Form 9	90 (2017)			Page 3
Part		•••		i age c
	•		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		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	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	×	
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		×
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			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		×
9	complete Schedule D, Part III	8		×
J	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_		×
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		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			Î
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×
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		×
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		×
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		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
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		×
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		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		×
b		14b		
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	146		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
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		×
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		×
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		×
		Forn	1 990	(2017)

Part	IV Checklist of Required Schedules (continued)			
	•		Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b 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		
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		×
•	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	İ	×
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		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b c	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 to defease any tax-exempt bonds?	24b		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 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	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		×
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		×
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		×
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	-	×
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		×
31	conservation contributions? If "Yes," complete Schedule M	30		<u>×</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		<u> </u>
33	complete Schedule N, Part II	32		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	33		<u>×</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		×
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38		×

Part				_
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		,
4.	E. W. Orleans and D. Dev O. C. C. App. Ed. D. W. and at Market Market		Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			 -
0-	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		ļ
_	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	<u> </u>	×
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	<u> </u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			Ì
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	١.		
	account)?	4a	 -	×
b	If "Yes," enter the name of the foreign country:			1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	 	×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	 	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
L	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	\vdash	×
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b	——	
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_	 	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_	·	
	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		×_
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.			<u></u>
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	$-\!\!\!\!-\!\!\!\!\!-$	×
. b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		×
10	Section 501(c)(7) organizations. Enter:		,	إ
a	Initiation fees and capital contributions included on Part VIII, line 12		.	
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	il	ĺ	1
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders			
U	against amounts due or received from them.)	1 1		
100	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	128	$-\!+$	
				1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		- 1
h	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which	, [}
b			1	1
_]
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>×</u>
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.	See ins	struct	tions.				
Sect	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	•	. <u> X </u>				
<u>Sect</u>	ion A. Governing body and management		Yes	No				
1a	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar							
b 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	 						
3	any other officer, director, trustee, or key employee?	_2		×				
4	supervision of officers, directors, or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×				
5 6 70								
	one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a	×					
ь 8	stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during	7b		×				
	the year by the following:	-		!				
a b	The governing body?	8a 8b	×					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	1 - \	_×_				
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	oae.) Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	×				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	Γ				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	-	×				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c						
13 14	Did the organization have a written whistleblower policy?	13 14	×	×				
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?		- <u>-</u>					
a b	The organization's CEO, Executive Director, or top management official	15a 15b		×				
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement							
b	with a taxable entity during the year?	16a		×				
	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?	 16b		/ 				
	on C. Disclosure							
17 18	List the states with which a copy of this Form 990 is required to be filed IN Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)				
19	Own website Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interfinancial statements available to the public during the tax year.	erest p	oolicy	, and				
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	ords:	>					

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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 employees."
- 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.

				(0	C)					
(A)	(B)	B) Position (do not check more than one		(D)	(E)	(F)				
Name and Title	Average	box,	unles	s pe	rson	is both	n an	Reportable	Reportable	Estimated
	hours per week (list any					or/trus	·	compensation from	compensation from related	amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
		!								
(1) Gayle Pennington	2.00			×			ĺ			•
Past President				^		<u> </u>	_	0.	0.	<u> </u>
(2) Vicki Urbanik Secretary	2.00			×				0.	0.	0.
(3) Patty Ball Vice President	2.00			×				0.	0.	0.
(4) Julie Fox	2.00									
Treasurer				×				0.	0.	0.
(5) Pauline Graff President Elect	2.00			×			-	0.	0.	0.
(6)										
(7)										
(8)							_	 -		
(9)										
(10)										
(11)			_							
(12)										
(13)										
(14)										

REV 09/12/18 PRO

Par	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees	s, a	nd F	lighe	st C	ompensated E	mployees	(contin	ued)		
	(A) Name and title	(B) Average hours per week (list any	box, office	unles	Pos neck ss pe	rson	e than o	an tee)	(D) Reportable compensation from	(E) Reportable compensation from		Est am	(F) imated ount of other	
		hours for related organizations below dotted line)	. ~ ~	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-	ons	comp fro orga and	ensation m the nization related nizations	l
(15)														
(16)														
(17)												<u></u>		
(18)														-
(19)														
(20)										-				
(21)											-			-
(22)														
(23)				-		-								
(24)								-						
(25)														
1b c	Sub-total	VII, Sectio			•		•	A A	0.		0.			0.
d	Total (add lines 1b and 1c)	not limited				ed a	above) wl		ore than \$1		O of		0.
3	Did the organization list any former off employee on line 1a? <i>If "Yes," complete</i> \$	ficer, direct						mp	loyee, or high	est compe	ensated	3	Yes	No X
4	For any individual listed on line 1a, is the organization and related organizations individual	greater tha	an \$1 	50,0		? If	"Yes	s," (complete Sch	edule J fo 	or such	4		×
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or inc	dıvıdua 	5		×
Section	on B. Independent Contractors													
1	Complete this table for your five highest of compensation from the organization. Rep year.													x
	(A) Name and business addr	ress					,		(B) Description of se	ervices	·	(C) Compens	ation	
2	Total number of independent contractor							the	ose listed abo	ove) who		•		1
	received more than \$100,000 of compensa													

	990 (201 VIII	Statement of Reve						Page 9
	•	· Check if Schedule C	O contains a res	sponse or note to	o any line in this (A) Total revenue	Part VIII (B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts si	1a	Federated campaigns	s 1a	T		TOVENUE		512 514
ìrar oun	b	Membership dues .		100,453.				
Is, G Am	C	Fundraising events .	1c					
Contributions, Gifts, Grants and Other Similar Amounts						[
sins, Sim	1	Government grants (cor		 		İ		
utio	f	All other contributions, g and similar amounts not inc		500.				
즐물	g	Noncash contributions include				1		
Con	_	Total. Add lines 1a-1		. •	100,953.	l		
	- ''	TOTALITY COMMITTEE TO TAKE	· · · · · · ·	Business Code	2307303.			· · · · · · · · · · · · · · · · · · ·
Ven	2a	Conference fee	s	900099	101,840.	101,840.	0.	0.
Be	ь							
<u>Vi</u> Ce	С							
Ser	d	••••						
ram	e	A M 41	·- :					
Program Service Revenue	f	All other program ser			101,840.		1	
	g 3	Total. Add lines 2a-2 Investment income	(including divid	dends interest	101,840.			
		and other similar amo						
	4	Income from investmen	it of tax-exempt b	ond proceeds ►				
	5	Royalties						
			(ı) Real	(ii) Personal				
	6a	Gross rents		1,050.				
	b	Less. rental expenses	ļ		1		ł	
	C	Rental income or (loss)	<u></u>	1,050.				
	d 7a	Net rental income or Gross amount from sales of	(IOSS)		1,050.	1,050.	0.	0.
	1 a	assets other than inventory	(i) decurries	(ii) Other			٠	
	ь	Less cost or other basis				<i>'</i>		
	_	and sales expenses .			}			
	С	Gain or (loss)						
		Net gain or (loss) .		•				
ž	8a	Gross income from fu	ındraısıng					
eve		events (not including \$;
ě		of contributions reported See Part IV, line 18	•					
Other Revenue	L	•	-					
Ó		Less: direct expenses Net income or (loss) fi						
		Gross income from ga		events . P				
	-	See Part IV, line 19 .		.]	1			
	b	Less: direct expenses					_	i
	С	Net income or (loss) f		ivities ►				
	10a	Gross sales of in						
I		returns and allowance	_					
	b	Less: cost of goods s						
-	С	Net income or (loss) for						
}	44-	Miscellaneous R		Business Code	5,750.	5,750.	0.	
	11a b	Advertising in		223111	3,750.	3,730.		
	C						+	· -
	d	All other revenue .						
	e	Total. Add lines 11a-		· >	5,750.			
		Total revenue See in		+		109 640	0	

	t IX Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must com	nlete all columns A	Il other organization	ns must complete col	umn (A)
<u> </u>	Check if Schedule O contains a respons				
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			·	
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
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 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):			}	
а	Management				-
b	Legal		<u> </u>		
C	Accounting				· <u> </u>
d	Lobbying	10,215.			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column			 	·
g	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	554.]	

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 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying	10,215.			
е	Professional fundraising services. See Part IV, line 17				
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	554.			
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	746.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	183,200.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	1,094.			ļ
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	Dues	3,866.			
b	Directory printing	4,000.	<u> </u>		
C	Badge expenses	500.			· · · · · · · · · · · · · · · · · · ·
d	Sundry	78.			
e	All other expenses	204 252			
25	Total functional expenses. Add lines 1 through 24e	204,253.			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)				
		REV 09/12/18 PRO			Form 990 (2017)

P	art X	Balance Sheet			
		. Check if Schedule O contains a response or note to any line in this Pai	rt X		🗆
	•		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	163,326.	1	168,666.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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	
ë	_	<u> </u>	<u> </u>	7	
Assets	7	Notes and loans receivable, net		8	
•	8 9	Prepaid expenses and deferred charges	·	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		9	•
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	 -	11	
	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)	163,326.	16	168,666.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
es	22	Loans and other payables to current and former officers, directors,	• •		
: E		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
ا ئــ	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 of Schedule D		25	
		<u> </u>		25	
	26	Total liabilities. Add lines 17 through 25		26	·
ces		complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
S	30	Capital stock or trust principal, or current funds	163,326.	30	168,666.
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	·
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Vet	33	Total net assets or fund balances	163,326.	33	168,666.
	34	Total liabilities and net assets/fund balances	163,326.	34	168,666.
					Form 990 (2017)

			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.	- (ta)		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:	2a	.,.	×
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	-	<u> </u>	π
b	Were the organization's financial statements audited by an independent accountant?	2b		×
	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:		*** ; *	,
С	☐ Separate basis ☐ 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?	2c	ند	<u>-</u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	12,	ν. t	, ,
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?	3a		×
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.	3b		

Form 990 (2017)

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

0MB No 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

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)(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-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• Se	ection 501(c)(4), (5), or (6) orga	anizations Complete Part III.			
Name	of organization			Employer ide	ntification number
Indi	ana County Audito	rs Association, Inc.		35-19738	847
Part		e organization is exempt und	er section 501(c) or is a section 527	organization.
1	Provide a description o definition of "political car	f the organization's direct and in mpaign activities")	direct political ca	mpaign activities in Par	t IV. (see instructions for
2	Political campaign activit	ty expenditures (see instructions)			8
3		cal campaign activities (see instruc			
Part		e organization is exempt und			,
1	Enter the amount of any	excise tax incurred by the organization	ation under section	n 4955 ▶ 🥄	3
2	Enter the amount of any	excise tax incurred by organization	n managers under	section 4955 ▶ \$	5
3	If the organization incurre	ed a section 4955 tax, did it file Fo	rm 4720 for this ye	ear?	. Yes No
4a	Was a correction made?				🗌 Yes 🗌 No
_ b	If "Yes," describe in Part	IV.			
Part	I-C Complete if the	e organization is exempt und	er section 501(c), except section 501	(c)(3).
1		ly expended by the filing organiz			S
2		filing organization's funds contrib			
_		vities			}
3		expenditures. Add lines 1 and 2			
					;
4		n file Form 1120-POL for this year			Yes No
5	organization made payme the amount of political co	ses and employer identification nui- ents. For each organization listed, ontributions received that were pro- fund or a political action committe	enter the amount property	paid from the filing organ delivered to a separate p	ization's funds. Also enter political organization, such
	(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)			-		

Page 2	
on under	
s name,	
(b) Affiliated group totals	
res No	
nelow.	

* Sched	dule C (Form 990 or 990-EZ) 2017					Page
Par	t II-A Complete if the organization section 501(h)).	on is exempt	under section 5	01(c)(3) and file	d Form 5768 (ele	ction under
A	Check ► ☐ If the filing organization belo address, EIN, expenses, and				iliated group memb	er's name,
В	Check 🕨 🗌 if the filing organization chec	ked box A and	"limited control" p	rovisions apply.		
	Limits on Lob	bying Expendit	tures		(a) Filing	(b) Affiliated
	(The term "expenditures" n	neans amounts	paid or incurred	.)	organization's totals	group totals
1a	Total lobbying expenditures to influence	public opinion	(grass roots lobb	yıng)		
b	Total lobbying expenditures to influence	e a legislative be	ody (direct lobbyin	ig)		
c	T	-				
c	Other exempt purpose expenditures .					
е	-					
f			•			
	If the amount on line 1e, column (a) or (b)	: The lobbying	nontaxable amour	nt is:		
	Not over \$500,000		nount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	s 15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000		s 10% of the excess			
	Over \$1,500,000 but not over \$17,000,000		s 5% of the excess of			
	Over \$17,000,000	\$1,000,000.				
g	Grassroots nontaxable amount (enter 2	5% of line 1f)				
h	Subtract line 1g from line 1a. If zero or	ess, enter -0-				
j	Subtract line 1f from line 1c. If zero or le	ess, enter -0-				
j	If there is an amount other than zero	on either line	1h or line 1i, did	the organization	file Form 4720	
	reporting section 4911 tax for this year	<u>?</u>		<u> </u>	<u> L</u>	_Yes No
	(Some organizations that made a se	ction 501(h) el	Period Under sed ection do not hav ructions for lines	e to complete all	of the five column	s below.
	Lobbyin	Expenditures	During 4-Year A	veraging Period	·	
	Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))	,	•			
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					

f Grassroots lobbying expenditures

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT find (election under section 501(h)).	led I	Form	5768		
or (each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)	
	ription of the lobbying activity.	Yes	No	A	moun	it
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				•	
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	$\neg \uparrow$		•		
c	Media advertisements?	$\neg \neg$				
d	Mailings to members, legislators, or the public?	$\neg \uparrow$				
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .		_			
i	Other activities?			_		
j	Total. Add lines 1c through 1					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912	.				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), o	r se	ction 		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		×
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		×
3_	Did the organization agree to carry over lobbying and political campaign activity expenditures from the p			3	L	×
	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OF answered "Yes."			III-A,		
1	Dues, assessments and similar amounts from members	.	1	1	00,4	<u> 153.</u>
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
a	Current year	. }	2a		10,2	215.
b	Carryover from last year	. }	2b			
C	Total	. }	2c	_	10,2	215.
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 t excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbyi and political expenditure next year?	ing				
5	Taxable amount of lobbying and political expenditures (see instructions)		5		10	.1.
	Supplemental Information	<u>- 1</u>	5]		10,2	215.
	le the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated grou	n liet	· Par	- II_Δ I	nes 1	l and
	instructions), and Part II-B, line 1. Also, complete this part for any additional information.					
						-
					.	
		••				
			 -	 -		

Port IV	m 990 or 990-EZ) 2017 Supplemental Information (continued)	Page 4
•		
•		
+		
		••••

		······

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

20**17**

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Indiana County Auditors Association, Inc.	35-1973847
Pt VI, Line 11b: Tax returns are provided to the president and ar	
upon request for review.	
Pt VI, Line 18: Tax returns are available to be viewed at guidest	ar.org and
upon request.	
Pt VI, Line 19: Tax returns are available to be viewed at guidest	ar org and
upon request.	ar
Pt VI, Line 6: Membership is composed of four categories: Regula	
elected or appointed as a county auditor, Affiliateany individu	
in the office of the county auditor, Associateany individual or	organization
interested in the advancement of the office of the county auditor, a	nd Honoraryindividuals
who have performed distinguished service on behalf of the Associa	tion.
Pt VI, Line 7a: The officers of the Association will be elected a	t the annual
fall meeting.	
	·
······································	•••••
tt	