Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public

A For the 2018 calendar year, or tax year beginning	Dep-	artment of	the Treasury ue Service	► Go to www.irs.gov/Form990 for instructions and the la			1812	Inspection	
B Check is splicable Address change Anne change Interferent address of promote change Application period of the change of t	$\overline{}$						(
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Application pending Nama and address of principal officer Calvin Lee Same as C above Tax-enement status Solicitis Same as C above Tax-enement status Same as C above Sam							G Gross rec	cerpts \$ 944,475	
Tax-exempt status				F Name and address of principal officer Calvin Lee	н	I(a) Is this a gro	oup return for su	ubordinates? Yes No	
Websites www.indmaa.org High Group exemption number No. Websites www.indmaa.org High Group exemption number No. No. High Group exemption number No. N			, ,			-			
Website: Www.indmaa.org	<u> </u>	Tax-exer	npt status	☐ 501(c)(3)	52	If "No	o," attach a l	list (see instructions)	
Summary Summary Part	J	Website	: ► ww		H	H(c) Group	exemption r	number ►	
Briefly describe the organization's mission or most significant activities: The purpose of the Indiana Mineral Aggregates Association is to solve common problems of the Indiana aggregate producing industry, re: specifications used in mine safety/reclamation, pollution, legislation, research, increased public awareness and broadening their use. 2 Check this box ▶□ If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a). 4 Number of independent voting members of the governing body (Part VI, line 1a). 5 Total number of volunteers (sestmate if necessary). 6 190 6 Total number of volunteers (sestmate if necessary). 7 2 Total unrelated business revenue from Part VIII, column (C), line 12. 7 3 Total unrelated business revenue from Part VIII, column (C), line 12. 7 4 Total unrelated business revenue from Part VIII, column (C), line 12. 8 Contributions and grants (Part VIII, line 1h). 8 Contributions and grants (Part VIII, line 2g). 9 Program service revenue (Part VIII, line 2g). 10 Investment income (Part VIII, line 2g). 11 Other revenue (Part VIII, column (A), lines 5, 6, Euc., 2g, 10c, and 11e). 12 Total revenue—add lines 8 through 11 (must equal Part IX, column (A), lines 5-10). 13 Grants and similar amounts paid (Part IX, column (A), lines 11e). 10 Description (Part VIII, column (A), lines 11e). 10 Other expenses (Part IX, column (A), lines 11e). 11 Other expenses (Part IX, column (A), lines 11e). 12 Total undraising lees (Part IX, column (A), lines 5-10). 13 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 14 Benefits paid to or for members (Part IX, column (A), lines 11e). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 16 Total lax expenses (Part IX, column (A), lines 11e). 17 Other expenses (Part X, line 16). 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), lines 25). 19 Revenue less ex	K	Form of c	organization	X Corporation ☐ Trust ☐ Association ☐ Other ► L Year of	formation	1947	M State o	of legal domicile IN	
Association is to solve common problems of the Indiana aggregate producing industry, re: specifications used in mine safety/reclamation, pollution, legislation, research, increased public awareness and broadening their use. Check this box >	P	art I							
mine safety/reclamation, pollution, legislation, research, increased public awareness and broadening their use. Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets. A Number of voting members of the governing body (Part VI, line 1a)		1							
B Net unrelated business taxable income from Form 990-T, line 38 7b 0	Se								
B Net unrelated business taxable income from Form 990-T, line 38 7b 0	nan								
B Net unrelated business taxable income from Form 990-T, line 38 7b 0	Ver	2	Check th	is box $ ightharpoonup \square$ if the organization discontinued its operations or dispo	sed of m	ore than	25% of it	ts net assets.	
B Net unrelated business taxable income from Form 990-T, line 38 7b 0	Ĝ	3	Number	of voting members of the governing body (Part VI, line 1a)			3		
B Net unrelated business taxable income from Form 990-T, line 38 7b 0	∞ ŏ	4	Number	of independent voting members of the governing body (Part VI, line	e 1b) .		4	13	
B Net unrelated business taxable income from Form 990-T, line 38 7b 0	ţ	5	Total nun	nber of individuals employed in calendar year 2018 (Part V, line 2a)	ı)		5	6	
B Net unrelated business taxable income from Form 990-T, line 38 7b 0	ξį	6	Total nun	nber of volunteers (estimate if necessary)			6	190	
B Contributions and grants (Part VIII, line 1h) RECEIVED 148,010 139,064 9 Program service revenue (Part VIII, line 2g) 802,490 851,915 10 Investment income (Part VIII, column (A), lines 5, 642, 9; 10c, and 11e) 23,020 26,513 11 Other revenue (Part VIII, column (A), lines 5, 642, 9; 10c, and 11e) 23,020 26,513 12 Total revenue—add lines 6 through 11 (must edual Part VIII, column (A), line 1) 1,099,251 917,554 13 Grants and similar amounts paid (Part IX, column (A), line 4) 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 25) 0 17 Other expenses (Part IX, column (A), line 25) 0 0 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 931,882 977,698 19 Revenue less expenses. Subtract line 18 from line 12 117,370 60,144 18 Total assets (Part X, line 16) 1,338,062 1,138,465 10 Total liabilities (Part X, line 26) 1,338,062 1,138,465 10 Total liabilities (Part X, line 26) 1,177,994 1,117,850 17 Part II Signature Block 1,177,994 1,117,850 18 Proparer 1,177,994 1,117,850 19 Proparer 1,177,994 1,117,850 19 Proparer 1,177,994 1,117,850 10 Proparer 1,177,994 1,177,9	¥	7a	Total unr	elated business revenue from Part VIII, column (C), line 12			7a	975	
B Contributions and grants (Part VIII, line 1h) RECEIVED 148,010 139,064 9 Program service revenue (Part VIII, line 2g) 802,490 851,915 10 Investment income (Part VIII, column (A), lines 5 (4, and 1/2) 2 2019 125,732 (99,938) 11 Other revenue (Part VIII, column (A), lines 5, 6, 10c, and 11e) 12 12 Total revenue—add lines 8 through 11 (must equal Part VIII (200 134,000 13		b	Net unrel	ated business taxable income from Form 990-T, line 38					
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9 Program service revenue (Part VIII, Ine 2g)	anne	8	Contribut	tions and grants (Part VIII, line 1h) . RECEIVED				·	
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Total revenue (Part VIII, Column (A), lines 5, 6, 10C, and 11e).	ě	10	Investme	int income (Part VIII, column (A), lines 😢 4, and 7 🗞 2 2019 .	\ ·				
13 Grants and similar amounts paid (Part IX, column (A), line 4)	ш	11	Other rev	venue (Part VIII, column (A), lines 5, 6th Ac, 9c, 10c, and 11e) .	l -			26,513	
14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 0		12			12)				
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15		13			ا	1		134,000	
16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 0 0 0 0 0 0 0		1			·			0	
Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Under penalties of periory, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete neclaration of prepare (other than officer) is based on all information of which preparer has any knowledge Paid Preparer Use Only May the IRS discuss this return with the preparer shown above? (see instructions) Part II Signature of Indian (A), line 25) 981,882 977,698 981,882 977,698 Beginning of Current Year End of Year 11,338,062 1,138,465 20,615 1,338,062 1,138,465 20,615 1,138,465 21,138,465 22,0615 23,0615 24,0615 24,0615 25,0615 26,0715 26,0715 27,081 28,0715 29,0715 20,0715 20,615	es	15			0)	3		360,685	
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete peclaration of prepare (other than officer) is based on all information of which preparer has any knowledge Sign						1,1	77,994	1,117,850	
Sign Here Paid Preparer Use Only Pint Type preparer's name StepKen R. Kleifgen Firm's address ► 5225 Whisperwood Ln, Indpls IN 46226 May the IRS discuss this return with the preparer shown above? (see instructions) Signature or officer									
Sign Here Signature of officer Date								y knowledge and belief, it is	
Sign Signature of officer Date Calvin Lee Tealvin Lee Teal				7 1 1 1 1 1 1 1 1 1 1		1		1/0	
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Use Only Firm's name ► StepKen R. Kleifgen Firm's EIN ► - Firm's EIN ► - Phone no 317 - 250-9687 May the IRS discuss this return with the preparer shown above? (see instructions)	Pa	aid	* a		11/	2/19		<u>S</u>] if	
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May the IRS discuss this return with the preparer shown above? (see instructions)	Us	se Onl	V ————		_			7 050 0007	
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Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	To stimulate and further research into the development and use of all minerals. To disseminate information
	concerning the production, mining, processing, use and sale of aggregates. To promote general welfare
	of the members of the assocation and the industry.
	4
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
44	Winter Workshop and Operations Seminar-This is an annual event for members to be updated on issues
	pertinent to the industry. There are training and educational opportunities, in some cases offering CEU's.
4b	(Code) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
	Environmental Stewardship Council-This is an ongoing year-long function of the association. The purpose is to
	provide a self-regulated reclamation program for the industry.
4c	(Code) (Expenses \$0 including grants of \$0) (Revenue \$0
	Other workshops and seminars-Includes the actvitities of the Public Information and Education committee, which
	conducts outreach services; also includes a summer meeting to update members and provide educational
	opportunities, and safety training.
4d	Other program services (Describe in Schedule O.)
40	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
40	Total program service expenses

Part IV Checklist of Required Schedules

			163	140
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 candidates for public office? If "Yes," complete Schedule C, Part I	3		×
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	×	
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? <i>If "Yes," complete Schedule D, Part II</i> .	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		×
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_	!	×
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
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	_	×
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	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		×
12a	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 "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
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		×
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		×
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		×
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	×	
			000	

Part l	V `Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2° If "Yes," complete Schedule I, Parts I and III	22		×
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		<u></u>
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	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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	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)	. / ; 		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>×</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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		· .	
4 =	First the number reported in Pay 2 of Form 1006 Enter 0 if not applicable 45 7	1520	Yes	No
1a b c	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	reportable gaming (gambling) winnings to prize winners?	1c	<u> </u>	L
_		For	n 990	(2018)

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)				ago e					
	otation to garanty of the remigration of the complete of the c			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1								
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 6								
b	If at least one is reported on line 2a, did the organization file all required federal employment	tax returns? .	2b	X	<u> Leepardinae</u>					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?									
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in So		3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	ner authority over,								
	a financial account in a foreign country (such as a bank account, securities account, or other financial	ncial account)?	4a		×					
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).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	-	5a	<u></u>	×					
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter		5b	ļ	×					
¢	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,0									
	organization solicit any contributions that were not tax deductible as charitable contributions		6a	<u> </u>	<u> </u>					
þ	If "Yes," did the organization include with every solicitation an express statement that such	contributions or	 							
-	gifts were not tax deductible?		6b	18K0×259X	://///////////////////////////////////					
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	, ,	3///							
.	· · · · · · · · · · · · · · · · · · ·		7a 7b		<u> </u>					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		76	-						
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property required to file Form 8282?	or which it was	7c							
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	**************************************							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal t		7e	2//2006	<u> </u>					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefits		7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fi		7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m									
			8							
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966°		9a		_					
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer of the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor advisor.	son?	9b							
10	Section 501(c)(7) organizations. Enter									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b								
11	Section 501(c)(12) organizations. Enter	المما								
a	Gross income from members or shareholders	11a								
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b								
12a	against amounts due or received from them.)		12a		<u>Managa</u>					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1/1/25	10000000	262661					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120]								
a	Is the organization licensed to issue qualified health plans in more than one state?		13a	2228,70	**************************************					
•	Note. See the instructions for additional information the organization must report on Schedul	e Ο.	9000	<i>\$11,081/2</i>						
ь	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	136								
С	Enter the amount of reserves on hand	13c								
14a	Did the organization receive any payments for indoor tanning services during the tax year? .		14a	100 100 1 11	X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in S		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in				_					
-	excess parachute payment(s) during the year?	•	15							
	If "Yes," see instructions and file Form 4720, Schedule N.		201/1							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investigation.	estment income?	16							
	If "Yes," complete Form 4720, Schedule O.			1111111						

Form **990** (2018)

Form 99			Page 0
Part '			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response or note to any line in this Part VI		
Section	on A. Governing Body and Management		· · <u> </u>
00011	517 A. Governing Body and Managomone	Y	es No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 14		
	If there are material differences in voting rights among members of the governing body, or		
	If the governing body delegated broad authority to an executive committee or similar		
	committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent . 13		
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	×
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?	3	×_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	×
6	Did the organization have members or stockholders?	6	×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		
	stockholders, or persons other than the governing body?	7b	X 4/0 44/0 x 3
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		
_	the year by the following The governing body?	8a :	×
a b	The governing body?	-	$\frac{\hat{x}}{x}$
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	×
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Coc	le.)
		Y	'es No
10a	Did the organization have local chapters, branches, or affiliates?	10a	×
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	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		×
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×
С	describe in Schedule O how this was done	-	×
13	Did the organization have a written whistleblower policy?		×
14	Did the organization have a written document retention and destruction policy?	14	X 32 325 A
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		×
b	Other officers or key employees of the organization	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		
	with a taxable entity during the year?	16a	×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		1.00 360 91
	organization's exempt status with respect to such arrangements?	16b	
	on C. Disclosure		
17	List the states with which a copy of this Form 990 is required to be filed ▶ Indiana		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(Section	on 501(c)
40	Own website Another's website Upon request Other (explain in Schedule O)	oract ==	diov and
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.		
20	State the name, address, and telephone number of the person who possesses the organization's books and re- Calvin Lee 11711 N. College Ave.Suite 180 Carmel, IN 46032 317-580-9100	coras 🟲	•

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.

Officer the box in ficinities the organization		Γ		(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average			theck more than one ess person is both an				Reportable	Reportable	Estimated
	hours per				a director/trustee)			compensation	compensation from related	amount of other
	week (list any hours for	or ind	Ins	Officer	Σe.	Hig	For	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation
	related	dred	titut	cer	/ em	hest	Former			from the
	organizations below dotted		Institutional trustee		Key employee	ee		(VV-2/1099-MISC)		organization and related
	line)	rust	ta)ee	nper				organizations
		ee	stee			Highest compensated employee				
						<u> </u>				
(1) Gene Yarkie	1.0							0	0	0
President	0.			×						
(2) Nathan Wanstrath	1.0							0	l	0
President-Elect	.0			×						
(3) John Schmidt	1.0							l 0	0	0
Vice President	.0			×		ļ				
(4) Gus Diehr	1.0	ļ						0	0	0
Treasurer	.0			×						
(5) Ken Mulzer Jr.	1.0							0	o	0
Secretary	.0			×						_
(6) Greg Gould	1.0							0	0	0
Immediate Past President	.0			×						
(7) Trent Carney	1.0	ļ						0	0	o
Director	.0	×				ļ	_			
(8) Dennis Garrison	1.0							o	0	o
Director	.0	×	ļ	ļ			<u> </u>			
(9) Matt Haehl	1.0							0	0	0
Director	.0	×	ļ	<u> </u>	<u> </u>					
(10) Kris Luce	1.0							l 0	0	o
Director	.0	×	ļ	_	<u> </u>	<u> </u>	┡			
(11) Mike Nolan	1.0							0	0	0
Director		×	ļ	ļ	<u> </u>	ļ <u> </u>	<u> </u>			
(12) Cory Collins	1.0				ļ			0	0	0
Director	0	×			<u> </u>	<u> </u>				
(13) Joe Schlabach	1.0			İ			i	0	0	l o
Director	.0	×		1	lacksquare	ļ	$oxed{oxed}$	ļ		
(14) Calvin Lee	40.0	1						68,041	0	16,565
Executive Director	0		<u> </u>	X	×			30,041		,

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(C)													
	(A) Position (do not check more than one							(D)	(E)		(F)		
	Name and title	Average	1 '			s person is both			Reportable	Reportable	1	stimated	
		hours per	office	r and	dad	rect	or/trust	ee)	compensation	compensation fron related		nount of other	
		week (list any hours for	익方	Ins	오	주 e	en E	Ē	from the	organizations		pensatio	on
		related	a k	ᄚ	Officer	y er	ples	Former	organization	(W-2/1099-MISC)	fr	om the	
		organizations	ct a	🗟		ηpl	t cc	~	(W-2/1099-MISC)			anızatıor d related	
		below dotted line)	Individual trustee or director	=		Key employee	ğ				1	anization	
		,	i i	Institutional trustee		10	ens				-		
				👸			Highest compensated employee						
(15)				Н							-		
1		.0					1		0	0			0
(16)		.0									†		
110/		.0											
/47\		.0			<u> </u>	\vdash			 		+		
(17)		ļ::											
44.0		.0				-	-				 		
(18)		.0	ł										
		.0							 -		+		
(19)		.0											
		0			_		<u> </u>	_			+		
(20)		.0											
		.0					L	_	<u> </u>				
(21)		.0											
		.0						<u> </u>		_			
(22)		.0]										
		.0						<u> </u>					
(23)		.0											
		.0											
(24)		.0											
<u></u>		1.0	1										
(25)		.0											
35.57		.0	1						1				
1b	Sub-total			_	_			┢	68,041	0	1	16.	565
c	Total from continuation sheets to Part	VII. Sectio	n A	į	Ī			•	0	0			0
ď				•	•			•	68,041	0		16.	565
	Total number of individuals (including but						ahove	٧ (ح		ore than \$100 ()00 of		
2	reportable compensation from the organ		^	1030	, 113	LEU	above	5) V	mo received m	ore triair wroo,	,00 01		
	reportable compensation from the organ	Zation							_ .			Yes	No
•	D. I. II	<u>د </u>		.			leave e		alawaa ar biah	ant componed	+od [1.00	1
3	Did the organization list any former of							emk	bloyee, or nigr	iest compensa	.ed		ا ×ٰ
	employee on line 1a? If "Yes," complete										<u> </u>	+	 ^
4	For any individual listed on line 1a, is the	e sum of re	porta	ble	con	npe	nsatio	on a	and other comp	pensation from	the	21	
	organization and related organizations	greater th	an \$	150,	,000)? /	f "Ye	s, "	complete Sci	nedule J for su	ich	-	. .
	ındıvıdual	•	•	•	•		•	•	•	• • •	. 4	+	×
5	Did any person listed on line 1a receive of									zation or individ		_	لــــا
	for services rendered to the organization	? If "Yes," c	comp	ete	Sci	ned	ule J	tor :	sucn person	· _ ·	. 5		×
Section	on B. Independent Contractors									<u> </u>			
1	Complete this table for your five highest	compensat	ed in	dep	end	ent	contr	act	ors that receive	ed more than \$	100,000	of	
	compensation from the organization. Rep	oort compe	nsatio	on fo	or th	ne c	alenc	lar :	year endıng wit	th or within the	organıza	tion's t	ax
	year												
	(A)								(B)		(0		
	Name and business add	dress							Description of s	ervices	Compe	nsation	
						-							
								1					
								T					
2	Total number of independent contractor	ors (includi	na hi	ıt n	not	limi	ted to	o ti	hose listed ab	ove) who	· · · · · · · · · · · · · · · · · · ·		i
-	received more than \$100,000 of compens												

Part	: VIII '	Statement of Reve					D 1.3411		
h. 14/11/884	11.139 \$55 WW book	Check If Schedule O	contains	a res	oonse or note to		Part VIII (B)	(C)	_ · · · · <u>·</u> · <u> </u>
						(A) Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512–514
nts nts	1a	Federated campaigns	S	1a					
ons, Gifts, Grants Similar Amounts	b	Membership dues .		1b	139,064				
ts, (С	Fundraising events .		1c					
ia g	d	Related organizations		1d					
ns,	e	Government grants (con		1e					
er t	f	All other contributions, grand similar amounts not inc							
<u> </u>	_	Noncash contributions includ		1f					
Contributions, Gifts, Grants and Other Similar Amounts	g h	Total. Add lines 1a-1		•	-	139,064			
	<u> </u>	Total. Add lines 1a-1		· · ·	Business Code				
enn	2a				900099	850,940	850,940	WITHELT PROPERTY IN THE TOTAL	9/0/1/1991 15578 "98 66 56 55 57 1785." "N.D.
æ	b				541800	975		975	
<u>.</u>	С							_	
Sen	d								
Ē	е				,				
Program Service Revenue	f	All other program sen					10000 000000000000000000000000000000000	TIPAN BUSEL SERIUM MARKETS LO	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
<u>-ā</u>	g	Total. Add lines 2a-2				851,915		(hali e (Birkhill) (hali (hali))	Million and September 1988.
	3	Investment income and other similar amo			enas, interest,	(00.020)	(00.039)		
	1	Income from investmen	•			(99,938)	(99,938)		
	4 5			-				<u>_</u>	
		noyanies	(i) Rea		(ii) Personal				
	6a	Gross rents							
	b	Less rental expenses							
	С	Rental income or (loss)							
	d	Net rental income or ((loss) .		<u>></u>				
	7a	Gross amount from sales of	(ı) Secunt	ies	(ii) Other				
		assets other than inventory					1,7		
	b	Less: cost or other basis							
		and sales expenses .						*11.00	
	C	Gain or (loss)	L			<u> </u>	25.5663 27.68 6 2.67.73.67.74.68.65	//////////////////////////////////////	
	d	Net gain or (loss) .		• •	· · · · · ·		3/25/3/1/25 55 / 3/1/1/1/3	SKUTTUMBBBBBBB	
enne	8a	Gross income from fuevents (not including \$	ındraısing						
Other Revenue		of contributions reporte	ed on line 1		53,434				
ţ	b	Less direct expenses		-	00,40-4	*///\text{Text}T			
0		Net income or (loss) f				26,513		NATIONAL PORT TO THE TAX TO THE	26,513
		Gross income from ga							
		See Part IV, line 19 .		· a					
	b	Less: direct expenses	3	. b					
		Net income or (loss) f			vities ▶			104104/1920/1920/0/1046/50999	/ PARPA DURANTA AN ALAN MARKA DA . / PARA / A A A A A A A A A A A A A A A A A
		Gross sales of in returns and allowance	es	· a					
		Less cost of goods s				Partition of the Control of the Cont		65 C & 65 65 65 1/1/1/16	THE SHEET SHEET STATES OF THE SHEET
	C	Net income or (loss) f		ot inv		36551134/11/3 5 5511/5411/65527575767	[M], 65[M] [15854 [17] [M], 6553 [17]	7774.17916198874444141446EA653.18	
	44-	Miscellaneous F	revenue		Business Code	\$	Dillikiddis 40000075ddd	<i>774 HH HH HHH HH</i>	
	11a		-			0		_	
	b				-	-			
	d	All other revenue .							
	e	Total. Add lines 11a-			•	- 0			
	12	Total revenue. See in			•	917.554	751.002	975	26.513

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns	s All other organizations must complete column (A).
---	---

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 respon			·	. <u></u> 🗆			
	t include amounts reported on lines 6b, 7b, , 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	134,000	134,000					
2	Grants and other assistance to domestic individuals. See Part IV, line 22				St. of the State o			
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	192,742	192,742					
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	126,472	126,472					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,292	3,292					
9	Other employee benefits	13,733	13,733					
10	Payroll taxes	24,446	24,446					
11	Fees for services (non-employees)							
а	Management							
b	Legal				_			
C	Accounting	23,393	23,393					
d	Lobbying		201411111111111111111111111111111111111	(//b/s/s///////////////////////////////				
е	Professional fundraising services. See Part IV, line 17		<u> Basaninini. Ma</u>	HARMINE STATE				
f	Investment management fees	9,799	9,799					
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,838	1,838					
12	Advertising and promotion	2,771	2,771					
13				<u> </u>				
14	Office expenses	30,865 7,490	30,865 7,490					
15	Royalties	7,450	7,490					
16		26,991	26,991					
17	Occupancy	28,038	28,038					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	26,036	20,030					
19	Conferences, conventions, and meetings .	7,514	7,514	<u> </u>	-			
20	Interest	7,014	7,014					
21	Payments to affiliates				 			
22	Depreciation, depletion, and amortization .	10,770	10,770		 			
23	Insurance	10,844	10,844					
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	Member Meetings and Workshops	192,448	192,448	**************************************	<u> </u>			
b	Training and Ceritfications	51,353	51,353					
c	Adimo Promotion	40,479	40,479					
d	Public Outreach Activities	19,828	19,828					
e	All other expenses	18,592	18,592	_				
25	Total functional expenses. Add lines 1 through 24e	977,698	977,698	0	0			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)	011,000	2,333					
					Form 990 (2018)			

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 176.711 77.119 2 2 Savings and temporary cash investments 216,069 246,687 3 3 40,220 34.933 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Loans and other receivables from other disqualified persons (as defined under section 6 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 **Assets** 7 Notes and loans receivable, net . . 1,512 8 13,651 Inventories for sale or use . 13,036 14.816 Prepaid expenses and deferred charges . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 70,388 10a 24,719 49,378 10c 10b 45.669 **b** Less: accumulated depreciation 839,355 728,320 11 11 Investments—publicly traded securities 12 12 Investments—other securities. See Part IV, line 11 . . . Investments—program-related. See Part IV, line 11. 13 13 14 14 15 15 Other assets. See Part IV, line 11 . . . 1,338,062 1,138,465 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 52,967 17 19,615 17 18 18 107,100 1,000 19 19 Deferred revenue . . . 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties . . . 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 25 160.067 20.615 26 26 **Total liabilities.** Add lines 17 through 25 . Organizations that follow SFAS 117 (ASC 958), check here ▶ 💢 and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 1,177,994 27 1,117,850 27 28 Temporarily restricted net assets 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 32 Retained earnings, endowment, accumulated income, or other funds. 1,177,994 33 1,117,850

Total liabilities and net assets/fund balances

1,138,465

1,338,062

Onn 3			_	-	ige 12
Pari	XI Reconciliation of Net Assets	-			
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		917,	554
2	Total expenses (must equal Part IX, column (A), line 25)	2		977,	698
3	Revenue less expenses. Subtract line 2 from line 1	3		(60,1	44)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	,177,	994
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
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	<u>,117,</u>	850
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			15 197	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ın			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	oiled or			
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			2000	
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a			
	separate basis, consolidated basis, or both				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			90000	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or		1		
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	1801	2.5000000
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ın			
	Schedule O.				
3a		forth in			
_	the Single Audit Act and OMB Circular A-133?		3a		<u>×</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				•
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		
			Forr	ո 990	(2018)

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

Department of the Treasury Internal Revenue 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.

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

Open to Public Inspection

• Se	ection 501(c) (other than section	on 501(c)(3)) organizations. Complete P	arts I-A and C below	v. Do not complete Part I-B.					
• Se	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									
• Se	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	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								
	ection 501(c)(4), (5), or (6) orga								
	of organization			Employer iden	tification number				
	a Mineral Aggregates Assoc	ciation, Inc			35-0410458				
Part		e organization is exempt unde	er section 501(c	c) or is a section 527 of	organization.				
1		the organization's direct and inc							
•	definition of "political can	-	andor pontiour ou	pargir adminido iii i ari	(000				
2		y expenditures (see instructions) .		\$					
3		cal campaign activities (see instruc							
Part	Complete if the	e organization is exempt unde	er section 501(c	c)(3).					
1	Enter the amount of any	excise tax incurred by the organiza	ition under section	n 4955 ▶ \$					
2	Enter the amount of any	excise tax incurred by organization	managers under	section 4955 ▶ \$					
3		ed a section 4955 tax, did it file For							
4a	Was a correction made?				Yes No				
b									
Part	Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).								
1		ly expended by the filing organiz							
2		filing organization's funds contrib		anizations for section					
	527 exempt function activities								
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,								
4		file Form 1120-POL for this year'							
5	Enter the names, address	ses and employer identification nur	nber (EIN) of all se	ection 527 political organi	zations to which the filing				
	organization made payme	ents. For each organization listed, ontributions received that were pro	enter the amount	paid from the filling organi	zation's lungs. Also enter				
	as a senarate segregated	fund or a political action committe	e (PAC). If addition	nal space is needed, provi	de information in Part IV.				
				· · · · · · · · · · · · · · · · · · ·					
	(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)									

Schedule C (Form 990 or 990-EZ) 2018

Cat No 50084S

Sch	nedule C'(Form 990 or 990-EZ) 2018					Page 2
Pa	art II-A Complete if the organization section 501(h)).	n is exempt u	ınder section 50)1(c)(3) and file	d Form 5768 (ele	ection under
A	Check ► ☐ if the filing organization belong address, EIN, expenses, and				llated group memb	per's name,
В	Check ▶ ☐ if the filing organization check	ed box A and "	limited control" pr	ovisions apply.		
	Limits on Lobb				(a) Filing	(b) Affiliated
	(The term "expenditures" me)	organization's totals	group totals
	1a Total lobbying expenditures to influence					
	b Total lobbying expenditures to influence	•				
	c Total lobbying expenditures (add lines 1	•	• • • • •			
	d Other exempt purpose expenditures .	•				
	e Total exempt purpose expenditures (add					· · ·
	f Lobbying nontaxable amount. Enter columns.		•			
		The Laboratory		.:	\$45000000 450000000000000000000000000000	?\$??!!!!!!!!!!!!!!!
	If the amount on line 1e, column (a) or (b) is:		nontaxable amount	t is:		
	Not over \$500,000		nount on line 1e.	\$ 500,000		
	Over \$500,000 but not over \$1,000,000	· · · · · · · · · · · · · · · · · · ·	15% of the excess			
	Over \$1,000,000 but not over \$1,500,000					
	Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	\$1,000,000.	5% of the excess of	ver \$1,500,000.		
		· · · · · · · · · · · · · · · · · · ·			11111 11 11 11 11 11 11 11 11 11 11 11	* 1.3.1 5 C C C C C C C C C C C C C C C C C C
	g Grassroots nontaxable amount (enter 25h Subtract line 1g from line 1a. If zero or le	•			<u> </u>	
	i Subtract line 1f from line 1c. If zero or les					
	j If there is an amount other than zero	•		the organization	file Form 4720	
	reporting section 4911 tax for this year?			-		☐Yes ☐ No
_			Period Under Sec		<u> </u>	
	(Some organizations that made a sec	ction 501(h) ele		e to complete all	of the five colum	ns below.
	Lobbying	Expenditures	During 4-Year Av	eraging Period	T	
	Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
- :	2a 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					

Schedule C (Form 990 or 990-EZ) 2018

Part	Complete if the organization is exempt under section 501(c)(3) and has NOT filed f (election under section 501(h)).	orm	5768		
For e	ach "Yes," response on lines 1a through 1ı below, provide ın Part IV a detailed (a)		(b)	
	ption of the lobbying activity.	No	A	mount	:
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)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
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 1i		0.1 5 7-4450		
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				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .		. 7./////////		// //and
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		<i>711/11/16</i>	1141.41	
Part	II-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), c 501(c)(6).	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 prior y	/ear?	3		~
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) answered "Yes."			line (3, is
1	Dues, assessments and similar amounts from members	1		40	8,362
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			5,400
b	Carryover from last year	2b			0
С	Total	2c			5,400
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3		1	2,251
4	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying				
	and political expenditure next year?	4			0
5	Taxable amount of lobbying and political expenditures (see instructions)	5			0
	Supplemental Information e 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 instructions); and Part II-B, line 1. Also, complete this part for any additional information.); Pai	t II-A,	ines 1	and

SCHEDULE D · (Form 990)

Supplemental Financial Statements

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

➤ Attach to Form 990.

Open t

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

2018

Name of	the organization		Employer identification number
Indiana	MIneral Aggregates Association, Inc.		35-0410458
Par	o o		
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dono funds are the organization's property, subject to t		
6	Did the organization inform all grantees, donors, only for charitable purposes and not for the bene conferring impermissible private benefit?	efit of the donor or donor advisor, or f	or any other purpose
Part		-	
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization habitat	ation or education)	f a certified historic structure
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easemer		
c	Number of conservation easements on a certified		
d	Number of conservation easements included in historic structure listed in the National Register		
3	Number of conservation easements modified, tran		
3	tax year ►	isleried, released, extinguisited, or terr	Timated by the organization during the
4 5	Number of states where property subject to consider the organization have a written policy revolations, and enforcement of the conservation e	egarding the periodic monitoring, instance is the periodic monitoring, instance is seen as a second control of the periodic monitoring.	· · · · · · · · · · · · · · No
6	Staff and volunteer hours devoted to monitoring, inspi		
7	Amount of expenses incurred in monitoring, inspecti \$\Bigset\$ \$	-	
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?		· · · · · · Yes 🗌 No
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text organization's accounting for conservation easer	of the footnote to the organization's firents.	nancial statements that describes the
Part	Organizations Maintaining Collection Complete if the organization answered		
1a	If the organization elected, as permitted under Si works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the	ar assets held for public exhibition, ed	ducation, or research in furtherance of
b	If the organization elected, as permitted under sworks of art, historical treasures, or other similar public service, provide the following amounts related to the service of the service	ar assets held for public exhibition, eduting to these items	ducation, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line (ii) Assets included in Form 990, Part X	1	▶ \$
2	If the organization received or held works of ar following amounts required to be reported under		
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

Part	III · Organizations Maintaining	Colle	ections of	Art. Hist	orical T	reasures.	or Ot	her Similar A	ssets	(cont	inued)
3	Using the organization's acquisition, a collection items (check all that apply):	acces	sion, and of	ther recor	ds, chec	k any of the	e follow	ving that are a	signific	ant us	se of its
а	☐ Public exhibition			d [☐ Loan	or exchang	e progr	rams			
b	Scholarly research			е [-					
	☐ Preservation for future generations										
4	Provide a description of the organizat XIII.	tion's	collections	and expla	in how t	hey further	the org	anization's ex	empt pi	ırpose	in Part
5	During the year, did the organization assets to be sold to raise funds rather	solici than	t or receive to be mainta	donation	s of art, art of the	historical tr e organizati	easures	s, or other sim llection? .	ıılar . 🔲	Yes	□ No
Part	V Escrow and Custodial Arra	nger	nents.								
	Complete if the organization 990, Part X, line 21.									on F	orm
	Is the organization an agent, trustee, included on Form 990, Part X?									Yes	□ No
b	If "Yes," explain the arrangement in Pa	art XII	and compl	ete the fo	llowing to	able:	_		A		
									Amoun	<u> </u>	
С	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f On	Ending balance								tv2 🗆		□ No
2a b	If "Yes," explain the arrangement in Pa										
Part		ait Aii	i. Officer fiel	e ii tiic cz	pianatio	ii iias been	provide	34 0111 411 7411		<u> </u>	
, ai	Complete if the organization	ansv	vered "Yes	on For	m 990, f	art IV, line	e 10.				
			Current year	(b) Pro		(c) Two year		(d) Three years ba	ack (e)	Four yea	ars back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses								ŀ		
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses			_							
g	End of year balance										
2	Provide the estimated percentage of t		rrent year ei		e (line 1g	j, column (a)) held a	as:			
а	Board designated or quasi-endowmer			%							
b	Permanent endowment >	%									
С	Temporarily restricted endowment ▶		%	000/							
2-	The percentages on lines 2a, 2b, and Are there endowment funds not in the				zation th	at are hold	and ad	ministered for	the		
3a	organization by:	e pos	56221011 01 (1	ne organi.	zation th	at are nero	anu au	ministered for	uie	Υe	s No
	· ·								3	a(i)	55 140
	(i) unrelated organizations (ii) related organizations								_	a(ii)	_
ь	If "Yes" on line 3a(ii), are the related o								<u> </u>	3b	
4	Describe in Part XIII the intended uses								. С	1	
Part											
	Complete if the organization			on For	m 990, l	Part IV, line	e 11a.	See Form 99	0, Part	X, lin	e 10.
	Description of property		(a) Cost or o		` '	or other basis other)		Accumulated epreciation	(d)	Book v	alue
1a	Land										
b	Buildings										
С	Leasehold improvements		-								
d	Equipment	•		70,388				45,669			24,719
e	Other										
Total.	Add lines 1a through 1e. (Column (d) n	nust e	qual Form 9	990, Part 2	K, columi	n (B), line 10	Oc.) .	▶			

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Employer identification number

	a Mineral Aggregates Association	, Inc.					0410458
Part	Form 990-EZ filers are	not required to	complete	this part.			line 17.
1	Indicate whether the organizati	on raised funds t	through any				
а			e [Solicitat	ion of non-govern	ment grants	
b	☐ Internet and email solicitation	ons	f	∃ Solicitat	on of government	grants	
C	☐ Phone solicitations		g [Special '	fundraising events	3	
d	☐ In-person solicitations						
2a	Did the organization have a wri	itten or oral agre	ement with	any individ	dual (including offi	cers, directors, trust	ees,
	or key employees listed in Form	n 990, Part VII) o	r entity in c	onnection	with professional f	undraising services'	Yes No
b	If "Yes," list the 10 highest paid compensated at least \$5,000 b			draisers) pi	ursuant to agreem	ents under which th	ie fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outlons?	(IV) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7		-	-		-		
8			-				
9							
10							
Total 3	List all states in which the org registration or licensing.	anızation ıs regis	stered or lic	ensed to s		s or has been notifi	
			·				
			·				
						•••••	
			·				
			·		- -		
			·				•••
							
 -							·

Pa	rt II	'Fundraising Events. Con than \$15,000 of fundraising gross receipts greater tha	ng event contributions	on answered "Yes" or and gross income on	n Form 990, Part IV, li Form 990-EZ, lines 1	ne 18, or reported more and 6b. List events with
		· · ·	(a) Event #1 Golf Fundraiser	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
4			(event type)	(event type)	(total number)	coi (c))
Revenue	1	Gross receipts	53,434			53.434
ш.	2	Less Contributions				
	3	Gross income (line 1 minus line 2)	53,434			53,434
	4	Cash prizes	1,305			1,305
	5	Noncash prizes	2,147			2,147
Direct Expenses	6	Rent/facility costs	20.640			20,640
Ϋ́	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses .	2,829			2,829
	10 11	Direct expense summary. Ad Net income summary. Subtra				26,921 26,513
Pa	rt III	Gaming. Complete if th \$15,000 on Form 990-E2		red "Yes" on Form	990, Part IV, line 19,	or reported more than
Revenue		\$13,000 OH TOHN 330 E2	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Reve	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .				**************************************
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ac	ld lines 2 through 5 in co	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		
g		nter the state(s) in which the or the organization licensed to co "No," explain"				
10			amıng licenses revoked	, suspended, or termin	ated during the tax yea	r? . ☐ Yes ☐ No

Schedu	le G (Form 990 or 990-EZ) 2018		Page 3
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	□No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	□ No
13	Indicate the percentage of gaming activity conducted in		
а	The organization's facility		%_
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	□ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party		
	Name ►	·	
	Address ►		
16	Gaming manager information:		
	Name ►		·
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to	☐ Yes	□No
b	retain the state gaming license?	1es	
ь	spent in the organization's own exempt activities during the tax year > \$		
Part			

OMB No 1545-0047 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ▶ Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990. Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE (Form 990)

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

the selection criteria used to award the grants or assistance?

Part I General Information on Grants and Assistance

Indiana Mineral Aggregates Association, Inc

Open to Public Inspection 2019 Employer identification number 35-0410458

% □

□ Yes

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ssistance to Do	res for monitoring mestic Organiz received more the	the use of grant furations and Domestations and Domestations and Domestation (1997).	nds in the United nestic Governm I can be duplicated	States. Ients. Complete in Ited if additional s	f the organization answapace is needed.	ribe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Build Indiana Council One N Capitol, Ste 105, Indpls IN	37-1720634	501-C-6	134,000		:		See Part IV
(2)							
(6)							
(4)							
(9)							
(9)							
(2)				:			
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	501(c)(3) and governance lister	vernment organizat	ations listed in the l	Ine 1 table			o -
Pap	see the Instruction	ns for Form 990.		0	Cat No 50055P		Schedule I (Form 990) (2019)

Part III	Grants and Other Assistance to Domestic In Part III can be duplicated if additional space is	mestic Individua l space is needed.	Is. Complete if the	organization answ	ndividuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. needed.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-						
2						
ဗ						
4						
ω						
9						
7			; ; ;	- - - -		
The purpo	The purpose of the grant to Build Indiana Council is to promote the	romote the industry a	and educate the publi	c regarding the import	industry and educate the public regarding the importance of maintaining and improving the infrastructure	roving the infrastructure
The Indian	The Indiana Mineral Aggregates Assocation monitors the use of grant funds through its active participation on the Board of Directors of the Build Indiana Council. There are three IMAA	use of grant funds	through its active par	ticipation on the Board	of Directors of the Build Ind	iana Council. There are three IMAA
board me	board members on the Build Indiana Council (One of which is a voting member) as well as a staff representative	ich is a voting memb	er) as well as a staff r	epresentative		
			2			Schedule I (Form 990) (2019)

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.

OMB No. 1545-0047

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

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