

Form **990-EZ****Short Form****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 1545-1150

2018**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.**A** For the 2018 calendar year, or tax year beginning July 1, 2018, and ending June 30, 2019

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Indianapolis Society of Financial Analysts Inc. AKA CFA Society of Indianapolis		D Employer identification number 237119206
	Number and street (or P.O. box, if mail is not delivered to street address) P O Box 1225		E Telephone number 317-417-0177
	City or town, state or province, country, and ZIP or foreign postal code Carmel, IN 46082		F Group Exemption Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: www.cfafinancialanalysts.org/indianapolis**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (6) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 109,507****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	52,720
	2 Program service revenue including government fees and contracts	2	22,562
	3 Membership dues and assessments	3	23,633
	4 Investment income	4	935
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8	9,657	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	109,507	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	21,689
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	79,568
	17 Total expenses. Add lines 10 through 16	17	101,257
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,250
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	171,961
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	1,711
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	181,982

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 106421

Form **990-EZ** (2018)

91

2

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	171,961	22 181,982
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	171,961	25 181,982
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	171,961	27 181,982

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 Investment Forum Expenses - The CFA Society of Indianapolis held a full-day event for approximately 150 people that featured presentations from nationally recognized industry practitioners with Q&A, and the opportunity for networking		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	17,881
29 Lunch Programs - on a monthly or every other month bases the CFA Society of Indianapolis brings in speakers to discuss current economic and investment trends/landscape, and professional development, with an average attendance of 25 participants.		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	23,992
30 Charter Ceremony - The CFA Society of Indianapolis holds an annual event for those who have recently received their CFA Charter, inviting member, friends and family to the event in recognition for the hard work and process in achieving the CFA Charter		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	8,463
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	24,044
32 Total program service expenses (add lines 28a through 31a)	32	74,380

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Dan Sailer President	3	0	0	0
Matthew Henry Vice President	3	0	0	0
Austin Crites Treasurer	3	0	0	0
Paige Sheraw Secretary	3	0	0	0
Andrew Thorne Board of Directors	1	0	0	0
Mitchell Depoy Board of Directors	1	0	0	0
Sunjay Goel Board of Directors	1	0	0	0
Vincent Riedy Board of Directors	1	0	0	0
Krisna Patel Board of Directors	1	0	0	0
Neil Barnwart Board of Directors	1	0	0	0
Kenny Blickenstaff Board of Directors	1	0	0	0
Matt Cushman Board of Directors	1	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☒

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		<input checked="" type="checkbox"/>
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<input checked="" type="checkbox"/>
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		<input checked="" type="checkbox"/>
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed ▶ Indiana		
42a The organization's books are in care of ▶ Krisna Patel, CFA Telephone no. ▶ 317-417-0177		
Located at ▶ 3241 Cimmaron Ash Dr., Zionsville, IN ZIP + 4 ▶ 46077-8878		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<input checked="" type="checkbox"/>	
If "Yes," enter the name of the foreign country ▶		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States?		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions		<input checked="" type="checkbox"/>

- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
-----------	--	--

- 49a** Did the organization make any transfers to an exempt non-charitable related organization?

49a		
------------	--	--

- b** If "Yes," was the related organization a section 527 organization?

49b		
------------	--	--

- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

- f** Total number of other employees paid over \$100,000 ▶

- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

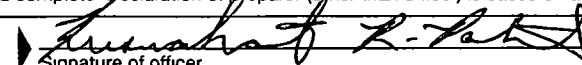
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

- d** Total number of other independent contractors each receiving over \$100,000 ▶

- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

▶ ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here		Date <u>6/17/2020</u>
	Krisnakant Patel, CFA, Treasurer Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no			

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

Indianapolis Society of Financial Analysts Inc AKA CFA Society of Indianapolis

Employer identification number

23-7119206

Form 990-EZ, Part 1, Line 8, Other Revenues

Miscellaneous revenue - job postings, and sponsorship fees, \$9,657

Form 990-EZ Part 1, Line 16, Other expenses - Total = \$79,568

Admin/Misc. \$2,269

Technology \$2,701

Conference attendance \$5,017

Forecasting Prizes \$218

Golf Outing \$7,991

Lunch Program \$23,992

Charter Ceremony \$8,463

Annual Investment Forum \$17,881

Mock Exam Prep \$1,129

Annual member meeting \$4,350

Research Challenge \$5,557

Form 990-EZ Part 1, Line 20, Other Changes in Net Assets or Fund Balances

The CFA Society of Indianapolis held certain investment funds which appreciated in the amount of \$1,771 during the fiscal year ending
June 30, 2019 .

Form 990-EZ Part III, Primary Exempt Purpose: Professional development of Investment Analysts

Mission Statement: Advance professional excellence and ethics through education, collaboration and awareness of the CFA Charter
for the benefit of the regional investment community and public

Name of the organization Indianapolis Society of Financial Analysts Inc. AKA CFA Society of Indianapolis	Employer identification number 23-7119206
--	---

Form 990-EZ Part III, Line 31: Other Program services - Total = \$24,044

Conference Attendance (5 individuals) \$5,017

Golf Outing Networking (70 individuals) \$7,991

Mock Exam (15 individuals) \$1,129

Annual Meeting Members (40 individuals) \$4,350

Research Challenge (20 individuals) \$5,557

Form 990-EZ Part IV, Additional Board Directors

Nagendra Rayapureddi, Board of Directors 1, 0, 0, 0

Dan Ford, Board of Directors 1, 0, 0, 0

Tom Evans, Board of Directors 1, 0, 0, 0

Eric Thornburgh, Board of Directors 1, 0, 0, 0

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts.

The organization did not, during the year, receive any funds directly or indirectly to pay premium on a personal benefit contract.

The organization did not, during the year, pay any premium directly or indirectly on a personal benefit contract.