Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545-1150

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , and ending 12-31-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Insurance Political Action Committee

% TREASURER

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
201 North Illinois St Suite 1410
Suite

City or town, state or country, and ZIP + 4
Indianapolis, IN 46204

D Employer identification number
35-1997101

E Telephone number
(317) 464-2450

F Group Exemption Number ▶

G Accounting Method ☑ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ insuranceinstitute org

J Tax-exempt status (check only one)— ☐ 501(c)(3) ☐ 501(c)( ) ◀(insert no) ☐ 4947(a)(1) or ☑ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than $50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

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, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 73,105

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	73,105
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	
	4	Investment income			4	
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less cost or other basis and sales expenses	5b	0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	0
	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	0		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	0
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less cost of goods sold	7b	0		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	0
	8	Other revenue (describe in Schedule O)			8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶			9	73,105
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	86,000
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	0
	13	Professional fees and other payments to independent contractors			13	
	14	Occupancy, rent, utilities, and maintenance			14	
	15	Printing, publications, postage, and shipping			15	
	16	Other expenses (describe in Schedule O)			16	829
	17	**Total expenses.** Add lines 10 through 16 ▶			17	86,829
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-13,724
	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	19,228
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶			21	5,504

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	19,228	22	5,504
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	0	24	0
25 **Total assets**	19,228	25	5,504
26 **Total liabilities** (describe in Schedule O)	0	26	0
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	19,228	27	5,504

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 .

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?
TO PROMOTE GOOD CITIZENSHIP THROUGH THE PERSONAL AND FINANCIAL PARTICIPATION OF THE MEMBERS IN THE ELECTIVE PROCESS OF GOVERNMENT IPAC IS ORGANIZED AND OPERATED ON A VOLUNTARY, NONPARTISAN BASIS TO PROTECT, PRESERVE AND FURTHER CONSTITUTIONAL INSTITUTIONS IN THE FREE ENTERPRISE SYSTEM, EXCLUSIVELY BY ENCOURAGING AND CONTRIBUTING TO THE ELECTION OF PERSONS TO PUBLIC OFFICE IN INDIANA WHO BY THEIR ACTS HAVE DEMONSTRATED AGREEMENT WITH THE FOREGOING OBJECTIVES

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

28 Contributing to the election of persons to public office (Grants $) If this amount includes foreign grants, check here . . . ▶	28a	
29 (Grants $) If this amount includes foreign grants, check here . . . ▶	29a	
30 (Grants $) If this amount includes foreign grants, check here . . . ▶	30a	
31 Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here . . . ▶	31a	
32 Total program service expenses (add lines 28a through 31a) . . . . . ▶	32	

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
See Additional Data Table				

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	33		No
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)	34		No
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)?	35a		No
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	35b		
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	35c		No
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	36		No
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?	37b		No
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? . .	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 . . . . . 39a 0			
b	Gross receipts, included on line 9, for public use of club facilities 39b 0			
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) and 501(c)(4) 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	40b		
c	Section 501(c)(3) and 501(c)(4) 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) and 501(c)(4) 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	40e		No

41 List the states with which a copy of this return is filed ▶ IN

42a The organization's books are in care of ▶ TREASURER Telephone no ▶ (317)464-2450

Located at ▶ 201 N ILLINOIS ST STE 1410 Indianapolis, IN ZIP + 4 ▶ 46204

			Yes	No
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)?	42b		No
	If "Yes," enter the name of the foreign country ▶ _____			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	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 . . . . . ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . ▶ 43

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
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*	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
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*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	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)	45b		No

			Yes	No
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	46		

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 ☐

			Yes	No
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	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 paid more than $100,000	(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 address of each independent contractor paid more than $100,000	(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 and 4947(a)(1) nonexempt charitable trusts 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

****** 2013-05-09

Signature of officer Date

Marty Wood President

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☑ if self-employed	PTIN
	Sue Chenoweth			
Firm's name ▶ Sue Faust Chenoweth CPA			Firm's EIN ▶	
Firm's address ▶ 7328 Eastwick Lane Indianapolis, IN 46256			Phone no (317) 842-1580	

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492133031653

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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
Insurance Political Action Committee

Employer identification number
35-1997101

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990EZ PART I LINE 10	DONEES NAME SEE ATTACHED SCHEDULE RELATIONSHIP None PURPOSE OF PAYMENT Political AMOUNT 86000
OTHER EXPENSES SCHEDULE	FORM 990EZ PART I LINE 16	Description BANK CHARGES Amount 829

Insurance Political Action Committee
Form 990EZ, Part I
Grants and Similar Amounts Paid

Recipient Name and Address	Relationship to Substantial Contributor	Foundation Status of Recipient	Purpose of Grant or Contribution	Amount
Committee to Elect Randy Head PO Box 568 Logansport, IN 46947	None	Exempt 527	Political	$ 500 00
David Long for State Senate PO Box 12411, Fort Wayne, IN 46863-2411	None	Exempt 527	Political	2,000 00
Allen Paul for State Senate PO Box 332 Richmond, IN 47374	None	Exempt 527	Political	3,500 00
Friends of Jim Smith 8603 Falcon Road Charlestown, IN 47111	None	Exempt 527	Political	1,000 00
Jud McMillin com 1033 Cliff Street Brookville, IN 47012	None	Exempt 527	Political	1,000 00
Committee to Elect Heath Van Natter 11820 Crestview Blvd Kokomo, IN 46901	None	Exempt 527	Political	1,000 00
Bill Friend for State Rep 3340 West 900 North Macy, IN 46951	None	Exempt 527	Political	500 00
Carlin Yoder 2008 59246 State Rod 13 Middlebury, IN 46540	None	Exempt 527	Political	500 00
Greg Taylor for State Senate Committee 3855 N Delaware Street Indianapolis, IN 46205	None	Exempt 527	Political	1,000 00
Friends of Douglas Gutwein PO Box 341 Francesville, IN 47946	None	Exempt 527	Political	1,000 00
Committee to Elect Bob Cherry 1254 N Apple Street Greenfield, IN 46140	None	Exempt 527	Political	1,000 00
Committee to Elect Terri Austin 1030 W Riverview Dr Anderson, IN 46011	None	Exempt 527	Political	500 00
Phil Boots for State Senate 5061 S Sherwood Cove Crawfordsville, IN 47933	None	Exempt 527	Political	1,000 00
Dale DeVon for State Representative 7415 Toscana Ct Grainger, IN 46530	None	Exempt 527	Political	1,000 00
Hoosier for Holdman 7617 W Jefferson Blvd Fort Wayne, IN 46804	None	Exempt 527	Political	1,000 00
Matt Lehman for State Representative 663 Lehman Berne, IN 46711	None	Exempt 527	Political	3,000 00
Torr for Representative Committee 11944 Esty Way Carmel, IN 46033	None	Exempt 527	Political	3,000 00

Insurance Political Action Committee
Form 990EZ, Part I
Grants and Similar Amounts Paid

Recipient Name and Address	Relationship to Substantial Contributor	Foundation Status of Recipient	Purpose of Grant or Contribution	Amount
Friends for Bruce Borders RR 1 Box 174 B Jasonville, IN 47438	None	Exempt 527	Political	3,000 00
Committee to Elect Kevin Mahan State Rep 305 E Fairlane Drive Hartford City, IN 47348	None	Exempt 527	Political	2,000 00
Bob Heaton for State Representative Comm PO Box 9629 Terre Haute, IN 47808	None	Exempt 527	Political	2,000 00
Woody Burton for State Representative 69 Meadow Lane Whiteland, IN 46814	None	Exempt 527	Political	1,000 00
Friends for Frizzell 8310 Hill Gail Dr Indianapolis, IN 46217	None	Exempt 527	Political	1,000 00
Pence for Indiana PO Box 1038 Anderson, IN 46015	None	Exempt 527	Political	17,500 00
Friends of Don Lehe 10644 S 100 East Brookston, IN 47923	None	Exempt 527	Political	500 00
GiaQuinta for State Representative 4311 Old Mill Road Fort Wayne, IN 46807	None	Exempt 527	Political	500 00
Goodin for State Representative 902 W State Road 256 Austin, IN 47102	None	Exempt 527	Political	500 00
Friends of Doug Eckerty PO Box 55 Yorktown, IN 47396	None	Exempt 527	Political	2,000 00
Friend of Mike Delph PO Box 450 Carmel, IN 46074	None	Exempt 527	Political	500 00
Greg Zoeller for Attorney General PO Box 55763 Indianapolis, IN 46205	None	Exempt 527	Political	1,000 00
Hershman for Senate Committee PO Box 189 Monticello, IN 47960	None	Exempt 527	Political	1,000 00
House Republican Campaign Committee PO Box 44054 Indianapolis, IN 46244	None	Exempt 527	Political	2,000 00
Kenley for Senate Committee PO Box 809 Noblesville, IN 46060	None	Exempt 527	Political	500 00
Kubacki for State Respresentative PO Box 565 Syracuse, IN 46567	None	Exempt 527	Political	500 00
Richardson for State Representative	None	Exempt 527	Political	1,000 00

Insurance Political Action Committee
Form 990EZ, Part I
Grants and Similar Amounts Paid

Recipient Name and Address	Relationship to Substantial Contributor	Foundation Status of Recipient	Purpose of Grant or Contribution	Amount
1363 Grant St Noblesville, IN 46060				
Scott Schneider fro Senate Committee 6449 N Chester Avenue Indianapolis, IN 46220	None	Exempt 527	Political	500 00
Steele for Senate Committee PO Box 368 Bedford, IN 47421	None	Exempt 527	Political	2,000 00
Steuerwald for State Respresentative PO Box 503 Danville, IN 46122	None	Exempt 527	Political	500 00
The Mayfield Campaign 50 S Madison Street Mooresville, IN 46158	None	Exempt 527	Political	10,000 00
Turner for State Rep PO Box 440 Cicero, IN 46034	None	Exempt 527	Political	500 00
Wes Culver fro Indiana State Rep 2020 Elkhart Road Ste B Goshen, IN 46526	None	Exempt 527	Political	10,000 00
Wesco Victory Committee PO Box 566 Osceola, IN 46561	None	Exempt 527	Political	500 00
Taxpayers for Greg Walker 3129 25th Street Unit 342 Columbus, IN 47203	None	Exempt 527	Political	1,000 00
Cindy for State House Committee 1208 Timbrook Lane Beech Grove, IN 46107	None	Exempt 527	Political	1,000 00
Young for State Senate 3520 Beeler Ave Indianapolis, IN 46224	None	Exempt 527	Political	1,000 00
				$ 86,000.00

Additional Data

Software ID:
Software Version:
EIN: 35-1997101
Name: Insurance Political Action Committee

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
William B Carmichael Director	0 5	0	0	0
Michael Allison Director	0 5	0	0	0
Allison Meta Chairman	0 5	0	0	0
Bill Fritts Director	0 5	0	0	0
Mike Michael Director	0 5	0	0	0
Tracey Pfab Secretary-Treasurer	1 0	0	0	0
Henry Pippins Director	0 5	0	0	0
Ed Clark Director	0 5	0	0	0
John F Wolf At-Large Member	0 5	0	0	0
Jerry Canada Director	0 5	0	0	0
Daniel E Stone Director	0 5	0	0	0
Joseph H Yeager Director	0 5	0	0	0
George Krempley Director	0 5	0	0	0
Eric Smith Chairman	0 5	0	0	0
Kanik Varma Director	0 5	0	0	0

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
Ben Blackmon Director	0 5	0	0	0
Valerie Clinton At-Large Member	0 5	0	0	0
Tom Bower Director	0 5	0	0	0
Phil Menzel Director	0 5	0	0	0
David Field Vice CHairman	0 5	0	0	0
Monica Groves Batiza Director	0 5	0	0	0
Raul Allegue Director	0 5	0	0	0
Howard Beck Director	0 5	0	0	0