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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For t	he 2002 calend	dar year, o	r tax year	beginning				, 20	02, and	ending	<u> </u>			<u> </u>	
В	Check	ıf applicable											_	•	ntification Number	
	Ac	dress change	Please use IRS label		IA ASSO			OR CO	TUNMMC	ΤΥ				5-169		
	∏n;	ame change	or print or type		IIC DEV MORRI		NI							phone su		
	□ln	itial return	See specific	TNDTAN	IAPOLIS	. TN 4	622	5							<u>3-1070 </u>	_
	∏F:	nai return	instruc tions	1110111	UII ODID	,		•					F Acc	ounting hod	Cash 2	Accrual
	∏a₁	mended return												Other (sp	ecrty)	
	∏a₁	oplication pending	• Section	on 501(c)(3) organiza	tions and	4947	(a)(1) n	onexemp	ot	H and	l are not applic	able to s	ection 527	organizations	
	_		chant (Form	able trust 990 or 99	s must atta 0-F7)	ich a com	plete	d Sche	dule A		H (a)	Is this a grou	p return :	for affiliate	ıs? Yes	X No
_	14/_L	site ► WWW			U-C2).						H (b)	l If Yes, enter n	umber of a	ffiliates	-	
u	wed	Site - MMN	IACED.	OKG	<u> </u>						H (c)	Are all affiliat	tes includ	ed?	Yes	No.
J		nization type		X 501(c)	3	◀ (insert n	. Г	4047	(=\(1\) ==	527		(If No, attac	halist S	See instru	cbons)	
	<u> </u>	k only one)			<u>-</u>	((a)(l) or		H (d)	Is this a sepa	rate retu	m filed by	an	
n	Check here if the organization's gross receipts are normally not more than organization covered organization organization										covered l	y a group	ruling? Yes	X No		
	received a Form 990 Package in the mail, it should file a return without financial data Li Enter 4 digit GEI									git GEN	1					
	Som	e states requii	re a compl	ete return							М	Check -			ation is not requir	
		s receipts Adi									<u> </u>), 990 EZ, ar 990 :	PF)
Pa	t eles	Revenue	e, Expen	ises, an	<u>d Chang</u>	es in No	et A	ssets	<u>or Fun</u>	<u>d Bala</u>	ınces	(See Instri	uctions) <u> </u>		
	1	Contributions	, gifts, gra	ants, and s	sımılar amo	ounts rece	ıved							****		
_	a	Direct public	support							1	a	281,	224.			
3	b	Indirect publi	c support							1	ь					
σ	C	Government		ns (grants	5)					1	c	461,	517.	المشد		
0	d	Total (add lines a through 1c) (c	ash \$		42,741	noncash	<u>\$_</u>			_	- 3			1 <u>d</u>		<u>,741.</u>
	2	Program serv	vice reven	ue includir	ng governn	nent fees	an 🖳	dinta e		راالانك	Jine 93	3)		2		<u>,364.</u>
7	3	Membership	dues and	assessme	nts	1	<u>f</u>				ń			3		<u>,650.</u>
	4	Interest on sa	avings and	i temporai	y cash inv	estmer 🙎	3 .	VAR.	1 8 20	02 K	?			4	1	<u>,105.</u>
Ω	5	Dividends an	d interest	from secu	rities	le le	5	YAN	1 8 20	us, 18	2			5		
Щ	6а	Gross rents					يبار		301	6	4					
£		Less rental of	•			- 1)GD	EM.	\bigcup 6	5					
₹	C	Net rental inc	come or (lo	oss) (subti	act line 6b	from line	ba)							6c		
7	7	Other investr	nent incon	ne (descri	oe .	<u> </u>	1	483.0		- 1		60 3 OU		7		
czm< SCANNED	8a	Gross amour	nt from sal	es of asse	ts other		-	(A) Se	curities			(B) Other	r			
Ņ		than inventor	•							8				1.894		
Ē		Less cost or			es expense	es		_		8				1884		
		Gain or (loss) (a		•						8	C			∤∷ <u>ొ</u> _4		
		Net gain or (I	, ,		•	• •	(8))							8d		
		Special even				пе)		-4						1.33		
	8	Gross revenu	•	luaing i	' ——			- 01 60	ntribution	່ 9	_1			\$2.5		
	l.	reported on I	-		fundrouse.	a aunance					ь	 _		4 33		
		Less direct of Net income of						from la	no ()a)		<u> </u>			9c		
								ii Oiii iii	ic saj	10						_
		Gross sales of		-	unis anu a	iiiowai ices	•			10			_			
		Less cost of Gross profit or (I	_		ory (attach sc	hadula) (eub	tract l	ine 10h fr	om line 10s		<u> </u>			10 c		
		Other revenu	-			negale) (sub	u act i	IIIC 10D II	WIII IIIIE 102	•,				11		367
	11 12	Total revenue			-	7 8d 9c	10c	and 11)	ì					12	846	,227.
_	13	Program sen					.00,	<u> </u>						13		,015
E X P	14	Management												14		, 975
P	15	Fundraising (15		,850
E N S E S	16	Payments to	-		-									16	`	<u></u>
E	17	Total expens				ın (A))								17	787	,840.
-	18	Excess or (de				-	line i	12)						18		,387
N S	19	Net assets or	•						olumn (A))				19		,523
N S E E T	20	Other change				-				-				20		
S	21	Net assets or												21	183	,910
	_		_				_						_			

Page 2

Form 990 (2002)

Part I Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Ĺ	Oo not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch)	1				
	(cash \$					
	non cash \$)	22				
23		23				
24 25	Benefits paid to or for members (att sch) Compensation of officers, directors, etc.	24	56,700	51,937	4,139.	624
2 5 26	Other salaries and wages	26	139,552	127,825	10,225.	1,502
27	Pension plan contributions	27	200,000	23.7.22	20,220.	2,002
28	Other employee benefits.	28	13,782	4,934	8,765	83
29	Payroll taxes	29	14,809	5,292	9,405	112
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32		_ :-		
33	Supplies	33	10,011.	2,347	7,664	<u> </u>
34	Telephone	34	7,921	7,285	554	82
35	Postage and shipping	35	4,745	1,760	2,940.	45.
36	Occupancy	36	14,519	13,299.	1,063.	157
37	Equipment rental and maintenance	37	7,159	6,598	489.	72
38	Printing and publications	38	61,856	58,248.	3,608.	
39	Travel	39	18,102	17,631	461	10
40	Conferences, conventions, and meetings	40	97,824	97,273	551.	
41	Interest	41	. <u> </u>			
42	Depreciation, depletion, etc (attach schedule)	42	8,149	7,464	597	88
43	Other expenses not covered above (itemize)					
a	SEE STATEMENT 1	43a	332,711	299,122	33,514	75
b		43ь				
c		43 c				
c	<u></u>	43d	_			
e		43e				
44	Total functional expenses (add lines 22 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	787,840	701,015	83,975.	2,850.
oin	Costs Check X if you are following	SOP 9	8 2			<u> </u>
re a	iny joint costs from a combined educationa	al camp	aign and fundraising sol	licitation reported in (B) l	Program services?	► Yes X No
Υe	s,' enter (1) the aggregate amount of these				mount allocated to progr	
\$_		located	to management and ge	neral \$, and (iv) th	e amount allocated
	ndraising \$					
	翻≫ Statement of Program Sen				#IR * 10==	r -
/hat	is the organization's primary exempt purp	ose?	TRAINING A	ND EDUCATION		Program Service Expenses (Required for 501(c)(3) and
ll oi lien	ganizations must describe their exempt puss served, publications issued, etc. Discuss ins and 4947(a)(1) nonexempt charitable ti	irpose achiev	achievements in a clear rements that are not mea	and concise manner Sta asurable (Section 501(c)	ate the number of)(3) & (4) organ-	(4) organizations and 4947(a)(1) trusts, but optional for others)
		rusts m	iust also enter the amou	nt of grants & allocations	s to others)	optional for others)
а	SEE STATEMENT 2					
						701 015
			(Grants and	d allocations \$	<u></u>	701,015
ь						
					, .	
			(Grants an	d allocations \$		
C	-	- - -				
						
			(Grants and	d allocations \$	<u> </u>	
d						
		-	·		-	
_	Other pregram convect			d allocations \$ d allocations \$	· · · · · · · · · · · · · · · · · · ·	
	Other program services.	. del e = -	•)	701,015
1	Total of Program Service Expenses (sho	uiu eqt	ובו וווופ 44. COIUMN (D). [program services)		101,013

Part IV Balance Sheets (See Instructions)

Note	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year	
	45 Cash - non-interest bearing		26,435.	45	6,681	
	46 Savings and temporary cash investments	[50,362	46	131,832.	
	47 a Accounts receivable	3,440.				
	b Less allowance for doubtful accounts 47 b		450	47 c	3,440	
	48 a Pledges receivable 48 a)%3688 } }		
				40 -		
	b Less allowance for doubtful accounts 48 b 48 b		66,841.	48c	35,594.	
		t		-		
A S E T	50 Receivables from officers, directors, trustees, and key employees (attach schedule)	L		50		
Ē	51 a Other notes & loans receivable (attach sch) 51 a					
S	b Less allowance for doubtful accounts 51 b			51 c		
	52 Inventories for sale or use			52	_	
	53 Prepaid expenses and deferred charges			53		
	54 Investments – securities (attach schedule) Cost	☐ FMV [54		
	55a Investments – land, buildings, & equipment basis 55a	_ 「		:?/3		
	b Less accumulated depreciation					
	(attach schedule) 55b			55 c		
	56 Investments – other (attach schedule)			56		
		7,228.		7.2		
	b Less accumulated depreciation (attach schedule) STATEMENT 3 57b 1	8,779.	26,598.	್ಯ 57 c	18,449	
	58 Other assets (describe >	1		58		
	59 Total assets (add lines 45 through 58) (must equal line 74)		170,686.	59	195,996	
_	60 Accounts payable and accrued expenses	Í	45,163	60	12,086	
ι	61 Grants payable			61		
,	62 Deferred revenue	<u> </u>		62		
A B I	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63		
 	64 a Tax exempt bond liabilities (attach schedule)	F		64 a		
Ţ	b Mortgages and other notes payable (attach schedule)	<u> </u>		64Ь		
E S	65 Other liabilities (describe ►) [_	65		
	66 Total liabilities (add lines 60 through 65)		45,163	66	12,086.	
To	organizations that follow SFAS 117, check here X and complete lines 6	7	<u> </u>			
N E	through 69 and lines 73 and 74					
	67 Unrestricted	-	79,905	67	51,292.	
ŝ	68 Temporarily restricted		45,618	68	132,618.	
ASSETS	69 Permanently restricted		<u> </u>	69		
	organizations that do not follow SFAS 117, check here	<u>-</u> -	8888Y 3.5%			
- 1	70 through 74	j				
F.	70 Capital stock, trust principal, or current funds	L		70		
- 1	71 Paid in or capital surplus, or land, building, and equipment fund	- · ·				
ž	72 Retained earnings, endowment, accumulated income, or other funds			72		
BALANCES	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 to 72, column (A) must equal line 19, column (B) must equal line 21).	hrough	125,523.	73	183,910.	
šΙ	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	170,686.	74	195,996		

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

	Financial Stateme per Return (See in	nts witl	h Revenue	Financial Statements with Expenses per Return							
a	Total revenue, gains, and other support per audited financial statements	•	a 846,227.	a	Total expenses and financial statements	losses per audited	a	787,840.			
b	Amounts included on line a but not on line 12, Form 990	 % %		ь	Amounts included or on line 17, Form 990						
(1)	Net unrealized gains on investments \$) (2) (4)		(1) Donated serv ices and use of facilities \$						
(2)	Donated serv- ices and use			(2	Prior year adjust ments reported on line 20. Form 990						
(3)	of facilities \$ Recoveries of prior year grants \$			(3	Losses reported on line 20, Form 990 \$	· · · · · · · · · · · · · · · · · · ·					
(4)	Other (specify)				Other (specify)						
	\$	25			\$		Ů				
	Add amounts on lines (1) through (4)	▶ ~	Ь		Add amounts on lines (1)	through (4)	b				
С	Line a minus line b	▶ .	c 846,227.	С	Line a minus line b	>	c	787,840			
d	Amounts included on line 12, Form 990 but not on line a	:: : : : :		d	Amounts included or Form 990 but not on	n line 17, line a					
(1)	Investment expenses not included on line 6b, Form 990 \$	Š.		(1) Investment expenses not included on line 6b, Form 990 \$						
(2)	Other (specify)			(2	Other (specify)		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
	\$\$				\$	<u></u>					
	Add amounts on lines (1) and (2	n -	d		Add amounts on line	es (1) and (2)	d				
e Mara	Total revenue per line 12, Form 990 (line c plus line d)		846,227	e 'man	Total expenses per I	<u>d)</u> ►	•	787,840			
Far	List of Officers, Dire	ectors,	(B) Title and average hor		(C) Compensation	(D) Contributions		(E) Expense			
	(A) Name and address		per week devoted to position	# S	(if not paid, enter -0-)	employee benefi plans and deferre compensation	ıt	account and other allowances			
SEE	STATEMENT 4										
					56,700.	3,30	0.	0.			
		- 									
	<u> </u>										
											
											
	·										
		·									
					-						
	 	· -									
75	Did any officer, director, truste than \$100,000 from your organ \$10,000 was provided by the r	nization a elated or	nd all related organization ganizations?	jate o	compensation of more which more than		<u> </u>	Yes X No			
BAA	If 'Yes,' attach schedule - see	nstructi	ons					Form 990 (2002)			

and enter the amount of tax exempt interest received or accrued during the tax year

		d business income	Excluded by s	ection 512, 513, or 514	(F)
Note Enter gross amounts unless otherwise indicated	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Program service revenue a REGISTRATIONS					71,364.
b c					
d					
e					
f Medicare/Medicald payments	<u> </u>	<u>-</u>			
g Fees & contracts from government agencies 94 Membership dues and assessments					30,650.
95 Interest on savings & temporary cash invinits	<u> </u>		14	4 1,105	30,030.
96 Dividends & interest from securities			<u> </u>		
97 Net rental income or (loss) from real estate	?;***;*** <u>?</u>			8,866°200°26000444788°	28(2); •29(88); 26(8°•);
 a debt financed property 		_			
b not debt financed property	ļ				
98 Net rental income or (loss) from pers prop 99 Other investment income	<u> </u>				<u> </u>
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory		579 S 7 S		22	1000711 0.0009 0.000 000000
b MISCELLANEOUS	(300000	\$60 650 00 1 yell 12 62 64 6	8 1 . 2. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	<u> </u>	367
	<u> </u>				307
d			 		
e					
104 Subtotal (add columns (B), (D), and (E))	(CSS			1,105	102,381.
105 Total (add line 104, columns (B), (D),				-	103,486.
Note. Line 105 plus line 1d, Part I should equipment VIII Relationship of Activities			Vernet Burne	FOE /Sac instructions \	
Line No Explain how each activity for which of the organization's exempt purp	th income is re	ported in column (E) (of Part VII contrib	uted importantly to the	accomplishment
SEE STATEMENT 5	- '		<u> </u>	<u> </u>	
Part X Information Regarding Ta				es (See instructions)	
(A)	(B)	(C)	(D)	(E)
Name, address, and EIN of corporation,	Percentage		f activities	Total	End-of year
partnership, or disregarded entity N/A	ownership in	8 Esteral		income	assets
<u> </u>					<u> </u>
	<u> </u>	8			
		8			
Rart X Information Regarding Tra	ansfers Ass	ociated with Per	sonal Benefit	Contracts (See inst	ructions)
a Did the organization, during the year, receive any fu	inds, directly or in	directly, to pay premiums or	a personal benefit co	ntract7	Yes X No
b Did the organization, during the year, pa	-	-	n a personal bene	fit contract?	Yes XNo
Note If 'Yes to (b), file Form 8870 and Fo					
Under penalties of perjury I declare that I have correct and complete Declaration of p	ave examined this i reparer tother hap	return (notuding accompany) officer) is based on all infor	ng schedules and state mation of which prepar	ments, and to the best of my or has any knowledge	knowledge and belief, it is
4 17.	<u> </u>				5/14/03
				Date	11.11.
		· FX	routile	Divertar	

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Chantable Trust

Supplementary Information — (See separate instructions)

2002

OMB No 1545-0047

Department of the Treasury Internal Revenue Service MUST be completed by the above organizations and attached to their Form 990 or 990-EZ. Employer identification number Name of the organization INDIANA ASSOCIATION FOR COMMUNITY ECONOMIC DEVELOPMENT 35-1695379 Part (Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions List each one If there are none, enter 'None') (d) Contributions to employee benefit plans and deferred compensation (b) Title and average (c) Compensation (a) Name and address of each (e) Expense employee paid more than \$50,000 hours per week account and other devoted to position allowances NONE Total number of other employees paid over \$50,000 Rant Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions List each one (whether individuals or firms) If there are none, enter 'None')

(a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services

	You may use the worksheet in th					nung.
	ndar year (or fiscal year		-		i -	(e)
begi	nntng in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28)	695,346	437,147.	283,965	351,073.	1,767,531
16_	Membership fees received	38,481	34,750	26,225.	18,970.	118,426.
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	28,720	25,100.	12,965.	41,360.	108,145.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalities, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organ ization after June 30, 1975	2,179.	3,353.	3,446	1,352.	10,330
19	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets SEE STMT 7		757.	384.	1,129	2,270.
23	Total of lines 15 through 22	764,72 <u>6</u>	501,107	326,985.	413,884.	2,006,702.
24	Line 23 minus line 17	736,006.	476,007.	314,020.	372,524	1,898,557.
25	Enter 1% of line 23	7,647.	5,011	3,270.	4,139	
26	Organizations described on lines		r 2% of amount in co	• •	► 26a	37,9 <u>71</u> .
Ŀ	Prepare a list for your records to show the supported organization) whose total gifts freturn. Enter the total of all these excess a	or 1998 through 2001 exceeds	uted by each person (othe of the amount shown in hi	r than a governmental unit one 26a Do not file this list	or publicly with your 26 b	2 74, 587.
c	Total support for section 509(a)(1) test. Enter line 24, co			► 26c	1,898,557.
c	Add Amounts from column (e) fo		10,330	19	07	207 107
		22	2,270.	26b 274,5		287,187.
	Public support (line 26c minus lin				► 26e ► 261	1,611,370. 84.87 %
	Public support percentage (line 2		i by line Zoc (denom	inator)).	201	04.0/ 6
2/	Organizations described on line 15, name of, and total amounts receisuch amounts for each year	16, and 17 that were reved in each year from,	each 'disqualified p	erson ' Do not file th is	s list with your return	Enter the sum of
	(2001)	(2000)	(1999) _		_ (1998) 	
l	For any amount included in line 1 show the name of, and amount re \$5,000 (Include in the list organizemputing the difference between (the excess amounts) for each year.	eceived for each year, zations described in lin n the amount received ear	that was more than es 5 through 11, as and the larger amou	the larger of (1) the ar well as individuals) D int described in (1) or	mount on line 25 for the constitution of the constitution of the sum of the constitution of the constituti	ne year or (2) I your return After these differences
	(2001)	(2000)	_ _ (1999) _		_ (1998)	-
C	(2001) Add Amounts from column (e) for	or lines 15		16		
		20		21	27cl	
	Add Line 27a total		d line 27b total		27d ► 27e	
	Public support (line 27c total mini		المسالمة (20 ممالمة	(e) ► 27f	4/0	126 2 / 200 200 200 200 200 200 200 200 200
	Total support for section 509(a)(2					
	Public support percentage (line 2 Investment income percentage (li					
	Unusual Grants For an organiza					
45	list for your records to show, for a nature of the grant Do not file th	each year, the name of is list with your return	the contributor, the Do not include thes	date and amount of t e grants in line 15	he grant, and a brief	description of the

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	29	ļ	
~	Done the commentation making a statement of its variable conditions about the second about a sell its backlines.			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs,			lee's
	and scholarships?	30		
21	Has the exceptration publicated its recially pendicariminatory policy through powerpaper or broadcast made during			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that			
	makes the policy known to all parts of the general community it serves?	31	-2-5-2-6	20.00
	If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)	12,,		
				K.
		- 333	8336389 ************************************	0000 S
		-1888	SS.	
~~	Dec les constitutes de la Ciliana	-633	886	
	Does the organization maintain the following			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		<u> </u>
ı	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32 c		
•	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
	16	1	1000 is	100 d 200
	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)	1 838		,,,,
		- 3.33		10
		-133		
	Don't be a second and the second be to second and the second be	- 12.334		
33	Does the organization discriminate by race in any way with respect to	1323		
_	- Children I will be an annula and 3	المستندا		تنشئ
٠	a Students' rights or privileges?	33a		
ŀ	Admissions policies?	33ь		
•	Pramissions policies	335	$\overline{}$	
(Employment of faculty or administrative staff?	33c		
c	Scholarships or other financial assistance?	33d		
•	e Educational policies?	33e		
f	Use of facilities?	33f		
Ę	g Athletic programs?	33 g		
	n Other extracurricular activities?	33h		
ľ	Touler extraculticular activities.	33n		93383
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)		44	
	,,		20	
		T 334		
		_[
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34 a		
t	Has the organization's right to such aid ever been revoked or suspended?	34 ь		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement		\$\$#	K.
35	Does the organization certify that it has complied with the applicable requirements of			
~	sections 4 01 through 4 05 of Rev Proc 75 50, 1975 2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation			
	nondiscrimination? If 'No,' attach an explanation	35		

Lobbying Expenditures by Electing Public Charities (See Instructions) (To be completed ONLY by an eligible organization that filed Form 5768)

		<u> </u>						
Che	ck - a if the organization belongs to	o an affiliated group	Check ► b	ıf you	check	ed 'a' and 'limited contr	ol' provisions apply	
-	Limits on Lob	bbying Expenditus means amounts paid o			_	(a) Affiliated group totals	(b) To be completed for ALL electing organizations	
36 37 38	Total lobbying expenditures to influence Total lobbying expenditures to influence Total lobbying expenditures (add lines 3	a legislative body (dir			36 37 38	0.	25,862. 25,862.	
39 40	Other exempt purpose expenditures Total exempt purpose expenditures (add	•			39 40	0.	761,978. 787,840.	
41								200000
	Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000	20% of the amount \$100,000 plus 15% of th \$175,000 plus 10% of th	he excess over \$500,00	l l	41		143,176	33
	Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	\$225,000 plus 5% of the \$1,000,000			2003 2003 2003 2003 2003			5
42	Grassroots nontaxable amount (enter 25	·			42		35,794	_
43	Subtract line 42 from line 36 Enter 0- i				43	0.	0	_
44	Subtract line 41 from line 38 Enter 0 in Caution of there is an amount on either	•		1720	44	0.	0.	, ,
	Caution If there is an amount on either	line 43 or line 44, you	ı must file Form 4	720				É

4 -Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50.)

	See the histochons for lines 45 through 35)										
		Lobbying Expenditures Dunng 4 -Year Averaging Period									
	Calendar year (or fiscal year beginning in) ►	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total					
45	Lobbying nontaxable amount	143,176	145 <u>, 7</u> 19	101,413.	67,147.	457,455.					
46	Lobbying ceiling amount (150% of line 45(e))					686,183.					
47	Total lobbying expenditures	25,862.	15,032.	13,319.	11,929.	66,142.					
48	Grassroots non taxable amount	35,794.	36 <u>,4</u> 30.	25,353.	16,787.	114,364.					
49	Grassroots ceiling amount (150% of line 48(e))					171,546.					
50	Grassroots lobbying expenditures					0.					

Part VI-8 Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI A) (See instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h)
- If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount
-		
-		<u> </u>
	ļ	
3333] 52 333	
£1.82.	<u> </u>	

	(Form 990 or 990 EZ) 20		IANA ASSOCIATION FOR CO		5-1695379	F	Page 6
Part VIII	Information Regard	ding Tran	sfers To and Transactions a	nd Relationships With I	Nonchantable		
	Exempt Organizati	ons (See ii	nstructions)				
51 Did the	e reporting organization Code (other than section	directly or in 501(c)(3) o	directly engage in any of the followin rganizations) or in section 527, relati	ig with any other organization ng to political organizations?	described in section	501(<u>c)</u>
a Trans	fers from the reporting or	rganization t	o a noncharitable exempt organizatio	on of	<u></u>	Yes	No
(i) C	ash				51 a (i)		X
(ii)O	ther assets				a (iı)		X
b Other	transactions						İ
(i) S	ales or exchanges of ass	ets with a no	oncharitable exempt organization		b (i)		<u> X</u>
(ii)Pi	urchases of assets from	a noncharita	ble exempt organization		b (ii)		X
(in)R	ental of facilities, equipm	ent, or other	assets.		b (iii)		X
(iv)R	eimbursement arrangeme	ents			b (iv)		X
• •	oans or Ioan guarantees				b (v)		X
			ip or fundraising solicitations		b (vı)		X
c Sharii	ng of facilities, equipmen	t, mailing lis	ts, other assets, or paid employees		<u> </u>		_ X
d If the the go any tr	answer to any of the abo oods, other assets, or ser ansaction or shar <u>ing arra</u>	ive is 'Yes,' i rvices given ingement, st	complete the following schedule. Col by the reporting organization. If the color in column (d) the value of the go	umn (b) should always show to organization received less than ods, other assets, or services	ne fair market value i n fair market value i received	or In	
(a) (b) (c) (d) Line no Amount involved Name of noncharitable exempt organization Description of transfers, transactions, a							ts
N/A							
				<u></u> .			
					<u> </u>		
				-			
							
							
							
			· · · · · · · · · · · · · · · · · · ·				
		-			***		
	<u> </u>					.	
				-	.		
				-			
					· - ·		
descri	organization directly or in ibed in section 501(c) of t s,' complete the following	the Code (ot	liated with, or related to, one or more her than section 501(c)(3)) or in sect	ion 527?	► ☐ Ye	s X	No
	(a)	**	(b)		(c)		·
_	Name of organization		Type of organization	Description	of relationship		
N/A							
					··	_	
	<u> </u>						
		_					
							_
		<u> </u>					
					· -		
			-	 			

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INDIANA ASSOCIATION FOR COMMUNITY ECONOMIC DEVELOPMENT

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STATEMENT 1 FORM 990, PART II, LINE 43 OTHER EXPENSES

	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
	TOTAL_	SERVICES	& GENERAL	<u>FUNDRAISING</u>
BANK CHARGES BOARD DEVELOPMENT CHDO PASS THROUGH	764 5,296 34,321.	5,296. 34,321.	764	
DUES & SUBSCRIPTIONS EQUIPMENT PURCHASES INSURANCE	2,329. 2,648. 2,060.	1,511. 647.	818. 2,001 2,060.	
JANITORIAL MISCELLANEOUS	2,326 2,360	2,130 1,838	171. 522.	25.
PROFESSIONAL FEES STAFF DEVELOPMENT	278,981 1,626	251,753. 1,626	27,178.	50
	TOTAL \$ 332,711.	\$ 299,122.	\$ 33,514.	<u>\$ 75.</u>

STATEMENT 2 FORM 990, PART III, LINE A STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
IACED IS ADMINISTRATING VARIOUS GRANTS FROM HUD AND THE INDIANA HOUSING FINANCE AUTHORITY FOR CERTAIN ACTIVITIES, TRAINING, TECHNICAL ASSISTANCE, ASSESSMENT AND DIRECT PASS-THROUGH AGENTS FOR COMMUNITY HOUSING ORGANIZATIONS, CITY AGENCIES AND SUPPORTIVE HOUSING PROVIDERS.		431,417
IACED'S ANNUAL CONFERENCE IS THE MAIN ANNUAL EVENT PRESENTED AS AN EDUCATION AND NETWORKING FORUM. IACED ALSO HELD A HISPANIC SUMMIT AND VARIOUS TRAINING SESSIONS FOR ITS MEMBERS.		219,042
EXPENSE INCURRED IN MONITORING AND INFLUENCING LEGISLATURE AS AN ELECTING PUBLIC CHARITY (EXPENSES ARE GRANT FUNDED).		50,556.
	\$ 0.	701,015.

STATEMENT 3 FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPMENT

CATEGORY		BASIS	ACCUMDEPREC	BOOK VALUE
MACHINERY AND EQUIPMENT	TOTAL \$	37,228 37,228.	\$ 18,779. \$ 18,779.	\$ 18,449. \$ 18,449.

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INDIANA ASSOCIATION FOR COMMUNITY ECONOMIC DEVELOPMENT

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STATEMENT 4 FORM 990, PART V LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
CHRISTIE GILLESPIE 324 W. MORRIS ST. INDIANAPOLIS, IN 46225	EXECUTIVE DIREC			
JOHN NIEDERMAN 324 W MORRIS ST. INDIANAPOLIS, IN 46225	IMM. PAST PRES AS NEEDED	0	0	0.
	VICE PRESIDENT AS NEEDED	0.	0	0.
	PRESIDENT AS NEEDED	0	0.	0.
	DIRECTOR AS NEEDED	0.	0.	0.
	DIRECTOR AS NEEDED	0.	0.	0.
	DIRECTOR AS NEEDED	0.	0.	0
	DIRECTOR AS NEEDED	0.	0.	0.
	DIRECTOR AS NEEDED	0.	0.	0.
PATRICIA GAMBLE-MOORE 324 W. MORRIS ST INDIANAPOLIS, IN 46225	DIRECTOR AS NEEDED	0	0.	0
ANNE MANNIX 324 W. MORRIS ST. INDIANAPOLIS, IN 46225	DIRECTOR AS NEEDED	0	0.	0.
MARK LINDENLAUB 324 W. MORRIS ST INDIANAPOLIS, IN 46225	DIRECTOR AS NEEDED	0.	0	0.

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STATEMENT 4 (CONTINUED) FORM 990, PART V LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AN AVERAGE HO PER WEEK DEV	URS	COMPEN- SATION	EXPENSE ACCOUNT/ OTHER		
JIM HAMMOND 324 W. MORRIS ST. INDIANAPOLIS, IN 46225	TREASURER AS NEEDED	\$	0	\$ 0.	\$ 0.	
ED PEREZ 324 W. MORRIS ST. INDIANAPOLIS, IN 46225	DIRECTOR AS NEEDED		0.	0.	0.	
DORI SPARKS-UNSWORTH 324 W MORRIS ST INDIANAPOLIS, IN 46225	SECRETARY AS NEEDED		0.	0.	0.	
CAROLINE SHOOK 324 W MORRIS ST. INDIANAPOLIS, IN 46225	DIRECTOR AS NEEDED		0	0.	0.	
DORIS SIMS 324 W. MORRIS ST INDIANAPOLIS, IN 46225	DIRECTOR AS NEEDED		0.	0.	0.	
		TOTAL 3	56,700.	\$ 3,300.	\$ 0	

STATEMENT 5 FORM 990, PART VIII RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES								
93A	REGISTRATIONS FOR TRAINING/CONFERENCE HELP FOR FACILITIES AND RELATED COSTS.								
94	MEMBER DUES FOR BENEFITS WHICH INCLUDE NEWSLETTER, TRAINING AND OTHER RESOURCES.								
103A	MEMBERS REIMBURSE FOR SHIPPING OF LIBRARY MATERIALS; REFUNDS; REIMBURSEMENT OF BOARD EXPENSES AND CONFERENCE EXPENSES								

STATEMENT 6 SCHEDULE A, PART III, LINE 2 TRANSACTIONS WITH TRUSTEES, DIRECTORS, ETC.

C FURNISHING OF GOODS, SERVICES, OR FACILITIES BY BOARD MEMBERS COMPANIES AS FOLLOWS:
ANNE MANNIX - NEIGHBORHOOD DEVELOPMENT ASSOCIATES - \$2,551
CHUCK HEINTZELMAN - MILESTONE VENTURES, INC. - \$8,485

FEDERAL STATEMENTS

INDIANA ASSOCIATION FOR COMMUNITY ECONOMIC DEVELOPMENT

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STATEMENT 7 SCHEDULE A, PART IV-A, LINE 22 OTHER INCOME

<u> DESCRIPTION</u>		<u>(A)</u>	2001	<u>(B</u>	2000	(C	1999	(I) 1998	<u>(E)</u>	TOTAL
MISCELLANEOUS		\$	0	\$	757.	\$	384	\$	1,129.	\$	2,270.
	TOTAL	\$	0.	\$	757	\$	384	\$	1,129	\$	2,270.