Department of the Treasury Internal Revenue Service

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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990 Open to Public

Inspection

OMB No 1545-0047

	00	2013 Calendar year, or tax year beginning	enung					
B Cr	heck if oplicable	C Name of organization		D Employer identific	cation number			
X	Addres: change	INDIANA FAMILY INSTITUTE INC.						
	Name change	Doing Business As		35-1790240				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r			
	Termin- ated	3600 WEST 96TH STREET		(317) 423-9178				
$\overline{}$	Amendo		<u> </u>	G Gross receipts \$	488,419.			
\Box	Applica			H(a) is this a group return				
	pending			for subordinates? Yes X No				
		SAME AS C ABOVE		H(b) Are all subordinates in				
T.	27.070	mpt status: X 501(c)(3)	4 ` '	list. (see instructions)				
		WWW.HOOSIERFAMILY.ORG	or 527	H(c) Group exemptio	•			
		organization: X Corporation Trust Association Other	I Year		A State of legal domicile: IN			
		Summary	I L TOU	or formation. 2004 h	n Otate of legal dofficie. 224			
<u> </u>		Bnefly describe the organization's mission or most significant activities: PROV	TOTNG	EDUCATION A	ND EVENTS			
8	' 6	ON ISSUES IMPACTING THE FAMILY	<u> </u>	EDUCITION II	NO BYDINID			
Activities & Governance	_	Check this box If the organization discontinued its operations or dispo	and of mar	than 25% of the not or				
ě			seu oi more	1 1	18			
g		Number of voting members of the governing body (Part VI, line 1a)		3	17			
≪		lumber of independent voting members of the governing body (Part VI, line 1b)		4	0			
iğ		otal number of individuals employed in calendar year 2013 (Part V, line 2a)		5	20			
ξį		fotal number of volunteers (estimate if necessary)		6	0.			
ફ		otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
\dashv	Ь	let unrelated business taxable income from Form 990-T, line 34		7b				
			\vdash	Prior Year 405,538.	Current Year 484,460.			
e l		Contributions and grants (Part VIII, line 1h)	-	403,338.	0.			
Revenue		Program service revenue (Part VIII, line 2g)	-	0.	0.			
æ		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	<18,150.>			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	\vdash					
\rightarrow		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		405,538.	466,310.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	0.	4,800.			
		Senefits paid to or for members (Part IX, column (A), line 4)		* -	140 567			
ès		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		88,417.	140,567.			
ä		Professional fundraising fees (Part IX, column (A), line 11e)	42 H	0.	0.			
Expenses		otal fundraising expenses (Part IX, column (D), line 25)	42.	210 270	200 004			
۳		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		310,379.	302,994.			
	18 7	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	398,796.	448,361.			
	19 F	Revenue less expenses. Subtract line 18 from line 12		6,742.	17,949.			
Sor			∦ Be	ginning of Current Year	End of Year			
aget	20 1	otal assets (Part X, line 16)). [:]	17,725.	34,051.			
Net Assets Fund Balanc		otal liabilities (Part X, line 26)	<u> </u>	16,623.	15,000.			
컐		vet assets of furid balances. Subtract line 21 from line 20		1,102.	19,051.			
	rt II	Signature Block			- · · · <u>-</u> · · ·			
		ties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is			
true,	correct	, and complete, Declaration of preparer (other than officer) is based on all information of wh	hich preparer	has any knowledge.	·-·-			
		List Smith		11/15/14				
Sian		Signature of officer		Data				

SCANNET DEC 19 2010

CURT SMITH, PRESIDENT Hére Type or print name and title Print/Type preparer's name Preparer's sign JOHN T. JOHN T. LIND Paid Firm's name CLARK, SCHAEFER, Preparer HACKET' Firm's address ONE EAST FOURTH ST, SUI Use Only CINCINNATI, OH 45202 May the IRS discuss this return with the preparer shown above? (see instru LHA For Paperwork Reduction Act Notice, see the ser 332001 10-29-13

Form	1990 (2013) INDIANA FAMILY INSTITUTE INC.	35-1790240 Page 2
Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: 'PROVIDING EDUCATION AND EVENTS ON ISSUES IMPACTING THE	FAMILY.
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.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	a magazirad by avacage
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	
4a	revenue, if any, for each program service reported. (Code) (Expenses \$ 380,816 · including grants of \$ 4,800 ·) (Rever	
48	HOOSIER CONGRESSIONAL POLICY LEADERSHIP SERIES	
	NOW IN ITS NINTH YEAR, THIS ADULT LEADERSHIP EDUCATION	PROGRAM INFORMS,
	MOTIVATES AND RAISES AWARENESS OF THE CONSERVATIVE PHIL	
	TO PRODUCE AN INCREASED SENSE OF COMMUNITY, TRUSTEESHIP	AND INVOLVEMENT
	IN THE COMMUNITY. FROM APRIL-NOVEMBER WE USED MONTHLY	MEETINGS,
	READINGS AND INTERACTIONS WITH EXPERTS, LEADERS AND DEC	ISION-MAKERS
	FROM ACROSS INDIANA TO TRAIN THIS GROUP OF FUTURE LEADE	RS. IN 2013 WE
	HAD 16 IN THE CLASS.	
	HOOSIER COMMITMENT	
	THIS NATIONAL DEMONSTRATION PROJECT COMES FROM THE FEDE	
	WAIVER FROM SOCIAL SECURITY FROM THE ADMINISTRATION FOR	CHILD
4b	(Code) (Expenses \$ including grants of \$) (Rever	nue \$
		,
	- ,	
4 c	(Code) (Expenses \$) (Rever	nue \$)
		
		
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 380,816.	
33300		Form 990 (2013)

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Form 990 (2013) INDIANA FAMI:
Part IV Checklist of Required Schedules

	n res_to line zoa, dio the organization attach a copy of its addited financial statements to this return?		900	(2013)
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	\vdash	
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		X
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	х	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	\vdash	<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
14a		14a		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	122		x
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
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			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	ıla		
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	х	
_	as applicable.		*****	3
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			v
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			77
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	Schedule D, Part III	8		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4	x	
_	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
	`If "Yes," complete Schedule A	1	Х	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
			Yes	No

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Form 990 (2013) INDIANA FAMILY INS

[Part IV] Checklist of Required Schedules (continued)

	· · · · · · · · · · · · · · · · · · ·		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	*government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		1	
	Schedule J	23		X
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		<u>X</u>
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		
	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			77
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
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			7.5
	Schedule L, Part I	25b		<u>X</u>
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 so,		x	
	complete Schedule L, Part II	26	^	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		1	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			х
	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee; in res, complete schedule 2, raintiv	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	<u> </u>		
-	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
-	If "Yes," complete Schedule N, Part I	31		X
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		X
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		X
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		X
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		X
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		X
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	X	<u> </u>
		Form	990 ((2013)

332004 10-29-13

	Check if Schedule O contains a response or note to any line in this Part V				
		-		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 10		.63	1.50
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming			
	(gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0	•		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	5)		-	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	• •			\ _₹ ,
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country:	 		, ۽ *	* '
c -	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accounts.			<u>.</u>
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	etuen?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transalf "Yes," to line 5a or 5b, did the organization file Form 8886-T?	CHOITE	5b 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit	30		
•	any contributions that were not tax deductible as charitable contributions?	io organization sonoit	6a		x
ь	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?	•	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?	1 1	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d]			X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	•	7g	-	
ь 8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di		7h		- 53
Ü	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	•	8		
9	Sponsoring organizations maintaining donor advised funds.	any anno daring and your	Ť		
	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		:	3
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:				- 13
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				(
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	12a		ļ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			4
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40-		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		ļ — — ;
h	Note. See the instructions for additional information the organization must report on Schedule O.				1
b	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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	.00	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O	14b		
				990	(2013)

Form 990 (2013) INDIANA FAMILY INSTITUTE INC. 35-1790240 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 18 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 17 1b b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 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 X 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 X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a a The governing body? **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes Νo X 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 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 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? X a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? 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 organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ightharpoons IN Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website W Upon request Other (explain in Schedule O) Own website 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial

statements available to the public during the tax year.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization. CURT SMITH - 317-423-9178 3600 WEST 96TH STREET, INDIANAPOLIS. IN

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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 employee."
- 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 organiz (A)	(B)	J.y.))	pe		(D)	(E)	(F)
Name and Title	Average	Position		Reportable	Reportable	Estimated				
Name and Title	hours per					than		compensation	compensation	amount of
	week	offi	cer ar	dad	recto	r/trus	tee)	from	from related	other
	(list any	ğ	ĺ					the	organizations	compensation
	hours for	or director				pg.		organization	(W-2/1099-MISC)	from the
	related	stee	ise.			bensa		(W-2/1099-MISC)		organization
	organizations	la T	onali		ploye	E CO III				and related
	below line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARK NOVOTNY	0.20	두	드	ō	K	± ਙ	- F			
BOARD MEMBER	0.20	x						0.	0.	0.
(2) WALT BROWN	2.30	-	-			-		- 0.	0.	•
BOARD CHAIRMAN	2.50	x						0.	0.	0.
(3) JAMES BUTCHER	0.20	 ^				_	_			•
BOARD MEMBER	0.20	\mathbf{x}						0.	0.	0.
(4) ZEKE TURNER	0.20		H							
SECRETARY		x						0.	0.	0.
(5) CHRISTOPHER TEETER	0.20	T				-				
BOARD MEMBER		x						0.	0.	0.
(6) RON JOHNSON	4.00									
BOARD MEMBER		x						0.	0.	0.
(7) CHAD DAVIS, M.D.	0.20									
BOARD MEMBER		X						0.	0.	0.
(8) JOHN CRANE	3.80									
BOARD MEMBER		X						0.	0.	0.
(9) KRISTEL NOVOTNY	0.20									
BOARD MEMBER		X						0.	0.	0.
(10) MARVEL BUTCHER	0.20									
BOARD MEMBER		X						0.	0.	0.
(11) SHERRY BROWN	2.30									
BOARD MEMBER		X						0.	0.	0.
(12) DEBBIE SMITH	0.20					ŀ			_	_
BOARD MEMBER		X						0.	0.	0.
(13) MILISSA TURNER	0.20								_ '	_
BOARD MEMBER		X						0.	0.	0.
(14) LOIS TEETER	0.20	l							_	
BOARD MEMBER		X				L_		0.	0.	0.
(15) JONNA KELLEY	0.20									_
BOARD MEMBER		X	_	Ш			L	0.	0.	0.
(16) SEAN KELLEY	0.20						l		_	_
BOARD MEMBER	0.20	X	<u> </u>	Ш		_	<u> </u>	0.	0.	0.
(17) JIM GLEASON	0.20	₩.								_
BOARD MEMBER		X		L	<u> </u>		<u> </u>	0.	0.	0.

332007 10-29-13

Par	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)			(0	C)			(D)	(E)			(F)		
	Name and title	Average	(100		Pos		i than	വാല	Reportable	Reportable	,	E:	stimate	∌d
•		hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	חכ	ar	nount	of
		week	\vdash	Cer ar	lo a c	Inecre	or/trus	T	from	from related			other	
		(list any hours for	recto					İ	the	organization			npensa	
		related	ě	<u> </u>			sated	1	organization (W-2/1099-MISC)	(W-2/1099-MI	SC)		rom the	-
		organizations	ruste	l trustee		8	nedu		(VV-2/1099-WIGC)				ganızat ıd relat	
		below	F	tona	_	ള	S es	_					anızatı	
		line)	Individual trustee or director	Institutional t	Officer	Key employee	Highest compensate employee	Former				ľ		-
(18)	CURT SMITH	22.00	_	T-	Ť	Ť		T			\neg			
PRES	IDENT		1		x			1	0.		0.			0.
					Г									
			1	L										
			<u> </u>	L	L_									
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		<u> </u>	├	⊢	┢	⊢	┢	┝						
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			_				<u> </u>							
				L_	<u> </u>	L	L	Ļ	0.		0.			0.
	Sub-total								0.		0.			0.
	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
	Total (add lines 1b and 1c) Total number of individuals (including but n	at limited to the		lint.	. d . c	h a	۰۷ ، ۱۵	<u> </u>		000 of reported				<u> </u>
2	compensation from the organization	ot iimited to tr	iose	IISLE	eu a	DOV	e) wi	101	eceived more than \$100	,000 or reportab	ie			0
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director or tri	iste	e ke	v er	mnlc	vee	or	highest compensated e	mnlovee on		<u> </u>		
	line 1a? If "Yes." complete Schedule J for s	-		o,	.,		,,,,,,	,	gor componicates c			3		X
4	For any individual listed on line 1a, is the su			amc	ensa	atıor	n and	d ot	her compensation from	the organization				
	and related organizations greater than \$15									Ū		4		X
5	Did any person listed on line 1a receive or a	accrue compe	nsat	ion 1	from	any	/ uni	elat	ted organization or indiv	idual for services	;	o A Abres	7 50 han	
	rendered to the organization? If "Yes," com	plete Schedul	e J i	or s	uch	pers	son					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	•									npens	ation	from	
	the organization. Report compensation for	the calendar y	ear	end	ng v	vith	or w	<u>ıthı</u>		year.				
	(A) Name and business	address	NT/	INC	בי				(B) Description of s	envices			C) ensatio	n
	Traine and basiness	4441035	TA)IAI	٠			\dashv		JC/ VICCO	$\overline{}$	ompo	risatio	
	-													
								4	<u> </u>					
	Total number of independent contractors (i	ncludina but n	ot l	mite	d to	tho	se li	ster	d above) who received n	nore than				
	\$100,000 of compensation from the organi	_					0			•				

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	Check if Schedule O contains a response or note to any				
,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
1 ts 1 ts	a Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b Membership dues 1b				
ξ. Page	c Fundraising events 1c 75,681	. •			
اعظ	d Related organizations 1d				
si <u>ii</u>	e Government grants (contributions) 1e 179,155	<u>. </u>	:		
ອີ່ຂ t	f All other contributions, gifts, grants, and				
ᅙᆂ	similar amounts not included above 1f 229,624				
얼	g Noncash contributions included in lines 1a-1f \$	_			
<u>3 </u>	h Total. Add lines 1a-1f	484,460.			* *
	Business Co	de	4 · · · ·		
စ္ည 2 ဒ	a				<u> </u>
ا و <u>چ</u>	b				<u> </u>
S II S	c			· · · · · · · · · · · · · · · · · · ·	
6 4	d			,	
Program Service Revenue	e				_
<u> </u>	f All other program service revenue			· ··· · · · · · · · · · · · · · · · ·	
	g Total. Add lines 2a-2f	<u> </u>			
3	Investment income (including dividends, interest, and		<u> </u>		
	other similar amounts)	·			
4	Income from investment of tax-exempt bond proceeds	-			·
5	Royalties	<u> </u>			
	(i) Real (ii) Persona	<u>'</u>			
1 .	a Gross rents	* ′		^	, ,
	b Less. rental expenses	\dashv		·	/ + %
	c Rental income or (loss)				and a see and an ear an amble and
	d Net rental income or (loss) a Gross amount from sales of (i) Securities (ii) Other				<u> </u>
' '	assets other than inventory				
Ι,	b Less: cost or other basis	—			•
'	and sales expenses	*	, 1		* * *
١,	c Gain or (loss)	_	*	£ , ,	* .
- 1	d Net gain or (loss)	-		venetament m va ma more	en desta comment street comment active
، ه ا	a Gross income from fundraising events (not				
<u>a</u> <u> </u>	including \$ 75,681. of				
e e	contributions reported on line 1c). See				
Other Revenue	Part IV, line 18 a 3,959				,
흌 1	b Less: direct expenses b 22,109	7.	* `	«	
° °	c Net income or (loss) from fundraising events	<18,150.	>		<18,150.
	a Gross income from gaming activities. See	,			
1	Part IV, line 19				
1	b Less: direct expenses b	<u>]</u>			
	c Net income or (loss) from gaming activities	—			
	a Gross sales of inventory, less returns				
	and allowances a			∢	
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory	<u> </u>			
	Miscellaneous Revenue Business Co	de .		-	
11 :	a				
1	b				
	с		ļ		
(d All other revenue				
	e Total. Add lines 11a-11d	•			
12	Total revenue. See instructions.	→ 466,310.	0.	0 .	<18,150. Form 990 (2013)

Form 990 (2013) INDIANA FAMIL Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 8b, 9b, 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 governments and				
	organizations in the United States. See Part IV, line 21	4,800.	4,800.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			ļ	
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				×
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	130,866.	104,783.	19,630.	6,453
7	Other salaries and wages	130,800.	104,763.	19,030.	0,453
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	9,701.	7,761.	1,455.	485
9	Other employee benefits	9,701.	7,701.	1,433.	403
0	Payroll taxes				
1	Fees for services (non-employees)	110,102.	90,602.	14,625.	4,875
а	Management	7,480.	7,480.	14,025.	4,073
b	Legal	3,500.	7,400.	3,500.	
C	Accounting	3,500.		3,300.	
d	Lobbying Professional fundraising services. See Part IV, line 17			+	
e	Investment management fees			·	
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)	88,038.	88,038.		
12	Advertising and promotion	2,426.	2,426.		
13	Office expenses	27,003.	21,601.	4,052.	1,350
.o 14	Information technology	886.	709.	133.	44
 15	Royalties				
16	Occupancy	3,225.	2,580.	484.	161
17	Travel	18,883.	18,883.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	24,371.	24,371.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,010.	809.	151.	50
23	Insurance	398.	318.	60.	20
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)			, \\x	
	amount, list line 24e expenses on Schedule O.)				
а	CONTRACT LABOR	15,672.	5,655.	7,513.	2,504
b					
c					
d					
е	All other expenses		200 04 5	F4 400	4 = - 2.43
25_	Total functional expenses. Add lines 1 through 24e	448,361.	380,816.	51,603.	15,942
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.		İ		
	Check here if following SOP 98-2 (ASC 958-720)		<u></u>		Form 990 (201

Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 15,297. 32,460. Cash - non-interest-bearing 1 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr) Complete Part II of Sch L 7 Notes and loans receivable, net 8 8 Inventones for sale or use 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 15,515 basis. Complete Part VI of Schedule D 10a 13.924. 2,428. 10b b Less: accumulated depreciation Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 17,725. 34,051. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. 15,000. 15,000. Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of 1,623. Schedule D 16,623. 15,000. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 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 0. <u>o.</u> 31 Paid-in or capital surplus, or land, building, or equipment fund 31 1,102.19,051. Retained earnings, endowment, accumulated income, or other funds 32 1,102. 19,051. 33 33 Total net assets or fund balances 17,725. 34,051. Total liabilities and net assets/fund balances

Form	990 (2013) INDIANA FAMILY INSTITUTE INC.	35-179	0240	Pa	ge 12			
Pai	t XI Reconciliation of Net Assets		-					
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u> 10.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2		61.				
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>49.</u>				
4	· · · · · · · · · · · · · · · · · · ·							
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))							
Pa	t XIII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash Cash Cother MODIFIE	D CASH			,			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	- 1	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:				Fire and the second			
	Separate basis Consolidated basis Both consolidated and separate basis			٠.,				
b	Were the organization's financial statements audited by an independent accountant?		2b	03.	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis		-		,			
С								
	review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				1			
	Act and OMB Circular A-133?	-	3a		X			
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit						
_	are quides a visiting visiting. Calculate O and decombs any stops taken to undergo quick quidte		25					

332012 10-29-13

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

OMB No 1545-0047

Open to Public Inspection

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (ii) A person who directly or indirectly controls, either alone or together with persons described in (ii) below, the governing body of the supported organization? (iii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) above? (ii) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing indirectly persons described in (ii) and (iii) below, the governing indirectly persons described in (ii) and (iii) below, the governing indirectly persons described in (ii) and (iii) below, the governing indirectly persons described in (ii) and (iii) below, the governing indirectly persons described in (iii) and (iii) below, the governing indirectly persons described in (iii) and (iii) below, the governing indirectly persons described in (iii) and (iii) below, the governing indirectly persons described in (iii) and (iii) below, the governing indirectly persons described in (iii) and (iii) below, the governing indirectly persons described in (ii) and (iii) below, the governing indirectly persons described in (ii) and (iii) below, the governing indirectly persons described in (iii) below, the governing indirectly persons described in (iii) below, the governing indirectly persons described in (iii) below, the governing indirectly persons described in (ii) below, the governing indirectly persons described in (ii) below, the governing indirectly persons describe	Name of t	the organizati							E	•	identificati		
The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A Achurch, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A Achurch, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A A comparization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). A norganization operated or local government or governmental unit described in section 170(b)(1)(A)(iv). A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). A norganization that normally receives a substantial part of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions: subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 51) tax) from businesses acquired by the organization after June 30, 1975.	Dow !	Decem					- 46	\ C== -==4		3:	5-1/90	240	
A church, convention of churches, or association of churches described in section 170(b);1(A(iii), Askinish Schodule E) A school described in section 170(b);1(A(iii), Askinish Schodule E) A hospital or a cooperative hospital service organization described in section 170(b);1(A(iii), Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b);1(A(iii), Complete Part II.) A lederal, state, or local government or governmental unit described in section 170(b);1(A(iii), Complete Part II.) A community trust described in section 170(b);1(A(iii), Complete Part II.) A community trust described in section 170(b);1(A(iii), Complete Part II.) A community trust described in section 170(b);1(A(iii), Complete Part II.) A community trust described in section 170(b);1(A(iii), Complete Part II.) A community trust described in section 170(b);1(A(iii), Complete Part III.) A community trust described in section 170(b);1(A(iii), Complete Part III.) A community trust described in section 170(b);1(A(iii), Complete Part III.) A community trust described in section 170(b);1(A(iii), Complete Part III.) A community secures (II) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 509(a)(2), Complete Part III.) A comparation organization and operated exclusively to test for public asidy. See section 509(a)(4). An organization organization and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization and complete lines 11 tetropish 11:n. A community of the community receives (II) organization and complete lines 11 tetropish 11:n. I the organization organization described in section									ructions.				
A school described in section 170(b)(1)(A)(iii). Attach Schedule E.)													
A Rospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: A morganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A community flush (complete Part III.) A community flush (complete Part III.) A community flush (seachbed in section 170(b)(1)(A)(iv). (Complete Part III.) A community flush described in section 170(b)(1)(A)(iv). (Complete Part III.) A community flush described in section 170(b)(1)(A)(iv). (Complete Part III.) A community flush described in section 170(b)(1)(A)(iv). (Complete Part III.) A community flush described in section 170(b)(1)(A)(iv). (Complete Part III.) A community flush described in section 170(b)(1)(A)(iv). (Complete Part III.) A community flush described in section 170(b)(1)(A)(iv). (Complete Part III.) A community flush described in section 170(b)(1)(A)(iv). (Complete Part III.) A community flush described in section 170(b)(1)(A)(iv). (Complete Part III.) A community flush described in section 170(b)(1)(A)(iv). (Complete Part III.) A community flush described in section 170(b)(1)(A)(iv). (Complete Part III.) A comparization organization and community flush described in section 509(a)(a). (Complete Part III.) A comparization organization and community flush described in section 509(a)(a). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(a). (Complete Part III.) A community flush described in section 509(a)(a). (Complete Part III.) A community flush described in section 509(a)(a). (Complete Part III.) A community flush described in section 509(a)(a). (Complete Part III.) A community flush described in section 509(a)(a). (Complete Part III.) A community flush described in section 509(a)(a). (Complete Part III.) A community flush described in section 509(a)(a). (Complete Part III.) A community flush descri		•		=		nbea in se	Cuon 170	(D)(T)(A)(T)	•				
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii). (Complete Part II.) A norganization that normally receives a substantal part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iii). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iii). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iii). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). Complete Part III.) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organizations described in section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(1) or section 509(a)(1) or section 509(a)(1) or section 509(a)(2). If the organization neceived with the distribution of the support organization in the supported organization organization in the supported organization (described in lines 1-9 shower in Section 1					•	n coetion	170/h)/1)/	AVIII					
city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)A(b)(). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) A community frust described in section 170(b)(1)(A)(v). (Complete Part II.) A community frust described in section 170(b)(1)(A)(v). (Complete Part II.) A community frust described in section 170(b)(1)(A)(v). (Complete Part II.) A community frust described in section 170(b)(1)(A)(v). (Complete Part III.) A community frust described in section 531 task from businesses acquired by the organization activities related to its exempt functions: subject to certain exceptions, and (2) on more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 task) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization adescribed in section 509(a)(3). Check the box that describes the type of supporting organization selection in section 509(a)(3). Check the box that describes the type of supporting organization selection section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization section section 509(a)(3). Check the box that describes the type of supporting organization section section 509(a)(3). Check the box that describes the type of supporting organization section 509(a)(3). The section 509(a)(3) in the supporting organization section 509(a)(3). The section 509(a)(3) in the supporting organization section 509(a)(3). The section 50	3 ⊟								/h)/1)/A)/ii	ii) Entert	he hospita	l's nam	ne.
An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A rederal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A community fust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community fust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community fust described in section 170(b)(1)(A)(iv). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box that describes the type of supporting organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines. Te through 11h. a Type b Type ii c Type III - functionally integrated by checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(1) or section 509(a)(1) or section 509(a)(1) or section 509(a)(1) or section 509(a)(1) or section 509(a)(1) or section 509(a)(1) or section 509(a)(1) or section 509(a)(1) or section 509(a)(1) or section 509(a)(1) or section 509(a)(1) or section 509(a)(1) or section 509(a)(1) or secti	4 🖳			operated in conjunction	with a rios	pital desci	1000 111 30	00 170	(D)(1)(A)	ny. Entor t	ino moopita		,
section 170(b)(1)(A)(iv). (Complete Part II.) 7	5			benefit of a college or u	niversity o	wned or or	erated by	a governi	nental uni	t describ	ed in		
A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) A community frust described in section 170(b)(1)(A)(v). (Complete Part III.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations and complete lines 11e through 11th. a Type I b Type II c Type III c Type III Type III c Type III C T	5	-	•					g					
An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(W). (Complete Part II.) 8	6			•	t describe	d in sectio	n 170(b)(1)(A)(v).					
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A community trust described in section 170(b) 1(A)(vi), (Complete Part III.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 1 te through 11th. a		-	_				•				•		
activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 501 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a	в 🗀	-			(Complete	Part II.)							
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An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a				•									
more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a	10												
describes the type of supporting organization and complete lines 11e through 11h. a	11 📖	-	-										or
a Type I b Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, or Type III supporting organization, check this box g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (iii) A samily member of a person described in (i) organization (iii) and (iii) persons described in (iii) persons described in (iii) persons described in (iii) persons described in (iii) persons described in (iii) persons described in (iii) persons described in (iii) persons described in (iii) persons described in (iii) persons described in (iii) persons described in (iii) persons described in (iii) persons described in (iii) persons described in (iii) persons described in (iii) persons described in (iii) organization in col. (iii) persons described in (iii) persons described								e). See se o	ction 509(a)(3). Che	eck the box	that	
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (ii) A person who directly or indirectly controls, either alone or together with persons described in (ii) below, the governing body of the supported organization? (iii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described or granization (iii) above? (iii) A 35% controlled entity of a person described or granization (iv) bid your notify the organization in col. (i) listed in your granization in col. (i) is the organization in col. (i) organization in col. (ii) organization in									. — _				
foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type III supporting organization, check this box g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (iii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (i) Name of supported organization about the supported organization(described on lines 1-9 above or IRC section (see instructions)) (iii) Individual (iii) EIN (iiii) Type of organization (see instructions)) (iv) Is the organization in col. (i) of your support? Yes No Yes No Yes No Yes No Total						-	_					•	-
f If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (iii) A family member of a person described in (i) above? (iii) A family member of a person described in (i) above? (iii) A sasset controlled entity of a person described in (i) or (ii) above? (iii) Name of supported organization about the supported organization (described on lines 1-9 above or IRC section) (iv) Is the organization organization (i) organization in col. (i) isted in your governing document? (iv) Is the organization in col. (i) organization in col. (ii) organizati	e 📖												
supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly controls, either alone or together with persons described in (i) and (ii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organizations (described on lines 1-9 above or IRC section (see instructions)) (iii) Silved in your organization in col. (ii) organization in col. (iii) organization in col. (iiii) organization in col. (iiii) organizatio	_									9(a)(1) or	section 50	∌(a)(2).	
Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization (described on lines 1-9 above or IRC section (see instructions)) (iii) Type of organization (v) Is the organization in col. (i) of your support? (ii) Granized in the U.S.? Yes No Yes No Yes No Total	f	=			tne IHS th	atπisaiy	рет, туре	ii, or Type	2 111				
(ii) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (iii) A family member of a person described in (i) above? (iiii) A 35% controlled entity of a person described in (i) or (ii) above? (i) Name of supported organization (ii) Since of supported organization (iii) EIN (iii) Type of organization (described on lines 1-9 governing document?) (described on lines 1-9 yes No Yes No Yes No Yes No Yes No Total	_		_		ny aift or c	ontabilition	from any	of the foll	owing per	cone?			
the governing body of the supported organization? (iii) A family member of a person described in (i) above? (iiii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization or coll. (i) listed in your organization in coll. (i) organization in coll. (i) organization in coll. (i) organization in coll. (i) organization in coll. (i) organization in coll. (i) organization in the U.S.? Yes No Yes No Yes No Total	g	•		<u> </u>								Yes	T _{No}
(iii) A family member of a person described in (i) above? h Provide the following information about the supported organization (described on lines 1-9 above or IRC section (see instructions)) (ii) Name of supported organization (discribed on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in col. (i) listed in your governing document? Yes No Yes No Yes No Total				_	ione or tog	CLIICI WILLI	porsons	icoonbca	ii i (ii) aria ((III) DOIOW,		1	
(ii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization (iii) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) Total (iii) A 35% controlled entity of a person described in (i) or (ii) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (iv) Is the organization in col. (i) listed in your governing document? (vi) Is the organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (ii) organization in col. (iiiii) organization in col. (iiiiiii) organiza		•			•								
h Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in col. (i) listed in your organization in col. (i) of your support? (i) of your support U.S.? Yes No Yes No Yes No Total			•		-	e?							\vdash
(ii) Name of supported organization organization (described on lines 1-9 above or IRC section (see instructions)) (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization organization in col. (i) Issed in your organization in col. (i) of your support? (iv) Is the organization in col. (i) organization in col. (i) organization in col. (ii) organization in col. (ii) organization in col. (iii) organi	h												
organization (ii) zilv (iii) supported organization (iii) support (iii	••			,,	J	` '							
organization (described on lines 1-9 above or IRC section (see instructions)) (see instructions) (described on lines 1-9 above or IRC section (i) of your support? Yes No Yes No Yes No Total	(i) Name	of supported	(ii) FIN	(iii) Type of organization	(iv) Is the o	organization	(v) Did you	notify the	(vi) ls	the	(vii) Amoun	t of mo	netary
(see instructions)) Yes No Yes No One of the second of t			.,,	(described on lines 1-9					(i) organız	ed in the			•
Yes No Yes No Tes						· · · · · · · · · · · · · · · · · · ·	• • •						
				(ooo moaraana)	Yes	No	Yes	No	Yes	No			
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332021 09-25-13

Form 990 or 990-EZ.

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received (Do not									
	include any "unusual grants.")	299,018.	404,465.	388,622.	404,478.	484,460.	1,981,043.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	299,018.	404,465.	388,622.	404,478.	484,460.	1,981,043.			
5	The portion of total contributions									
	by each person (other than a	,								
	governmental unit or publicly	,								
	supported organization) included	**								
	on line 1 that exceeds 2% of the	, ,				l				
	amount shown on line 11,									
	column (f)						75,333.			
6	Public support. Subtract line 5 from line 4						1,905,710.			
Sec	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
7	Amounts from line 4	299,018.	404,465.	388,622.	404,478.	484,460.	1,981,043.			
8	Gross income from interest,									
	dividends, payments received on					Ì				
	securities loans, rents, royalties									
	and income from similar sources									
9	Net income from unrelated business									
	activities, whether or not the			i						
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital					·				
	assets (Explain in Part IV.)									
11	Total support. Add lines 7 through 10						1,981,043.			
12	Gross receipts from related activities	etc. (see instructi	ons)			12				
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)				
	organization, check this box and stop						▶			
Sec	ction C. Computation of Publ	ic Support Pe	rcentage							
14	Public support percentage for 2013 (line 6, column (f) d	ivided by line 11, o	olumn (f))		14	96.20 %			
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	97.05 %			
16a	33 1/3% support test - 2013. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo				
	stop here. The organization qualifies	as a publicly supp	orted organization				\triangleright [X]			
þ	33 1/3% support test - 2012. If the	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box			
	and stop here. The organization qua	lifies as a publicly s	supported organiza	ation			▶□			
17a	10% -facts-and-circumstances tes	t - 2013. If the org	anization did not d	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,			
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	nis box and stop h	i ere. Explain in Pai	rt IV how the organ	ization			
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supported	d organization					
b	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or			
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the									
	organization meets the "facts-and-cir-	cumstances" test	The organization of	qualifies as a publi	cly supported orga	anızatıon	ightharpoons			
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	and see instruction	s >			
					Sche	edule A (Form 990	or 990-EZ) 2013			

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Se	ction A. Public Support	slow, please com	piete Fait II.)			 ···	
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,			į			
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the		1	Ĭ			
_	organization's tax-exempt purpose				<u> </u>	<u> </u>	
3	Gross receipts from activities that			ŀ			
	are not an unrelated trade or bus-						
	iness under section 513		_			1	
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
_							
5	furnished by a governmental unit to					1	
	the organization without charge					1	
6	Total. Add lines 1 through 5					1	
	Amounts included on lines 1, 2, and						
•	3 received from disqualified persons					i	
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10	Gross income from interest,					1	
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
ı	Unrelated business taxable income					1	
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975				<u></u> .	+	
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is]			
12	regularly carried on Other income. Do not include gain		 		†	1	
12	or loss from the sale of capital						
40	assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for	the eventuation	l first seepend the	d fourth or fifth t	l av voor as a soct	on 501/o\/3\ organi	l
14	check this box and stop here	trie organization	S IIISI, SECONA, IIII	ia, ioaitii, oi illai t	lax year as a secti	on son(c)(s) organiz	Lation,
Se	ction C. Computation of Publ	ic Support Pe	ercentage		·		
	Public support percentage for 2013 (I			column (f))		15	%
16	Public support percentage from 2012			(//	•	16	%
	ction D. Computation of Inves			1		-	
17	Investment income percentage for 20	13 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	2012 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2013. If the	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box a						▶□
Į	o 33 1/3% support tests - 2012. If the	organization did	not check a box o	n line 14 or line 19	a, and line 16 is n	nore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che		-				▶Щ
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see i	nstructions	▶└

			instructions).	 	
•					
			 	 	<u> </u>
				· · · · · · · · · · · · · · · · · · ·	-
		 			
					
			 	 	-
		<u> </u>			· · ·
			 	 ····	
			 	 	

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

See separate instructions.
 Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

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

	Section 501(c)(4), (5), or (6) organization	ations: Complete Part III.			· · · · · · · · · · · · · · · · · · ·
Nan	ne of organization			Emp	loyer identification number
	INDIAN	A FAMILY INSTITUTE	INC.		35-1790240
Pa	art I-A Complete if the or	ganization is exempt unde	r section 501(c)	or is a section 527 o	organization.
	Provide a description of the organ Political expenditures Volunteer hours	ization's direct and indirect politica	campaign activities in		· · · · · · · · · · · · · · · · · · ·
Pa	art I-B Complete if the or	ganization is exempt unde	r section 501(c)(3).	
	Enter the amount of any excise tax	·		▶ \$	
	Enter the amount of any excise tax	·		▶ \$	
3	If the organization incurred a secti	on 4955 tax, did it file Form 4720 fo	or this year?		Yes No
4a	Was a correction made?				Yes No
<u>t</u>	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the or	ganization is exempt unde	r section 501(c),	except section 501	(c)(3).
1	Enter the amount directly expende	ed by the filing organization for sect	ion 527 exempt functi	on activities	S
2	Enter the amount of the filing orga	nization's funds contributed to othe	er organizations for se	ction 527	
	exempt function activities			▶ \$	S
3	Total exempt function expenditure	s. Add lines 1 and 2 Enter here an	d on Form 1120-POL,	.	
	line 17b			▶ 9	Yes No
4	Did the filing organization file Forn				
5	Enter the names, addresses and e		•	_	
	. ,	ation listed, enter the amount paid romptly and directly delivered to a	• •		•
	•	f additional space is needed, provide	•	•	ate segregated fund of a
		(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(C) EII4	filing organization's	contributions received and
				funds. If none, enter -0	
					delivered to a separate political organization.
					If none, enter -0
					<u> </u>
				-	
_					

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

Schedule C (Form 990 or 990-EZ) 2013

332041 11-08-13

Schedule C (Form 990 or 990-EZ) 2013 INI	DIANA FAM	ILY INSTITU	TE INC.	35-1	L790240 Page 2
Part II-A Complete if the organi		npt under sectio	n 501(c)(3) and til	ea Form 5/68	
(election under section		<u> </u>		<u> </u>	
A Check ► ☐ If the filing organization			n Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share of	, ,	•			
B Check F if the filing organization	checked box A ar	nd "limited control" pro	ovisions apply.		T a v A a a l a a a l a a a a a a a a a a a a
Limits or	Lobbying Expe	nditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expenditur	es" means amou	ints paid or incurred.)	totals	l
1a Total lobbying expenditures to influence	e public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence		-			
c Total lobbying expenditures (add lines		z, (a),g,	-		
d Other exempt purpose expenditures	,				
e Total exempt purpose expenditures (ac	id lines 1c and 1c	1)			
f Lobbying nontaxable amount. Enter the			h columns.		
If the amount on line 1e, column (a) or (b)		bying nontaxable am			†
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000,000		00 plus 15% of the exc		4	, ,
Over \$1,000,000 but not over \$1,500,0		00 plus 10% of the exc		* ***	1 1
Over \$1,500,000 but not over \$1,000,		00 plus 5% of the exce			,
Over \$17,000,000	\$1,000.		33 0101 \$1,000,000.		1
Over \$17,000,000					,
g Grassroots nontaxable amount (enter 2	25% of line 1f)		-		
h Subtract line 1g from line 1a. If zero or					
i Subtract line 1f from line 1c. If zero or l					
j If there is an amount other than zero or		line 1i. did the organiz	ation file Form 4720		
reporting section 4911 tax for this year	_				Yes No
roportaing occurrence in the first take for time year.		eraging Period Under	Section 501(h)		
(Some organizatio			n do not have to com	olete all of the five	
colum	ns below. See th	e instructions for line	es 2a through 2f on pa	ige 4.)	
	Lobbying Exper	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
(or install year beginning in)					
	.				
2a Lobbying nontaxable amount					
b Lobbying ceiling amount	4	1			
(150% of line 2a, column(e))	*				
	-				
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount	,				
(150% of line 2d, column (e))					
			1		
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990 EZ) 2013 INDIANA FAMILY INSTITUTE INC. 35-179024 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the lobbying activity				Amo	ount
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	1			
	or referendum, through the use of:				
а	Volunteers?	L	X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
С	Media advertisements?		Х		
d	Mailings to members, legislators, or the public?		X		
е	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		X		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			3,073.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i	Other activities?		X		
j	Total. Add lines 1c through 1i				3,073.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	* * *	
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				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	ion 501(c))(5), or se	ection	
				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 expenditures from the prior year?		3		
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	d "No," O	R (b) Par	t III-A, lii	ne 3, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	rical			
_	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year		2b		
	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
-	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?	F	4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par			•		
Also,	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group complete this part for any additional information. $ACTII-B$, LINE 1, LOBBYING ACTIVITIES:	ıp lıst); Part I	II-A, line 2; a	nd Part II-E	3, line 1.
LOI	BBYING EFFORTS RELATING TO INDIANA MARRIAGE AMENDM	ENT.			
					

Schedule C (Form 990 or 990-EZ) 2013

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs gov/form990

Open to Public Inspection

Name of the organization

INDIANA FAMILY INSTITUTE INC.

Employer identification number 35-1790240

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	is or Accounts. Complete if the				
	organization answered "Yes" to Form 990, Part IV, line	e 6.					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate contributions to (during year)	_					
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	rised funds				
	are the organization's property, subject to the organization's		Yes No				
6	Did the organization inform all grantees, donors, and donor a		e used only				
_	for charitable purposes and not for the benefit of the donor of						
	impermissible private benefit?	, , ,	Yes No				
Par		ganization answered "Yes" to Form 990,	Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organizati						
	Preservation of land for public use (e.g., recreation or e	F	istorically important land area				
	Protection of natural habitat		rtified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the for	n of a conservation easement on the last				
_	day of the tax year.						
	au ov mo tur. your		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
ь	Total acreage restricted by conservation easements		2b				
	Number of conservation easements on a certified historic str	2c					
	Number of conservation easements included in (c) acquired		cture				
_	listed in the National Register						
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by t	he organization during the tax				
•	year▶						
4	Number of states where property subject to conservation ea	sement is located					
5	Does the organization have a written policy regarding the per		- f				
	violations, and enforcement of the conservation easements r		Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year ▶				
7	Amount of expenses incurred in monitoring, inspecting, and						
8	Does each conservation easement reported on line 2(d) above						
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expen-	se statement, and balance sheet, and				
	include, if applicable, the text of the footnote to the organiza						
	conservation easements.						
Pai	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or	Other Similar Assets.				
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stat	ement and balance sheet works of art,				
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furthe	rance of public service, provide, in Part XIII,				
	the text of the footnote to its financial statements that descri	ibes these items.					
ь	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue stateme	ent and balance sheet works of art, historical				
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	public service, provide the following amounts				
	relating to these items						
	(i) Revenues included in Form 990, Part VIII, line 1		> \$				
	(ii) Assets included in Form 990, Part X		▶ \$				
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financ					
	the following amounts required to be reported under SFAS 1						
а	Revenues included in Form 990, Part VIII, line 1	-	> \$				
b	Assets included in Form 990, Part X		▶ \$				

Schedule D (Form 990) 2013

1. (a) Description of liability (b) Book value

(1) Federal income taxes
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.urs.gov/form 990

Open To Public Inspection

Name of the organization

Employer identification number

35-1790240 INDIANA FAMILY INSTITUTE INC. Fundraising Activities. Complete if the organization answered "Yes" to Form 990. Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e L а b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events c In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or ☐ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes." list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) to (or retained by) (ii) Activity fundraiser or entity (fundraiser) from activity or control of contributions? organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

332081 09-12-13

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ı	6	Volunteer labor	No	No No	No		`	· · · · · · · · · · · · · · · · · · ·
	7	Direct expense summary. Add lines 2 throug	gh 5 in column (d)			•	- ·	
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)			•		
а	ls th	er the state(s) in which the organization operate organization licensed to operate gaming a lo," explain:	-	states?			Yes	No No
		e any of the organization's gaming licenses r 'es," explain:	revoked, suspended or to	erminated during the tax	year?	-	L Yes	No No
2082	2 09-	12-13			Schedule	G (For	m 990 or 990)-EZ) 2013

Sch	edule G (Form 990 or 990-EZ) 2013 INDIANA FAMILY INSTITUTE INC. 35-	<u>1790240</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?	└ Yes	No
	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 operated in:	1 1	
	i The organization's facility	13a	%
		13b	
	An outside facility	[130]	
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
t	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	: If "Yes," enter name and address of the third party:		
•			
	Name		
	Address ►		
16	Gaming manager information		
	Name ►		
	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		
	retain the state gaming license?	Yes	☐ No
Ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year > \$		
Pa	strict IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III,	lines 9, 9b, 10	0b, 15b,
_	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).		
_			
_			
_			

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

Open To Public Inspection

Name of the organization

	INDIANA F						35	-17	902	40		
		-		-	section 501(c)(4) org							
					art IV, line 25a or 25b	o, or Form 990-EZ, P	art V,	line 40)b.	1		
(a) Name of disqualified	person (b) F	Relationship betw person and or			ified (c) Description of tran	sactio	n			Correc	
	·	person and or	gariiz	ation		· · ·				Y	es	No
										+	-+	
										+	-	
										+-		
										+		
										+	\dashv	
2 Enter the amount of tax section 49583 Enter the amount of tax	•		Ū			ring the year under		▶ \$ ▶ \$				
Part II Loans to an	d/or From Int	perected Per	cons									
					D	- 000 5 15/1						
*	ū				, Part V, line 38a or f	-orm 990, Part IV, IIn	ie 26;	or it tr	ne orga	ınızatı	on	
(a) Name of	ount on Form 990 (b) Relationship			∠. oan to or	(e) Original	(f) Balance due	(a)	ıln	(h) App	proved	(i) W	ritter
interested person	with organization			n the zation?	principal amount	(i) Balance due		ult?	by boa	ard or littee?	agree	ment
				From			Yes	No	Yes	No	Yes	No
CURT SMITH	PRESIDEN	NON INTE			15,000.	0.		Х	Х			X
VALTER BROWN		NON INTE	Х		15,000.	15,000.		X	X		X	
	 		<u> </u>									
	ļ		<u> </u>									<u> </u>
			<u> </u>						_			┡
		-	 									┝
	1	<u> </u>	L		▶ \$	15,000.			\vdash			
otal Part III Grants or As	ssistance Be	nefiting Inter	este	d Pe	rsons.	13,000.			l .			
	organization ans											
(a) Name of interested		(b) Relationship interested pers the organiza	betwe	en	(c) Amount of assistance	(d) Type assistan) Purpassista	ose of ance	•
						-						
		<u> </u>										
												
								+				
HA For Paperwork Reduc									rm 990			

SEE PART V FOR CONTINUATIONS

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

INDIANA FAMILY INSTITUTE INC.

Employer identification number 35-1790240

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
SUPPORT/HHS, THROUGH THE STATE OF INDIANA'S DEPARTMENT OF CHILD
SERVICES, CHILD SUPPORT DIVISION. IT IS CALLED "HOOSIER COMMITMENT:
PARENTS TWOGETHER FOR INDIANA FAMILIES." IT SEEKS TO IMPROVE THE
PARENTAL BOND AND PROBLEM-SOLVING SKILLS BY OFFERING HEALTHY
MARRIAGE/RELATIONSHIP CLASSES TO PARENTS WITH CHILDREN OR EXPECTING A
CHILD, AS WELL AS INCARCERATED PERSONS IN MARION AND HAMILTON COUNTIES.
THIS PROGRAM WAS COMPLETED IN AUGUST 2013 AND WE SERVED 2,131
INDIVIDUALS OVER THE COURSE OF THE GRANT.
SOCIAL MEDIA: VERITAS REX BLOG, FACEBOOK AND TWITTER
VERITAS REX IS THE BLOG OF THE INDIANA FAMILY INSTITUTE. IT IS THE
COMMUNICATIONS ARM OF IFI, ALONG WITH FACEBOOK AND TWITTER.
EDUCATIONAL INFORMATION IS AVAILABLE TO BETTER INFORM AND STRENGTHEN
HOOSIER FAMILIES AND ENCOURAGE DISCUSSION OF POLICIES IN THE PUBLIC
SQUARE. APPROXIMATELY 100,000 SERVED.
INDIANA PASTOR'S ALLIANCE
NETWORK OF CHURCH LEADERS ORGANIZED AND MAINTAINED BY IFI. WE HELD OR
SPONSORED 6 EVENTS WITH PASTORS IN 2013 AND CONTINUED A WEBSITE WITH
HELPFUL INFORMATION. IN ADDITION, WE SPOKE INDIVIDUALLY WITH 600
PASTORS TO EDUCATE THEM ONGOVERNMENT INITIATIVES AND PUBLIC POLICY.
FORM 990, PART VI, SECTION A, LINE 2:
A NUMBER OF BOARD MEMBERS SERVE ON THE BOARD ALONG WITH THEIR
SPOUSE.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

INDIANA FAMILY INSTITUTE INC.	35-1790240
FORM 990, PART VI, SECTION A, LINE 3:	
DAILY OVERSIGHT OF THE ORGANIZATION AND MANAGEMENT OF PRO	OGRAMS
OFFERED.	
FORM 990, PART VI, SECTION A, LINE 3:	
TS&H OPERATING VENTURES LLC DBA FOCUSED CAPITOL SOLUTIONS	5 LLC
DUTIES AS PRESIDENT OF THE ORGANIZATION	
CURT SMITH	
\$59,000	
FORM 990, PART VI, SECTION B, LINE 11:	
A COMPLETED COPY OF THE FORM 990 IS GIVEN TO ALL MEMBERS	OF
ITS GOVERNING BODY BEFORE FILING THE FORM.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ANNUAL REVIEW BY THE BOARD OF DIRECTORS	
FORM 990, PART VI, SECTION B, LINE 15:	
ANNUAL REVIEW BY THE BOARD OF DIRECTORS	
ANNUAL REVIEW BY THE PRESIDENT	
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS AVAILABLE UPON REQUEST	
TODY 000 DADE IN LIVE 110 OFFICE	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
SPEAKERS AND WRITERS:	
PROGRAM SERVICE EXPENSES 332212 09-04-13 Sche	88,038. dule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization INDIANA FAMILY INSTITUTE INC.	Employer identification number 35-1790240
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	88,038.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	88,038.
FORM 990, PART XII, LINE 1:	· · · · · · · · · · · · · · · · · · ·
MODIFIED CASH	

SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

➤ See separate instructions.

Information about Schedule B (Form 990) and its instructions is at .

OMB No 1545-0047

Open to Public Inspection

Name of the organization	Y INSTITUTE INC.	ood and its instructions is a	www.iis.gov/ioni	1990	E	Employer identification 35-17902		ımber	
Part I Identification of Disregarded Entities Comple	ete if the organization answered "Yes	on Form 990, Part IV, line 3	3.						
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco		(e) End-of-year assets		(f) ontrolling ntity	J	
		<u> </u>							
Identification of Related Tax-Exempt Organi	zations Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34 b	ecause it had one	or mor	re related tax-exer	npt		
organizations during the tax year.			· •		т	(f)			
(a) Name, address, and EIN of related organization	(b) Primary activity		or Exempt Code Public cha			(e) Public charity Status (if section			12(b)(13 rolled ity?
<u>-</u>				501(c)(3))			Yes	No	
INDIANA FAMILY ACTION, INC 71-0998358 P.O. BOX 452	EDUCATE PUBLIC REGARDING								
ZIONSVILLE, IN 46077	POLICY ISSUES	INDIANA	501(C)(4)		N/A			х	
			1		ļ		 	<u> </u>	

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

Schedule R (Form 990) 2013

90240 Page 2

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	n)	(i)	(j		(k)								
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling Predominant incolentity (related, unrelate excluded from tax u	nicile nicile entity elan	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of total income	Share of total income	Share of total income	Share of total income	Share of total income	Share of total income	ne Share of total	Share of total Share of end-of-year assets	Disprop alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		al or Peri ging er?	rcentage vnership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No									
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicite (state or foreign	Direct controlling entity	g Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	i) ction b)(13) rolled tity?
		country)		01 11001,		400010		Yes	No
				:					
									<u> </u>
		1				<u></u>			

Note, Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Page 3

Yes No

Fart V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transactions	with one or more re	elated organizations listed i	in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		•		1a		X
	Gift, grant, or capital contribution to related organization(s)				1b		X
	Gift, grant, or capital contribution from related organization(s)				1c		Х
d	Loans or loan guarantees to or for related organization(s)				1d		X
	Loans or loan guarantees by related organization(s)				1e		X
							.,,
f	Dividends from related organization(s)				1f		X
•	Sale of assets to related organization(s)				1g		X
	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11		Х
	Performance of services or membership or fundraising solicitations by related organ				1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n		X
	Sharing of paid employees with related organization(s)) ((S)			10		X
O	Sharing of paid employees with related organization(s)				10		
D	Reimbursement paid to related organization(s) for expenses				1p		Х
	Reimbursement paid by related organization(s) for expenses				1q		Х
ч	The initial content paid by total or a significant (c) for one or a				1		
r	Other transfer of cash or property to related organization(s)				1r	* ^*	X
	Other transfer of cash or property from related organization(s)				1s		Х
	If the answer to any of the above is "Yes," see the instructions for information on wh	ho must complete t	his line, including covered i	relationships and transaction thresholds.	,		
	(a)	(b)	(c)	(d)			
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount inv	volved		
(1)							
(O)							
(2)							
(3)							
(4)							
(4)							-
(5)							
(6)							
		3.9		Sobodulo I	D /Earn	. 000	2012

Page 4

Part VI; Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners se 501(c)(3) orgs ? Yes No	(f) Share of total	(g) Share of end-of-year assets	(h) Disproportionate allocation Yes N	Code V-UBI amount in box 2: of Schedule K-1 (Form 1065)	General of managing partner?	(k) Percentage ownership
	,									
								Cabadul		

INDIANA FAMILY INSTITUTE INC. 35-1790240 Pg. art VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).	chedule R (Form 990) 2013 INDIANA FAMILY INSTITUTE INC.	35-1/90240 Page
Provide additional information for responses to questions on Schedule R (see instructions).	Part VII Supplemental Information	
Ployate adultional minimidation for tesponises are questions or sourceuter in jets about cloths.	Browde additional information for respondent to questions on Schoolule B (see instructions)	
	Provide additional information for responses to questions on Schedule in (see instructions).	
	•	
		-

Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

•	are filing for an Automatic 3-Month Extension, complete	-				▶ X
	are filing for an Additional (Not Automatic) 3-Month Ex					
	complete Part II unless you have already been granted a					
	nic filing (e-file). You can electronically file Form 8868 if y					
	to file Form 990-T), or an additional (not automatic) 3-more					
	o file any of the forms listed in Part I or Part II with the exc	•				
	Benefit Contracts, which must be sent to the IRS in pap		(see instructions). For more details	on the elec	ctronic filing o	of this form,
	w.irs.gov/efile and click on e-file for Charities & Nonprofits		ubmit original (no copies no	adad)		·
Part I						
	ration required to file Form 990-T and requesting an auton	natic 6-mc	onth extension - check this box and	complete		. [
Part I on	iry corporations (including 1120-C filers), partnerships, REM	 VCs spd t	ments must use Form 7004 to reques			
	corporations (including 1120-C lilers), partnerships, new come tax returns.	ics, and t	rusts must use ronn 7004 to reques		er's identifyi	na number
		ctions				n number (EIN) or
Type or print	Name of exempt organization of other nier, see instru	cuoris.		Linploye	i identificatio	in nomber (Ent) or
print	INDIANA FAMILY INSTITUTE IN	NC.			35-17	90240
File by the due date for	Number street and room anguite as Ma DO hay a		tions.	Social se	curity number	
filing your	140 NORTH FIRST STREET				,	
return See instruction		oreign add	Iress, see instructions.			
	ZIONSVILLE, IN 46077		·			
			-		_	
Enter the	e Return code for the return that this application is for (file	a separa	te application for each return)			0 1
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	0-BL	02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99		04	Form 5227			10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above) THE ORGANIZATIO	06	Form 8870			12
	oooks are in the care of ▶ 140 NORTH FIRST		FEM - TIONSVITTE	TN 46	077	
	blone No. \triangleright 317-423-9778	SIK	Fax No.	11/ 40	011	
•	organization does not have an office or place of business	an tha Lie				▶ □
	organization does not have an onice or place of business is for a Group Return, enter the organization's four digit (r the whole o	roup check this
box ▶	. If it is for part of the group, check this box		· · · · · · · · · · · · · · · · · · ·		_	• •
_	equest an automatic 3-month (6 months for a corporation				, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	ISION IS TON
	15 0014	•	tion return for the organization name		The extension	on
is	for the organization's return for:		•			
	X calendar year 2013 or					
>	tax year beginning	, an	d ending			
	, <u> </u>		-			
2 lf 1	the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	n	
	Change in accounting period					
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any			
no	nrefundable credits. See instructions.			3a	\$	<u> </u>
b If t	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	y refundable credits and	i		
	timated tax payments made. Include any prior year overp			3ь	\$	0.
c Ba	alance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,	İ		_
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.
	. If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	1453-EO au	nd Form 8879	9-EO for payment
instructi	ons.					

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. 323841 12-31-13

Form 8868 (Rev. 1-2014)

Form 886	68 (Rev. 1:2014)				Page 2				
• If your	are filing for an Additional (Not Automatic) 3-Month Ex	xtension,	complete only Part II and check thi	s box	X				
Note. On	ly complete Part II if you have already been granted an	automatic	3-month extension on a previously t	illed Form 8868.					
22 44 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	are filing for an Automatio 3-Month Extension, comple								
Part II	Additional (Not Automatic) 3-Month E	Extensio	on of Time. Only file the origin	nal (no copies needed).					
	<u>, </u>		Enter filer's	identifying number, see in	structions				
Type or	e or Name of exempt organization or other filer, see instructions. Employer Identifi								
print	TUD TAXA MANATAL TRANSPORTED TO	_		25 45222	4.0				
File by the due date for	INDIANA FAMILY INSTITUTE IN	35-17902							
filing your return See	Number, street, and room or suite no. If a P.O. box, s 140 NORTH FIRST STREET	see instruc	tlons.	Social security number (SSI	4)				
instructions	City, town or post office, state, and ZIP code. For a for ZIONSVILLE, IN 46077	oreign add	dress, see instructions.						
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)		01				
Application	on	Return	Application	<u></u>	Return				
ls For_		Code	Is For		Code				
Form 990	or Form 990-EZ	01			- Wasai				
Form 990	·BL	02	Form 1041-A		08				
Form 4720	0 (individual)	03	Form 4720 (other than individual)		09				
Form 990-	PF	04	Form 5227		10				
Form 990-	-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11				
	-T (trust other than above)	06	Form 8870		12				
STOP! Do	not complete Part II if you were not already granted		natic 3-month extension on a prev	iously filed Form 8868.					
	THE ORGANIZATIO								
	oks are in the care of 140 NORTH FIRST	r stri		IN 46077					
	one No. ► 317-423-9778		Fax No. ►	· · · · · · · · · · · · · · · · · · ·					
	rganization does not have an office or place of business								
	s for a Group Return, enter the organization's four digit								
box ▶ L			ch a list with the names and EINs of	all members the extension is	for.				
			BER 15, 2014.						
	calendar year 2013, or other tax year beginning		, and ending	'					
6 If the	e tax year entered in line 5 is for less than 12 months, ci	neck reas	on: L Initial return L_	Final return					
7 Stat	Change in accounting period								
	e in detail why you need the extension DITIONAL TIME IS REQUIRED TO) ОВТА	ATN ALL THEORMATION	NECESSARY TO					
	EPARE A COMPLETE AND ACCURAT			WHICHDOM(1 10					
		::-:		· · · · · · · · · · · · · · · · · · ·					
8a if thi	is application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069 s	enter the tentative tay less any						
	refundable credits. See instructions.	01 00001	since the tellative tax, less ally	8a \$	0.				
	is application is for Forms 990-PF, 990-T, 4720, or 6069,	. enter any	refundable credits and estimated	m,mm					
	payments made. Include any prior year overpayment alle	-							
	viously with Form 8868.			8b \$	0.				
c Bala	ance due. Subtract line 8b from line 8a. Include your pa	yment witi	this form, if required, by using						
	PS (Electronic Federal Tax Payment System). See Instru		, , , , , , , , , , , , , , , , , , ,	8c \$	0.				
			t be completed for Part II o	nly.					
Under penal it is true, co	ities of perjury, I declare that I have examined this form, includi. rrect, and complete, and that I am authorized to prepare this for	ing accomp	anying schedules and statements, and to	the best of my knowledge and be	elief,				
Signature				Date > 8-11-201	u				
	11110			Form 8868 (Re	N 1-2014\				
	~			1 0111, 0000 (116	··· · • · · · · · · · · /				