K. B. PARRISH & CO. LLP
6840 EAGLE HIGHLANDS WAY
INDIANAPOLIS, IN 46254

INDIANA WILDLIFE FEDERATION, INC.
4715 WEST 106TH STREET
ZIONSVILLE, IN 46077
ATTENTION: BARBARA SIMPSON

DEAR BARBARA:

ENCLOSED ARE THE ORGANIZATION'S 2010 EXEMPT ORGANIZATION RETURNS. THE STATE EXEMPT ORGANIZATION RETURNS ARE ALSO ENCLOSED. THESE SHOULD BE SIGNED, DATED, AND MAILED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

PLEASE SIGN AND MAIL ON OR BEFORE MAY 16, 2011.

MAIL TO - DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

FORM 990-T RETURN:

FORM 990-T HAS AN OVERPAYMENT OF $333 AND THE ENTIRE AMOUNT WILL BE REFUNDED.

PLEASE SIGN AND MAIL ON OR BEFORE MAY 16, 2011.

MAIL TO - DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

INDIANA FORM NP-20 RETURN:

MAIL TO - INDIANA DEPARTMENT OF REVENUE
TAX ADMINISTRATION
P.O. BOX 7147
INDIANAPOLIS, INDIANA 46207-7147

PLEASE SIGN AND MAIL FORM NP-20 ON OR BEFORE MAY 16, 2011.

NO PAYMENT IS REQUIRED.

INDIANA FORM IT-20NP RETURN:

MAIL TO - INDIANA DEPARTMENT OF REVENUE
100 N SENATE AVENUE
INDIANAPOLIS, IN 46204-2253

PLEASE SIGN AND MAIL FORM IT-20NP ON OR BEFORE MAY 16, 2011.

ENCLOSE A CHECK FOR $44.

MAKE CHECK PAYABLE TO INDIANA DEPARTMENT OF REVENUE.

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

VERY TRULY YOURS,

K. B. PARRISH & CO. LLP

** PUBLIC DISCLOSURE COPY **

Form **990** — **Return of Organization Exempt From Income Tax**

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

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

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

**2010**

Open to Public Inspection

**A** For the 2010 calendar year, or tax year beginning and ending

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

**C** Name of organization: INDIANA WILDLIFE FEDERATION, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 4715 WEST 106TH STREET — Room/suite

City or town, state or country, and ZIP + 4: ZIONSVILLE, IN 46077

**D** Employer identification number: 35-1058426

**E** Telephone number: 317-875-9453

**G** Gross receipts $ 177,384.

**F** Name and address of principal officer: BARBARA SIMPSON
SAME AS C ABOVE

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No

**H(b)** Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**J** Website: ▶ INDIANAWILDLIFE.ORG

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation: 1960 **M** State of legal domicile: IN

## Part I Summary

**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 14 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 14 |
| 5 | Total number of individuals employed in calendar year 2010 (Part V, line 2a) | 5 | 5 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 12 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 3,478. |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 513. |

| | | | Prior Year | Current Year |
|---|---|---|---|---|
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 267,565. | 152,407. |
| | 9 | Program service revenue (Part VIII, line 2g) | 18,583. | 10,437. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 3,473. | 806. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | <4,117.> | <534.> |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 285,504. | 163,116. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 10,093. | 8,000. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 169,503. | 147,896. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,041. | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 109,711. | 76,697. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 289,307. | 232,593. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | <3,803.> | <69,477.> |
| | | | **Beginning of Current Year** | **End of Year** |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 221,369. | 165,732. |
| | 21 | Total liabilities (Part X, line 26) | 3,893. | 8,250. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 217,476. | 157,482. |

## Part II Signature Block

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

**Sign Here**

▶ Signature of officer — Date

▶ BARBARA SIMPSON, EXECUTIVE DIRECTOR
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| | | | | |

Firm's name ▶ K. B. PARRISH & CO. LLP — Firm's EIN ▶

Firm's address ▶ 6840 EAGLE HIGHLANDS WAY
INDIANAPOLIS, IN 46254 — Phone no. (317)347-5200

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:
TO PROMOTE THE CONSERVATION, SOUND MANAGEMENT, AND SUSTAINABLE USE OF INDIANA'S WILDLIFE AND WILDLIFE HABITAT THROUGH EDUCATION, ADVOCACY, AND ACTION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses $ 58,000. including grants of $ 8,000. ) (Revenue $ 6,959. )
HABITAT DEVELOPMENT - THE ENVIRONMENTAL PROTECTION AGENCY PROVIDED IWF WITH FUNDS TO START THE ENVIRONMENTAL HABITAT STEWARDS CERTIFICATE PROGRAM (EHS). THE EHS PROGRAM IS A CURRICULUM-BASED CERTIFICATION PROGRAM DEVELOPED BY IWF AND OTHER ENVIRONMENTAL PROFESSIONALS TO PROVIDE FOCUSED ENVIRONMENTAL AND ECOLOGICAL TRAINING ADDRESSING THE PRESERVATION AND ENHANCEMENT OF INDIANA'S NATURAL AREAS. THE PROGRAM TEACHES PARTICIPANTS FUNDAMENTAL CONCEPTS IN HABITAT MANAGEMENT AND PROVIDES INFORMATION ON CURRENT PRACTICES THAT CAN BE USED DURING DEVELOPMENT PROJECTS TO PRESERVE OR ENHANCE HABITAT. COMPLETION OF THE PROGRAM ALLOWS PROFESSIONALS TO EARN CREDITS FOR CONTINUED EDUCATION WHILE BEING RECOGNIZED PUBLICLY TO ENCOURAGE ENVIRONMENTAL STEWARDSHIP IN THE REALM OF HUMAN DEVELOPMENT. (CONTINUED ON SCHEDULE O)

4b (Code: ) (Expenses $ 63,500. including grants of $ ) (Revenue $ )
CLEAN ENERGY- IN 2010, THE INDIANA WILDLIFE FEDERATION MAINTAINED ITS ROLE AS AN IMPORTANT EDUCATOR ABOUT HOW CLIMATE CHANGE AND ENERGY ISSUES AFFECT WILDLIFE AND CONSERVATION. EARLY IN THE YEAR, WE HELPED COORDINATE A PUBLIC FORUM IN INDIANAPOLIS FEATURING REGIONAL EXPERTS ON CLEAN ENERGY TECHNOLOGY AND CLIMATE CHANGE. THE SPEAKERS FOCUSED ON HOW CLIMATE CHANGE WILL AFFECT INDIANA, BOTH ECONOMICALLY AND ENVIRONMENTALLY, AND HOW INDIANA CAN BENEFIT FROM USING MORE CLEAN ENERGY SOURCES. (CONTINUED ON SCHEDULE O)

4c (Code: ) (Expenses $ 30,000. including grants of $ ) (Revenue $ )
CLEAN WATER - CLEAN WATER PROMOTES HEALTHLY HABITATS FOR INDIANA'S WILDLIFE. WITH AN INCREASING PRESENCE OF ALGAL BLOOMS STATEWIDE, THE INDIANA WILDLIFE FEDERATION DESIGNED A PROGRAM TO EDUCATE AND ADVOCATE FOR THE USE OF PHOSPHORUS-FREE LAWN FERTILIZER ON ESTABLISHED TURF GRASS AREAS. PHOSPHORUS IS A NUTRIENT PLANTS USE IN SMALL QUANTITIES FOR ROOT ESTABLISHMENT AND ENERGY STORAGE. (CONTINUED ON SCHEDULE O)

4d Other program services. (Describe in Schedule O.)
(Expenses $ 50,743. including grants of $ ) (Revenue $ 3,256. )

4e **Total program service expenses** ▶ 202,243.


SEE SCHEDULE O FOR CONTINUATION(S)

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | X |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | X | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III* | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I* | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | X | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI* | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII* | 11b | | X |
| c | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII* | 11c | | 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 Part X, line 16? *If "Yes," complete Schedule D, Part IX* | 11d | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII* | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional* | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV* | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV* | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV* | 16 | | X |
| 17 | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* | 17 | | X |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | | X |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | X |
| 20a | Did the organization operate one or more hospitals? *If "Yes," complete Schedule H* | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | 20b | | |

**Part IV Checklist of Required Schedules** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 21 | Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States 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 and 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 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 25* | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | 25b | | X |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II* | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III* | 27 | | X |
| 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 | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28b | | X |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV* | 28c | | X |
| 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 contributions? *If "Yes," complete Schedule M* | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | 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, Parts II, III, IV, and V, line 1* | 34 | X | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | 35 | | X |
| a | 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* ☐ Yes ☒ No | | | |
| 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 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O | 38 | X | |

## Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V ☐

| | | | | | Yes | No |
|---|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 5 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | 1c | | |
| 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 | 5 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | 2b | X | |
| | **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file*. (see instructions) | | | | | |
| 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," provide an explanation in Schedule O* | | | 3b | X | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | 4a | | X |
| b | If "Yes," enter the name of the foreign country: ▶ | | | | | |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | 5b | | X |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible? | | | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | 6b | | |
| 7 | **Organizations that may receive deductible contributions under section 170(c).** | | | | | |
| a | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services 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 required to file Form 8282? | | | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | 7h | | |
| 8 | **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | | 8 | | |
| 9 | **Sponsoring organizations maintaining donor advised funds.** | | | | | |
| a | 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: | | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 | **Section 501(c)(12) organizations.** Enter: | | | | | |
| a | 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 | | | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | | | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| 13 | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | |
| | **Note.** See the instructions for additional information the organization must report on Schedule O. | | | | | |
| 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? | | | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* | | | 14b | | |

**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 to any question in this Part VI ..... [X]

## Section A. Governing Body and Management

| | | | Yes | No |
|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year ..... 1a 14 | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent ..... 1b 14 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | 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? | 5 | | X |
| 6 | Does the organization have members or stockholders? | 6 | X | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | X | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* | 9 | X | |

## Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

| | | | Yes | No |
|---|---|---|---|---|
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Does the organization have a written conflict of interest policy? *If "No," go to line 13* | 12a | X | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done* | 12c | X | |
| 13 | Does the organization have a written whistleblower policy? | 13 | X | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | X | |
| b | Other officers or key employees of the organization | 15b | X | |
| | 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 taxable entity during the year? | 16a | | X |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |

## Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ IN

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

[ ] Own website [ ] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

DEBBIE TWARDY - 317-875-9453
4715 W. 106TH STREET, ZIONSVILLE, IN 46077

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

Check if Schedule O contains a response to any question 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 organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (check all that apply): Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| STEVE CECIL<br>PRESIDENT | 2.00 | X | | X | | | | 0. | 0. | 0. |
| DR. DAVID HOFFMAN<br>NWF REPRESENTATIVE | 1.00 | X | | X | | | | 0. | 0. | 0. |
| GLENN LANGE<br>1ST VICE PRESIDENT | 1.00 | X | | X | | | | 0. | 0. | 0. |
| JOHN BUNNER<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| KAY O'CALLAGHAN<br>SECRETARY | 1.00 | X | | X | | | | 0. | 0. | 0. |
| ADAM MCLANE<br>TREASURER | 1.00 | X | | X | | | | 0. | 0. | 0. |
| CHUCK BRINKMAN<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| PHIL ALEXANDER<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| DAN SMITH<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| GENE HOPKINS<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| STEVE VAN ZANT<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| DOUG ALLMAN<br>2ND VICE PRESIDENT | 1.00 | X | | X | | | | 0. | 0. | 0. |
| RAY MCCORMICK<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| BECKY SCHEIBELHUT<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| JOHN GOSS<br>EXECUTIVE DIRECTOR | 40.00 | | | X | | | | 63,333. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

| (A) Name and title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (check all that apply): Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| **1b Sub-total** | | | | | | | | 63,333. | 0. | 0. |
| **c Total from continuation sheets to Part VII, Section A** | | | | | | | | 0. | 0. | 0. |
| **d Total (add lines 1b and 1c)** | | | | | | | | 63,333. | 0. | 0. |

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 0

| | | Yes | No |
|---|---|---|---|
| 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | 3 | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* | 4 | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* | 5 | | X |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. NONE

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

## Part VIII Statement of Revenue

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|---|---|---|---|---|
| **Contributions, gifts, grants and other similar amounts** | | | | | | |
| 1 a Federated campaigns | 1a | | | | | |
| b Membership dues | 1b | 31,518. | | | | |
| c Fundraising events | 1c | 5,720. | | | | |
| d Related organizations | 1d | | | | | |
| e Government grants (contributions) | 1e | | | | | |
| f All other contributions, gifts, grants, and similar amounts not included above | 1f | 115,169. | | | | |
| g Noncash contributions included in lines 1a-1f: $ | | | | | | |
| h **Total.** Add lines 1a-1f | | ▶ | 152,407. | | | |
| **Program Service Revenue** | | Business Code | | | | |
| 2 a PROGRAM FEES | | 611600 | 6,959. | 6,959. | | |
| b ADMINISTRATON FEE | | 561000 | 3,178. | | 3,178. | |
| c ADVERTISING | | 541800 | 300. | | 300. | |
| d | | | | | | |
| e | | | | | | |
| f All other program service revenue | | | | | | |
| g **Total.** Add lines 2a-2f | | ▶ | 10,437. | | | |
| **Other Revenue** | | | | | | |
| 3 Investment income (including dividends, interest, and other similar amounts) | | ▶ | 489. | | | 489. |
| 4 Income from investment of tax-exempt bond proceeds | | ▶ | | | | |
| 5 Royalties | | ▶ | | | | |
| | (i) Real | (ii) Personal | | | | |
| 6 a Gross Rents | | | | | | |
| b Less: rental expenses | | | | | | |
| c Rental income or (loss) | | | | | | |
| d Net rental income or (loss) | | ▶ | | | | |
| | (i) Securities | (ii) Other | | | | |
| 7 a Gross amount from sales of assets other than inventory | 3,817. | | | | | |
| b Less: cost or other basis and sales expenses | 3,500. | | | | | |
| c Gain or (loss) | 317. | | | | | |
| d Net gain or (loss) | | ▶ | 317. | | | 317. |
| 8 a Gross income from fundraising events (not including $ 5,720. of contributions reported on line 1c). See Part IV, line 18 | a | 4,222. | | | | |
| b Less: direct expenses | b | 8,012. | | | | |
| c Net income or (loss) from fundraising events | | ▶ | <3,790.> | | | <3,790.> |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| b Less: direct expenses | b | | | | | |
| c Net income or (loss) from gaming activities | | ▶ | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | 6,012. | | | | |
| b Less: cost of goods sold | b | 2,756. | | | | |
| c Net income or (loss) from sales of inventory | | ▶ | 3,256. | 3,256. | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11 a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d All other revenue | | | | | | |
| e **Total.** Add lines 11a-11d | | ▶ | | | | |
| 12 **Total revenue.** See instructions. | | ▶ | 163,116. | 10,215. | 3,478. | <2,984.> |

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## Part IX Statement of Functional Expenses

*Section 501(c)(3) and 501(c)(4) organizations must complete all columns.*
*All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).*

| Do not include amounts reported on lines 6b, 7b, 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 U.S. See Part IV, line 21 | 8,000. | 8,000. | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 33,334. | 30,000. | 1,667. | 1,667. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 97,542. | 85,853. | 11,689. | |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 5,531. | 3,956. | 1,575. | |
| 10 Payroll taxes | 11,489. | 10,118. | 1,219. | 152. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 2,000. | | 2,000. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other | 12,625. | 12,625. | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 7,499. | 6,635. | 768. | 96. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 18,646. | 16,499. | 1,909. | 238. |
| 17 Travel | 3,760. | 3,327. | 385. | 48. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 1,366. | 1,209. | 140. | 17. |
| 23 Insurance | 990. | | 990. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) | | | | |
| a MAGAZINE | 8,576. | 8,576. | | |
| b OTHER PROGRAM EXPENSES | 8,187. | 8,187. | | |
| c MISCELLANEOUS EXP | 3,301. | | 3,301. | |
| d REPAIRS AND MAINTENANCE | 2,883. | 2,883. | | |
| e POSTAGE AND SHIPPING | 1,688. | 1,688. | | |
| f All other expenses | 5,176. | 2,687. | 666. | 1,823. |
| 25 **Total functional expenses.** Add lines 1 through 24f | 232,593. | 202,243. | 26,309. | 4,041. |
| 26 **Joint costs.** Check here ▶ [X] if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

**Part X Balance Sheet**

| | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|
| Assets | 1 | Cash - non-interest-bearing | 2,528. | 1 | 13,223. |
| | 2 | Savings and temporary cash investments | 87,464. | 2 | 17,059. |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 198. | 4 | |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 | 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 employees' beneficiary organizations (see instructions) | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | 939. | 8 | 563. |
| | 9 | Prepaid expenses and deferred charges | 900. | 9 | 700. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 33,788. | | | |
| | b | Less: accumulated depreciation 10b 29,015. | 4,541. | 10c | 4,773. |
| | 11 | Investments - publicly traded securities | 121,528. | 11 | 124,420. |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 3,271. | 15 | 4,994. |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | 221,369. | 16 | 165,732. |
| Liabilities | 17 | Accounts payable and accrued expenses | 3,893. | 17 | 8,250. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities. Complete Part X of Schedule D | | 25 | |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 3,893. | 26 | 8,250. |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.** | | | |
| | 27 | Unrestricted net assets | 117,302. | 27 | 120,906. |
| | 28 | Temporarily restricted net assets | 100,174. | 28 | 36,576. |
| | 29 | Permanently restricted net assets | | 29 | |
| | | **Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.** | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 | Total net assets or fund balances | 217,476. | 33 | 157,482. |
| | 34 | Total liabilities and net assets/fund balances | 221,369. | 34 | 165,732. |

## Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI [X]

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 163,116. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 232,593. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | <69,477.> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 217,476. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | 9,483. |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 157,482. |

## Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [ ]

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other<br>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 | | X |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | | X |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:<br>[ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | 3b | | |

Form 990 (2010)

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. ▶ See separate instructions.**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

**Name of the organization**

INDIANA WILDLIFE FEDERATION, INC.

**Employer identification number**

35-1058426

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ 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: ______

5 ☐ 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.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ 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)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ 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).**

11 ☐ 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 ☐ Type I  b ☐ Type II  c ☐ Type III - Functionally integrated  d ☐ Type III - Other

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).

f If the organization received a written determination from the IRS that it is a Type I, 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?

| | | Yes | No |
|---|---|---|---|
| (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? | 11g(i) | | |
| (ii) A family member of a person described in (i) above? | 11g(ii) | | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | 11g(iii) | | |

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 governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col. (i) organized in the U.S.? | | (vii) Amount of support |
|---|---|---|---|---|---|---|---|---|---|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2010

032021 12-21-10

**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.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization'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 | | | | | | |
| 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 amount shown on line 11, column (f) | | | | | | |
| 6 **Public support.** Subtract line 5 from line 4. | | | | | | |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the 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 | | | | | | |

12 Gross receipts from related activities, etc. (see instructions) | 12 |

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

## Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) | 14 | %

15 Public support percentage from 2009 Schedule A, Part II, line 14 | 15 | %

16a **33 1/3% support test - 2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 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-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 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-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

## 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 qualify under the tests listed below, please complete Part II.)

### Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 112,077. | 167,534. | 231,525. | 267,565. | 152,407. | 931,108. |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 16,111. | 8,903. | 7,488. | 24,325. | 10,234. | 67,061. |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | 128,188. | 176,437. | 239,013. | 291,890. | 162,641. | 998,169. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0. |
| b 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 | | | | | | 0. |
| c Add lines 7a and 7b | | | | | | 0. |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | 998,169. |

### Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | 128,188. | 176,437. | 239,013. | 291,890. | 162,641. | 998,169. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 13,126. | 8,573. | 5,577. | 5,730. | 4,306. | 37,312. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 13,126. | 8,573. | 5,577. | 5,730. | 4,306. | 37,312. |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | 1,075. | 425. | 1,700. | 1,763. | 4,963. |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | 2,098. | | | | 2,098. |
| 13 Total support (Add lines 9, 10c, 11, and 12.) | 141,314. | 188,183. | 245,015. | 299,320. | 168,710. | 1042542. |

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

### Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) | 15 | 95.74 % |
| 16 Public support percentage from 2009 Schedule A, Part III, line 15 | 16 | 95.92 % |

### Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f)) | 17 | 3.58 % |
| 18 Investment income percentage from **2009** Schedule A, Part III, line 17 | 18 | 3.54 % |

19a **33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

** PUBLIC DISCLOSURE COPY **

**Schedule B**
**(Form 990, 990-EZ, or 990-PF)**
Department of the Treasury
Internal Revenue Service

# Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, or 990-PF.**

OMB No. 1545-0047

**2010**

| Name of the organization | Employer identification number |
|---|---|
| INDIANA WILDLIFE FEDERATION, INC. | 35-1058426 |

**Organization type** (check one):

| Filers of: | Section: |
|---|---|
| Form 990 or 990-EZ | [X] 501(c)( 3 ) (enter number) organization |
| | [ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation |
| | [ ] 527 political organization |
| Form 990-PF | [ ] 501(c)(3) exempt private foundation |
| | [ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | [ ] 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule.**
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

[ ] For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year. ........ ▶ $ ________

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

| Name of organization | Employer identification number |
|---|---|
| INDIANA WILDLIFE FEDERATION, INC. | 35-1058426 |

## Part I Contributors (see instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 1 | | $ 44,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 2 | | $ 30,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 3 | | $ 11,375. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 4 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 5 | | $ 14,581. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| | | $ | Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |

Name of organization: INDIANA WILDLIFE FEDERATION, INC.

Employer identification number: 35-1058426

## Part II Noncash Property (see instructions)

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---|---|---|---|
| | | $ | |

| Name of organization | Employer identification number |
|---|---|
| INDIANA WILDLIFE FEDERATION, INC. | 35-1058426 |

**Part III** **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than $1,000 for the year.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ $

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

**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.

OMB No. 1545-0047

**2010**

**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 35a (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| Name of organization | Employer identification number |
|---|---|
| INDIANA WILDLIFE FEDERATION, INC. | 35-1058426 |

## Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ▶ $

3 Volunteer hours

## Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

## Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| **(a)** Name | **(b)** Address | **(c)** EIN | **(d)** Amount paid from filing organization's funds. If none, enter -0-. | **(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group.

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals |
|---|---|---|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | 0. | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | 5,000. | |
| c Total lobbying expenditures (add lines 1a and 1b) | 5,000. | |
| d Other exempt purpose expenditures | 227,593. | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | 232,593. | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 46,519. | |

| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: |
|---|---|
| Not over $500,000 | 20% of the amount on line 1e. |
| Over $500,000 but not over $1,000,000 | $100,000 plus 15% of the excess over $500,000. |
| Over $1,000,000 but not over $1,500,000 | $175,000 plus 10% of the excess over $1,000,000. |
| Over $1,500,000 but not over $17,000,000 | $225,000 plus 5% of the excess over $1,500,000. |
| Over $17,000,000 | $1,000,000. |

| | (a) | (b) |
|---|---|---|
| g Grassroots nontaxable amount (enter 25% of line 1f) | 11,630. | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | 0. | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | 0. | |

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

**4-Year Averaging Period Under Section 501(h)**

**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)**

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) Total |
|---|---|---|---|---|---|
| 2a Lobbying nontaxable amount | 38,440. | 47,106. | 57,861. | 46,519. | 189,926. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 284,889. |
| c Total lobbying expenditures | 5,350. | 7,200. | 7,650. | 5,000. | 25,200. |
| d Grassroots nontaxable amount | 9,610. | 11,777. | 14,465. | 11,630. | 47,482. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 71,223. |
| f Grassroots lobbying expenditures | | | | | |

**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)).**

| | | (a) Yes | (a) No | (b) Amount |
|---|---|---|---|---|
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a | Volunteers? | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| c | Media advertisements? | | | |
| d | Mailings to members, legislators, or the public? | | | |
| e | Publications, or published or broadcast statements? | | | |
| f | Grants to other organizations for lobbying purposes? | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i | Other activities? If "Yes," describe in Part IV | | | |
| j | Total. Add lines 1c through 1i | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | 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? | | | |

**Part III-A** **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

| | | | 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 carryover lobbying and political expenditures from the prior year? | 3 | | |

**Part III-B** **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."**

| | | | |
|---|---|---|---|
| 1 | Dues, assessments and similar amounts from members | 1 | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).** | | |
| a | Current year | 2a | |
| b | Carryover from last year | 2b | |
| c | 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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

**Part IV** **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

**SCHEDULE D** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047
**2010**
Open to Public Inspection

Name of the organization: INDIANA WILDLIFE FEDERATION, INC.
Employer identification number: 35-1058426

**Part I** **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 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 advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

**Part II** **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | | | Held at the End of the Tax Year |
|---|---|---|---|
| a | Total number of conservation easements | 2a | |
| b | Total acreage restricted by conservation easements | 2b | |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c | |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d | |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ______

4 Number of states where property subject to conservation easement is located ▶ ______

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ 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 enforcing conservation easements during the year ▶ $ ______

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III** **Organizations Maintaining Collections 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

## Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

| | | Amount |
|---|---|---|
| c Beginning balance | 1c | |
| d Additions during the year | 1d | |
| e Distributions during the year | 1e | |
| f Ending balance | 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

## Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|---|---|---|---|---|
| 1a Beginning of year balance | 3,318. | | | | |
| b Contributions | 1,559. | | | | |
| c Net investment earnings, gains, and losses | 117. | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 4,994. | | | | |

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ 100.00 %

b Permanent endowment ▶ %

c Term endowment ▶ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | | Yes | No |
|---|---|---|---|
| (i) unrelated organizations | 3a(i) | | X |
| (ii) related organizations | 3a(ii) | X | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | X |

4 Describe in Part XIV the intended uses of the organization's endowment funds.

## Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | 33,788. | | 29,015. | 4,773. |
| e Other | | | | |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 4,773. |

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| (I) | | |
| **Total.** (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶ | | |

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| **Total.** (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ | | |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|---|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶ | |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Amount |
|---|---|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶ | |

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

| | | | |
|---|---|---|---|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV.) | 8 | |
| 9 | Total adjustments (net). Add lines 4 through 8 | 9 | |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIV.) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line **1**: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)* | | | 5 | |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIV.) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line **1**: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)* | | | 5 | |

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: IWF'S CONTRIBUTION OF FUNDS TO BUILD AN EDUCATION FUND.

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

OMB No. 1545-0047
**2010**
**Open To Public Inspection**

Name of the organization: INDIANA WILDLIFE FEDERATION, INC.

**Employer identification number:** 35-1058426

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

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.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? Yes | No | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |
| 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.

**Part II** **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

| | | (a) Event #1 DINNER & AUCTION (event type) | (b) Event #2 (event type) | (c) Other events 2 (total number) | (d) Total events (add col. (a) through col. (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | 9,942. | | | 9,942. |
| | 2 Less: Charitable contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | 9,942. | | | 9,942. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | 1,988. | | | 1,988. |
| | 7 Food and beverages | 4,222. | | | 4,222. |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 1,802. | | | 1,802. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | ( 8,012.) |
| | 11 Net income summary. Combine line 3, column (d), and line 10 ▶ | | | | 1,930. |

**Part III** **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | ☐ Yes ____ % ☐ No | ☐ Yes ____ % ☐ No | ☐ Yes ____ % ☐ No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | ( ) |
| | 8 Net gaming income summary. Combine line 1, column d, and line 7 ▶ | | | | |

9 Enter the state(s) in which the organization operates gaming activities: IN

a Is the organization licensed to operate gaming activities in each of these states? [X] Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes [X] No

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☒ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility 13a %

b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ________ and the amount of gaming revenue retained by the third party ▶ $ ________ .

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No

b 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 ▶ $

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.**
**▶ Attach to Form 990.**

OMB No. 1545-0047
**2010**
**Open to Public Inspection**

Name of the organization: INDIANA WILDLIFE FEDERATION, INC.

**Employer identification number** 35-1058426

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed ▶ ☒

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

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

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: GRANTS ARE PROVIDED TO SCHOOLS AND OTHER ORGANIZATIONS TO PRODUCE SCHOOLYARD HABITATS AND THE PROJECTS ARE MANAGED BY IWF.

**SCHEDULE O** (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization: INDIANA WILDLIFE FEDERATION, INC.

Employer identification number: 35-1058426

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO PROMOTE THE CONSERVATION, SOUND MANAGEMENT, AND SUSTAINABLE USE OF INDIANA'S WILDLIFE AND WILDLIFE HABITAT THROUGH EDUCATION, ADVOCACY, AND ACTION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAM SERVICE ACCOMPLISHMENTS - HABITAT DEVELOPMENT - CONTINUED

IWF WAS ALSO AWARDED A PASS-THROUGH GRANT BY THE INDIANAPOLIS POWER AND LIGHT COMPANY. THESE FUNDS WERE DISTRIBUTED AMONG SEVEN ENVIRONMENTAL IMPROVEMENT PROJECTS IN CENTRAL INDIANA. THESE PROJECTS HAD VERY DIVERSE AMBITIONS, FROM RETENTION POND BANK ENHANCEMENTS, RAIN GARDENS, AND TREE AND SHRUB PLANTINGS TO GREEN ROOF MONITORING. EACH PROJECT IS DESIGNED TO PROMOTE ENERGY CONSERVATION, IMPROVE WILDLIFE HABITAT, AND HAVE A POSITIVE IMPACT ON THEIR COMMUNITY.

A GENEROUS GRANT FROM THE WILDLIFE CONSERVATION SOCIETY MADE IS POSSIBLE FOR IWF TO PRODUCE THE PROJECT ENGAGING LANDOWNERS IN INDIANA'S COMPREHENSIVE WILDLIFE STRATEGY. THIS PROJECT ALLOWED US TO PRODUCE A PRIVATE LANDOWNER'S GUIDE TO INDIANA'S COMPREHENSIVE WILDLIFE STRATEGY AND A SERIES OF WORKSHOPS HIGHLIGHTING THE LANDOWNER ASSISTANCE PROGRAMS AND AGENCY PROFESSIONALS AVAILABLE TO HELP LANDOWNERS CONTRIBUTE TO OUR STATE'S WILDLIFE ACTION PLAN.

Name of the organization INDIANA WILDLIFE FEDERATION, INC.

Employer identification number 35-1058426

IWF CONTINUES TO OFFER THE POPULAR WILDLIFE FRIENDLY CERTIFICATION PROGRAM, WHICH OFFERS TECHNICAL ASSISTANCE AND COORDINATION FOR LANDOWNERS, BUSINESSES, AND ORGANIZATIONS WHO WISH TO IMPROVE THEIR PROPERTY FOR WILDLIFE. IWF'S HABITAT PROGRAMS DIRECTOR WORKS WITH EACH PROJECT TO FACILITATE THE DEVELOPMENT AND IMPLEMENTATION OF A HABITAT MANAGEMENT PLAN DESIGNED TO MEET THE GOALS OF THE LANDOWNER AND PROVIDE MULTIPLE BENEFITS TO WILDLIFE. UPON COMPLETION OF THE PROJECT PLAN, EACH PROPERTY BECOMES CERTIFIED AS A WILDLIFE FRIENDLY HABITAT BY THE INDIANA WILDLIFE FEDERATION.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAM ACCOMPLISHMENTS - CLEAN ENERGY - CONTINUED

LATER LAST YEAR, IWF HELPED ORGANIZE ANOTHER EVENT CONNECTING AGRICULTURAL LAND USE WITH CLIMATE CHANGE AND ENERGY ISSUES. SPEAKERS FROM NATIONAL AGENCIES AND AGRICULTURE INTEREST GROUPS EXPLAINED HOW INDIANA'S FARMERS COULD TAKE ADVANTAGE OF PROPOSED CLEAN ENERGY LEGISLATION AND MITIGATE THE EFFECTS OF CLIMATE CHANGE ON THEIR LAND.

IWF MADE THE MOST PROGRESS EDUCATING INDIANA'S RESIDENTS ABOUT CLIMATE ISSUES THROUGH ITS WORK LEADING THE INDIANA CONSERVATION ALLIANCE (INCA). AS AN INCA STEERING COMMITTEE MEMBER, IWF LEADS A COALITION OF OVER 30 CONSERVATION ORGANIZATIONS DEDICATED TO INFORMING HOOSIERS ABOUT CONSERVATION ISSUES. EACH YEAR, INCA PICKS BETWEEN THREE AND FIVE CONSERVATION PRIORITIES ON WHICH TO FOCUS ITS ADVOCACY EFFORTS. 2010'S PRIORITIES INCLUDED ADDRESSING CLIMATE CHANGE IN INDIANA. THE INCA STEERING COMMITTEE ORGANIZES CONSERVATION DAY AT THE STATEHOUSE, A DAY

Name of the organization: INDIANA WILDLIFE FEDERATION, INC.

Employer identification number: 35-1058426

WHERE INCA MEMBERS GIVE PRESENTATIONS AND SET UP INFORMATION TABLES AT THE STATEHOUSE. ALONG WITH REACHING DOZENS OF LEGISLATORS AND OTHERS VISITING THE STATEHOUSE, CONSERVATION DAY 2010 DREW SIGNIFICANT ATTENTION FROM THE PRESS ABOUT INCAS PRIORITIES. IWF CONTINUED TO EDUCATE ITS MEMBERS AND THE PUBLIC ABOUT OUR PRIORITIES THROUGH THE REST OF 2010.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
PROGRAM ACCOMPLISHMENTS - CLEAN WATER - CONTINUED

OFTEN, PEOPLE ADD MORE NUTRIENTS TO THEIR LAWN, BASED ON THEIR LAWN FERTILIZER USE, THAN IT NEEDS TO STAY HEALTHY. IN SURPLUS AND IN AREAS OF TROUBLESOME SOIL EROSION, PHOSPHORUS CAN TRAVEL INTO LAKES, STREAMS, AND RIVERS; THEREBY CONTRIBUTING TO EXTENSIVE ALGAE GROWTH. AS AN IMPORTANT CONSEQUENCE, OXYGEN DEPLETION ADVERSELY IMPACTS FISH POPULATIONS RESULTING IN DECREASED BIODIVERSITY. THIS CAMPAIGN INVOLVES A STRATEGIC EDUCATION AND OUTREACH PLAN TO RAISE AWARENESS AND CALL FOR ACTION.

BEING A RESOURCE FOR PUBLIC EDUCATION IS A CRITICAL PRIORITY. NUMEROUS RESOURCE MATERIALS HAVE BEEN CREATED AND MADE AVAILABLE ONLINE SUCH AS A FACT SHEET, POWERPOINT PRESENTATION, PLEDGE, AND LINKS TO ENCOURAGE PARTICIPATION. IWF HAS DEVELOPED A STRONG NETWORK OF PARTNERS INCLUDING WATERSHED GROUPS, LAKE ASSOCIATIONS, UNIVERSITIES, CITIES, AND INTERESTED ORGANIZATIONS TO HELP DRAW ATTENTION TO THE IMPORTANCE OF CLEAN WATER.

AS A COLLABORATIVE OUTREACH EFFORT, IWF HAS PRESENTED TO A VARIETY OF

Name of the organization: INDIANA WILDLIFE FEDERATION, INC.

Employer identification number: 35-1058426

HOMEOWNERS AND PROPERTY OWNERS' ASSOCIATIONS, LAKE ASSOCIATIONS, AND CONSERVATION EVENTS ON THE BEST LAND MANAGEMENT PRACTICES TO IMPLEMENT WHILE ALSO PROVIDING BENEFITS TO WILDLIFE. USING THE RIGHT FERTILIZER IS ONLY THE FIRST STEP IN REVITALIZING LANDSCAPING PRACTICES AS OPPOSED TO REVERTING TO A CONVENTIONAL APPROACH. BESIDES THE FOCUS ON FERTILIZER USE, IWF ENCOURAGES SUSTAINABLE LANDSCAPING AND CONSERVATION PRACTICES FOR URBAN AND AGRICULTURAL AREAS. WITH EMPHASIS ON A SIMPLE MESSAGE: AVOID USING EXCESS NUTRIENTS, HOOSIERS CAN WORK TO RESTORE HEALTHY WATER AND QUALITY HABITATS FOR INDIANA'S WILDLIFE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM EXPENSES INCLUDE PUBLICATION OF THE HOOSIER CONSERVATION MAGAZINE,PARTICIPATION IN BOOTHS AND SHOWS, AND GENERAL EDUCATIONAL COSTS IN PROMOTING THE MISSION OF THE ORGANIZATION.

EXPENSES $ 50,743. INCLUDING GRANTS OF $ 0. REVENUE $ 3,256.

FORM 990, PART VI, SECTION A, LINE 6: MEMBERSHIP IS OPEN BUT NOT LIMITED TO CONSERVATION CLUBS, INDIVIDUALS, ORGANIZATIONS, ASSOCIATIONS AND BUSINESSES THAT ADHERE TO THE GOALS OF THE INDIANA WILDLIFE FEDERATION.

FORM 990, PART VI, SECTION A, LINE 7A: ALL ORGANIZATION AND INDIVIDUAL MEMBERS IN GOOD STANDING ARE ENTITLED TO ONE VOTE PER EACH PERSON WHO ATTENDS THE ANNUAL MEETING. ALL OFFICERS, EXCEPT THE IMMEDIATE PAST PRESIDENT, ARE ELECTED AT THE ANNUAL MEETING BY A MAJORITY PRESENT AND AUTHORIZED TO VOTE. DIRECTORS ARE FILLED BY THE BOARD OF DIRECTORS BY MAJORITY VOTE OF THE OFFICERS AND DIRECTORS PRESENT.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FEDERAL FORM 990 IS

Name of the organization: INDIANA WILDLIFE FEDERATION, INC.

Employer identification number: 35-1058426

PROVIDED TO THE BOARD OF DIRECTORS OR DESIGNEE THEREOF FOR REVIEW PRIOR TO THE FINAL PROCESSING OF THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C: AT LEAST ANNUALLY BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD APPROVES THE EXECUTIVE DIRECTOR'S COMPENSATION. DUE TO THE SMALL SIZE AND LIMITED RESOURCES OF THE ORGANIZATION IT IS APPARENT THAT THE CURRENT SALARY OF THE EXECUTIVE DIRECTOR IS BELOW MARKET OF COMPARABLE POSITIONS.

FORM 990, PART VI, SECTION C, LINE 19: IF REQUESTED BY A GRANTOR OR GENERAL PUBLIC THE ORGANIZATION MAKES THEIR GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE.

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

JOHN GOSS - 3340 BROOKSIDE PKWY N., INDIANAPOLSI, IN 46218

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 9,483.

FORM 990, PART VII, LINE 8A

OTHER COMPENSATION FOR FORMER EXECUTIVE DIRECTOR

THE EXECUTIVE DIRECTOR TOOK ANOTHER POSITION SEPTEMBER OF 2010 WITH AN UNRELATED ENTITY - CENTER OF ENVIRONMENTAL QUALITY. THE CENTER REQUESTED THAT INDIANA WILDLIFE FEDERATION (IWF) PAY THE FORMER EXECUTIVE DIRECTOR'S WAGES AND RELATED TAXES AND BENEFITS, AND THE CENTER WOULD REIMBURSE IWF FOR THE WAGES, BENEFITS, TAXES ALONG WITH A SMALL ADMINISTRATIVE FEE. OF THE TOTAL W-2 SALARIES REPORTED FOR THE

Name of the organization: INDIANA WILDLIFE FEDERATION, INC.

Employer identification number: 35-1058426

EXECUTIVE DIRECTOR, ONLY $33,333 RELATE TO EMPLOYMENT WITH IWF AS THE EXECUTIVE DIRECTOR. THE REMAINING $30,000, IS NOT INCLUDED IN IWF'S EXPENSES AND RELATES TO THE WAGES THE FORMER EXECUTIVE DIRECTOR EARNED AT THE CENTER IN 2010.

SCHEDULE R
(Form 990)
Department of the Treasury
Internal Revenue Service

# Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047
2010
Open to Public Inspection

Name of the organization: INDIANA WILDLIFE FEDERATION, INC.

Employer identification number: 35-1058426

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

| (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | No |
|---|---|---|---|---|---|---|---|
| INDIANA WILDLIFE FEDERATION ENDOWMENT - 31-0966259, 4715 WEST 106TH ST., ZIONSVILLE, IN 46077 | TO AWARD SCHOLARSHIPS | INDIANA | 501(C)3 | 170(B)(I)(A)(VI) | N/A | | X |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

Schedule R (Form 990) 2010

032161 12-21-10 LHA

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

**Part IV** **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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 domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

| | | | Yes | No |
|---|---|---|---|---|
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity | 1a | | X |
| b | Gift, grant, or capital contribution to other organization(s) | 1b | | X |
| c | Gift, grant, or capital contribution from other organization(s) | 1c | | X |
| d | Loans or loan guarantees to or for other organization(s) | 1d | | X |
| e | Loans or loan guarantees by other organization(s) | 1e | | X |
| f | Sale of assets to other organization(s) | 1f | | X |
| g | Purchase of assets from other organization(s) | 1g | | X |
| h | Exchange of assets | 1h | | X |
| i | Lease of facilities, equipment, or other assets to other organization(s) | 1i | | X |
| j | Lease of facilities, equipment, or other assets from other organization(s) | 1j | | X |
| k | Performance of services or membership or fundraising solicitations for other organization(s) | 1k | X | |
| l | Performance of services or membership or fundraising solicitations by other organization(s) | 1l | | X |
| m | Sharing of facilities, equipment, mailing lists, or other assets | 1m | X | |
| n | Sharing of paid employees | 1n | | X |
| o | Reimbursement paid to other organization for expenses | 1o | | X |
| p | Reimbursement paid by other organization for expenses | 1p | | X |
| q | Other transfer of cash or property to other organization(s) | 1q | X | |
| r | Other transfer of cash or property from other organization(s) | 1r | X | |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| | (a) Name of other organization | (b) Transaction type (a-r) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|---|
| (1) | INDIANA WILDLIFE ENDOWMENT, INC | Q | 0. | |
| (2) | INDIANA WILDLIFE ENDOWMENT, INC | R | 0. | |
| (3) | INDIANA WILDLIFE ENDOWMENT, INC | K | 3,345. | CONTRIBUTIONS COLLECTED |
| (4) | INDIANA WILDLIFE ENDOWMENT, INC | M | 1,000. | SCHOLARSHIP AWARDED |
| (5) | | | | |
| (6) | | | | |

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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) Are all partners section 501(c)(3) organizations? | | (e) Share of end-of-year assets | (f) Disproportionate allocations? | | (g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (h) General or managing partner? | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | Yes | No | | Yes | No | | Yes | No |
| | | | | | | | | | | |
| | | | | | | | | | | |
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Form **990-T**

Department of the Treasury
Internal Revenue Service

# Exempt Organization Business Income Tax Return
**(and proxy tax under section 6033(e))**

For calendar year 2010 or other tax year beginning , and ending

OMB No. 1545-0687

**2010**

Open to Public Inspection for 501(c)(3) Organizations Only

A [ ] Check box if address changed

B Exempt under section [X] 501(c)(3) [ ] 408(e) [ ] 220(e) [ ] 408A [ ] 530(a) [ ] 529(a)

Print or Type

Name of organization ( [ ] Check box if name changed and see instructions.)
INDIANA WILDLIFE FEDERATION, INC.

Number, street, and room or suite no. If a P.O. box, see instructions.
4715 WEST 106TH STREET

City or town, state, and ZIP code
ZIONSVILLE, IN 46077

D Employer identification number (Employees' trust, see instructions.)
35-1058426

E Unrelated business activity codes (See instructions.)
511120 561000

C Book value of all assets at end of year
165,732.

F Group exemption number (See instructions.) ▶

G Check organization type ▶ [X] 501(c) corporation [ ] 501(c) trust [ ] 401(a) trust [ ] Other trust

H Describe the organization's primary unrelated business activity. ▶ SEE STATEMENT 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ [ ] Yes [X] No

If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ DEBBIE TWARDY Telephone number ▶ 317-875-9453

## Part I Unrelated Trade or Business Income

| | | | (A) Income | (B) Expenses | (C) Net |
|---|---|---|---|---|---|
| 1a | Gross receipts or sales | | | | |
| b | Less returns and allowances c Balance ▶ | 1c | | | |
| 2 | Cost of goods sold (Schedule A, line 7) | 2 | | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | | | |
| 4a | Capital gain net income (attach Schedule D) | 4a | | | |
| b | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | | |
| c | Capital loss deduction for trusts | 4c | | | |
| 5 | Income (loss) from partnerships and S corporations (attach statement) | 5 | | | |
| 6 | Rent income (Schedule C) | 6 | | | |
| 7 | Unrelated debt-financed income (Schedule E) | 7 | | | |
| 8 | Interest, annuities, royalties, and rents from controlled organizations (Sch. F) | 8 | | | |
| 9 | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | 9 | | | |
| 10 | Exploited exempt activity income (Schedule I) | 10 | | | |
| 11 | Advertising income (Schedule J) | 11 | 300. | 1,715. | <1,415.> |
| 12 | Other income (See instructions; attach schedule.) STATEMENT 2 | 12 | 3,178. | | 3,178. |
| 13 | **Total.** Combine lines 3 through 12 | 13 | 3,478. | 1,715. | 1,763. |

## Part II Deductions Not Taken Elsewhere
(See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

| | | | | | |
|---|---|---|---|---|---|
| 14 | Compensation of officers, directors, and trustees (Schedule K) | | | 14 | |
| 15 | Salaries and wages | | | 15 | 250. |
| 16 | Repairs and maintenance | | | 16 | |
| 17 | Bad debts | | | 17 | |
| 18 | Interest (attach schedule) | | | 18 | |
| 19 | Taxes and licenses | | | 19 | |
| 20 | Charitable contributions (See instructions for limitation rules.) | | | 20 | |
| 21 | Depreciation (attach Form 4562) | 21 | | | |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return | 22a | | 22b | |
| 23 | Depletion | | | 23 | |
| 24 | Contributions to deferred compensation plans | | | 24 | |
| 25 | Employee benefit programs | | | 25 | |
| 26 | Excess exempt expenses (Schedule I) | | | 26 | |
| 27 | Excess readership costs (Schedule J) | | | 27 | |
| 28 | Other deductions (attach schedule) | | | 28 | |
| 29 | **Total deductions.** Add lines 14 through 28 | | | 29 | 250. |
| 30 | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | | | 30 | 1,513. |
| 31 | Net operating loss deduction (limited to the amount on line 30) | | | 31 | |
| 32 | Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 | | | 32 | 1,513. |
| 33 | Specific deduction (Generally $1,000, but see instructions for exceptions.) | | | 33 | 1,000. |
| 34 | **Unrelated business taxable income.** Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | | | 34 | 513. |

**Part III Tax Computation**

35 **Organizations Taxable as Corporations.** See instructions for tax computation.
Controlled group members (sections 1561 and 1563) check here ▶ ☐ **See instructions** and:
a Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order):
(1) $ (2) $ (3) $
b Enter organization's share of: (1) Additional 5% tax (not more than $11,750) $
(2) Additional 3% tax (not more than $100,000) $

| | | |
|---|---|---|
| c Income tax on the amount on line 34 ▶ | 35c | 77. |
| 36 **Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶ | 36 | |
| 37 **Proxy tax.** See instructions ▶ | 37 | |
| 38 Alternative minimum tax | 38 | |
| 39 **Total.** Add lines 37 and 38 to line 35c or 36, whichever applies | 39 | 77. |

**Part IV Tax and Payments**

| | | | | |
|---|---|---|---|---|
| 40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 40a | | | |
| b Other credits (see instructions) | 40b | | | |
| c General business credit. Attach Form 3800 | 40c | | | |
| d Credit for prior year minimum tax (attach Form 8801 or 8827) | 40d | | | |
| e **Total credits.** Add lines 40a through 40d | | | 40e | |
| 41 Subtract line 40e from line 39 | | | 41 | 77. |
| 42 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) | | | 42 | |
| 43 **Total tax.** Add lines 41 and 42 | | | 43 | 77. |
| 44a Payments: A 2009 overpayment credited to 2010 | 44a | | | |
| b 2010 estimated tax payments | 44b | | | |
| c Tax deposited with Form 8868 | 44c | | | |
| d Foreign organizations: Tax paid or withheld at source (see instructions) | 44d | | | |
| e Backup withholding (see instructions) | 44e | | | |
| f Credit for small employer health insurance premiums (Attach Form 8941) | 44f | 410. | | |
| g Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶ | 44g | | | |
| 45 **Total payments.** Add lines 44a through 44g | | | 45 | 410. |
| 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐ | | | 46 | |
| 47 **Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed ▶ | | | 47 | |
| 48 **Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶ | | | 48 | 333. |
| 49 Enter the amount of line 48 you want: **Credited to 2011 estimated tax** ▶ | | **Refunded** ▶ | 49 | 333. |

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

| | Yes | No |
|---|---|---|
| 1 At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ | | X |
| 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. | | X |
| 3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $ | | |

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ▶ N/A

| | | | | | |
|---|---|---|---|---|---|
| 1 Inventory at beginning of year | 1 | | 6 Inventory at end of year | 6 | |
| 2 Purchases | 2 | | 7 **Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2 | 7 | |
| 3 Cost of labor | 3 | | | | |
| 4a Additional section 263A costs | 4a | | 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes | No X |
| b Other costs (attach schedule) | 4b | | | | |
| 5 **Total.** Add lines 1 through 4b | 5 | | | | |

**Sign Here**

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

▶ Signature of officer — Date — ▶ EXECUTIVE DIRECTOR Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self- employed | PTIN |
|---|---|---|---|---|
| | | | | P00742922 |

Firm's name ▶ K. B. PARRISH & CO. LLP — Firm's EIN ▶ 35-0905983
Firm's address ▶ 6840 EAGLE HIGHLANDS WAY INDIANAPOLIS, IN 46254 — Phone no. (317)347-5200

023711 03-04-11 Form **990-T** (2010)

## Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

(1)
(2)
(3)
(4)

| | 2. Rent received or accrued | | |
|---|---|---|---|
| | (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| Total | 0. | Total 0. | |

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶ 0.

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶ 0.

## Schedule E - Unrelated Debt-Financed Income (see instructions)

| 1. Description of debt-financed property | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) |
|---|---|---|---|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |

| | 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5 | 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
|---|---|---|---|---|---|
| (1) | | | % | | |
| (2) | | | % | | |
| (3) | | | % | | |
| (4) | | | % | | |
| | | | | Enter here and on page 1, Part I, line 7, column (A). | Enter here and on page 1, Part I, line 7, column (B). |
| Totals ▶ | | | | 0. | 0. |
| Total dividends-received deductions included in column 8 ▶ | | | | | 0. |

## Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| | | Exempt Controlled Organizations | | | |
|---|---|---|---|---|---|
| 1. Name of controlled organization | 2. Employer identification number | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| | 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|---|---|---|---|---|---|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| | | | | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). |
| Totals ▶ | | | | 0. | 0. |

## Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|---|---|---|---|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | Enter here and on page 1, Part I, line 9, column (A). | | | Enter here and on page 1, Part I, line 9, column (B). |
| Totals ▶ | 0. | | | 0. |

## Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|---|---|---|---|---|---|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| | Enter here and on page 1, Part I, line 10, col. (A). | Enter here and on page 1, Part I, line 10, col. (B). | | | | Enter here and on page 1, Part II, line 26. |
| Totals ▶ | 0. | 0. | | | | 0. |

## Schedule J - Advertising Income (see instructions)

### Part I Income From Periodicals Reported on a Consolidated Basis

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|---|---|---|---|---|---|---|
| (1) HOOSIER | | | | | | |
| (2) CONSERVATION | 300. | 1,715. | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)) ▶ | 300. | 1,715. | <1,415.> | | | 0. |

### Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|---|---|---|---|---|---|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) Totals from Part I | 300. | 1,715. | | | | 0. |
| | Enter here and on page 1, Part I, line 11, col. (A). | Enter here and on page 1, Part I, line 11, col. (B). | | | | Enter here and on page 1, Part II, line 27. |
| Totals, Part II (lines 1-5) ▶ | 300. | 1,715. | | | | 0. |

## Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|---|---|---|---|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, line 14 ▶ | | | 0. |

| FORM 990-T | DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY | STATEMENT 1 |
|---|---|---|

ADVERTISING IN MAGAZINE
FEES FOR PAYROLL ADMINISTRATION

TO FORM 990-T, PAGE 1

| FORM 990-T | OTHER INCOME | STATEMENT 2 |
|---|---|---|

| DESCRIPTION | AMOUNT |
|---|---|
| ADMINISTRATION FEE | 3,178. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 12 | 3,178. |

Form **8941**

Department of the Treasury
Internal Revenue Service

# Credit for Small Employer Health Insurance Premiums

▶ See separate instructions.
▶ Attach to your tax return.

OMB No. 1545-2198
**2010**
Attachment Sequence No. 63

| Name(s) shown on return | Identifying number |
|---|---|
| INDIANA WILDLIFE FEDERATION, INC. | 35-1058426 |

| | | | |
|---|---|---|---|
| 1 | Enter the number of individuals you employed during the tax year who are considered employees for purposes of this credit (see instructions) | 1 | 5 |
| 2 | Enter the number of full-time equivalent employees you had for the tax year (see instructions). If you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12 | 2 | 3 |
| 3 | Average annual wages you paid for the tax year (see instructions). If you entered $50,000 or more, skip lines 4 through 11 and enter -0- on line 12 | 3 | 40,000. |
| 4 | Premiums you paid during the tax year for employees included on line 1 for health insurance coverage under a qualifying arrangement (see instructions) | 4 | 4,094. |
| 5 | Premiums you would have entered on line 4 if the total premium for each employee equaled the average premium for the small group market in which you offered health insurance coverage (see instructions) | 5 | 14,325. |
| 6 | Enter the **smaller** of line 4 or line 5 | 6 | 4,094. |
| 7 | Multiply line 6 by the applicable percentage: • Tax-exempt small employers, multiply line 6 by 25% (.25) • All other small employers, multiply line 6 by 35% (.35) | 7 | 1,024. |
| 8 | If line 2 is 10 or less, enter the amount from line 7. Otherwise, see instructions | 8 | 1,024. |
| 9 | If line 3 is $25,000 or less, enter the amount from line 8. Otherwise, see instructions | 9 | 410. |
| 10 | Enter the total amount of any state premium subsidies paid and any state tax credits available to you for premiums included on line 4 (see instructions) | 10 | |
| 11 | Subtract line 10 from line 4. If zero or less, enter -0- | 11 | 4,094. |
| 12 | Enter the **smaller** of line 9 or line 11 | 12 | 410. |
| 13 | If line 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number of employees included on line 1 for whom you paid premiums during the tax year for health insurance coverage under a qualifying arrangement (see instructions) | 13 | 3 |
| 14 | Enter the number of full-time equivalent employees you would have entered on line 2 if you only included employees included on line 13 | 14 | 2 |
| 15 | Credit for small employer health insurance premiums from partnerships, S corporations, cooperatives, estates, and trusts (see instructions) | 15 | |
| 16 | Add lines 12 and 15. Partnerships and S corporations, stop here and report this amount on Schedule K; all others, go to line 17 | 16 | 410. |
| 17 | Credit for small employer health insurance premiums included on line 16 from passive activities (see instructions) | 17 | |
| 18 | Subtract line 17 from line 16 | 18 | 410. |
| 19 | Credit for small employer health insurance premiums allowed for 2010 from a passive activity (see instructions) | 19 | |
| 20 | Carryback of the credit for small employer health insurance premiums from 2011 | 20 | |
| 21 | Add lines 18 through 20. Cooperatives, estates, and trusts, go to line 22. Tax-exempt small employers, skip lines 22 and 23 and go to line 24. All others, stop here and report this amount on Form 3800, line 29h | 21 | 410. |
| 22 | Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions) | 22 | |
| 23 | Cooperatives, estates, and trusts, subtract line 22 from line 21. Stop here and report this amount on Form 3800, line 29h | 23 | |
| 24 | Enter the amount you paid in 2010 for taxes considered payroll taxes for purposes of this credit (see instructions) | 24 | 11,966. |
| 25 | Tax-exempt small employers, enter the **smaller** of line 21 or line 24 here and on Form 990-T, line 44f | 25 | 410. |

LHA **For Paperwork Reduction Act Notice, see separate instructions.** Form **8941** (2010)

023001
12-02-10

Check if: ☐ Change of Address
☐ Amended Report
☐ Final Report: Indicate Date Closed ______________

**NP-20**

State Form 51062
(R3 / 3-10)

Indiana Department of Revenue

# Indiana Nonprofit Organization's Annual Report

For the Calendar Year or Fiscal Year
Beginning 01/01/2010 (MM/ DD/ YYYY) and Ending 12/31/2010 (MM/ DD/ YYYY)

**Due on the 15th day of the 5th month following the end of the tax year.**
**NO FEE REQUIRED.**

| | | | |
|---|---|---|---|
| Name of Organization: INDIANA WILDLIFE FEDERATION, INC. | | | Telephone Number: 317-875-9453 |
| Address: 4715 WEST 106TH STREET | County: BOONE | | Indiana Taxpayer Identification Number: 1882686000 |
| City: ZIONSVILLE, IN 46077 | State | ZIP Code | Federal Identification Number: 35-1058426 |
| Printed Name of Person to Contact: BARBARA SIMPSON | | | Contact's Telephone Number: 317-875-9453 |

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

**Note:** If your organization has unrelated business income of more than $1,000 as defined under **Section 513** of the Internal Revenue Code, **you must also file Form IT-20NP.**

**Current Information**

1. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes.
2. Indicate number of years your organization has been in continuous existence. 50 .
3. Attach a schedule, listing the names, titles and addresses of your current officers. SEE STATEMENT 1
4. Briefly describe the purpose or mission of your organization below.

TO PROMOTE THE CONSERVATION, SOUND MANAGEMENT, AND SUSTAINABLE USE OF INDIANA'S WILDLIFE AND WILDLIFE HABITAT THROUGH EDUCATION, ADVOCACY, AND ACTION.

Email Address:

*I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.*

Signature of Officer or Trustee ______________ Title: EXECUTIVE DIRECTOR ______________ Date ______________

Name of Person(s) to Contact ______________ Daytime Telephone Number ______________

**Important:** Please submit this completed form and/or extension to:
Indiana Department of Revenue, Tax Administration
P.O. Box 7147
Indianapolis, IN 46207-7147
Telephone: (317) 233-4015

**Extensions of Time to File**

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. **Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption.** Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 7147, Indianapolis, IN 46207-7147, (317) 233-4015.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.

FORM NP-20 LIST OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 1

| NAME AND ADDRESS | TITLE |
|---|---|
| STEVE CECIL<br>4715 WEST 106TH STREET<br>ZIONSVILLE, IN 46077 | PRESIDENT |
| DR. DAVID HOFFMAN<br>4715 WEST 106TH STREET<br>ZIONSVILLE, IN 46077 | NWF REPRESENTATIVE |
| GLENN LANGE<br>4715 WEST 106TH STREET<br>ZIONSVILLE, IN 46077 | 1ST VICE PRESIDENT |
| JOHN BUNNER<br>4715 WEST 106TH STREET<br>ZIONSVILLE, IN 46077 | DIRECTOR |
| KAY O'CALLAGHAN<br>4715 WEST 106TH STREET<br>ZIONSVILLE, IN 46077 | SECRETARY |
| ADAM MCLANE<br>4715 WEST 106TH STREET<br>ZIONSVILLE, IN 46077 | TREASURER |
| CHUCK BRINKMAN<br>4715 WEST 106TH STREET<br>ZIONSVILLE, IN 46077 | DIRECTOR |
| PHIL ALEXANDER<br>4715 WEST 106TH STREET<br>ZIONSVILLE, IN 46077 | DIRECTOR |
| DAN SMITH<br>4715 WEST 106TH STREET<br>ZIONSVILLE, IN 46077 | DIRECTOR |
| GENE HOPKINS<br>4715 WEST 106TH STREET<br>ZIONSVILLE, IN 46077 | DIRECTOR |
| STEVE VAN ZANT<br>4715 WEST 106TH STREET<br>ZIONSVILLE, IN 46077 | DIRECTOR |
| DOUG ALLMAN<br>4715 WEST 106TH STREET<br>ZIONSVILLE, IN 46077 | 2ND VICE PRESIDENT |

| | |
|---|---|
| RAY MCCORMICK<br>4715 WEST 106TH STREET<br>ZIONSVILLE, IN 46077 | DIRECTOR |
| BECKY SCHEIBELHUT<br>4715 WEST 106TH STREET<br>ZIONSVILLE, IN 46077 | DIRECTOR |
| JOHN GOSS<br>3340 BROOKSIDE PKWY N.<br>INDIANAPOLSI, IN 46218 | EXECUTIVE DIRECTOR |

Form IT-20NP
State Form 148
(R9/8-10)

Indiana Department of Revenue

# Indiana Nonprofit Organization Unrelated Business Income Tax Return

**2010**

**Calendar Year Ending December 31, 2010 or**

Fiscal Year Beginning ____________ **2010** and Ending ____________

**Check box if amended.** ☐ **Check box if name changed.** ☐

| Name of Organization | | | Federal Identification Number (FID) |
|---|---|---|---|
| INDIANA WILDLIFE FEDERATION, INC. | | | 35 1058426 |
| Number and Street | Indiana County or O.O.S. | | Principal Business Activity Code |
| 4715 WEST 106TH STREET | BOONE | | 511120 |
| City | State | ZIP Code | Telephone Number |
| ZIONSVILLE | IN | 46077 | 317 875 9453 |

K Check all boxes that apply: ☐ Initial Return ☐ Final Return ☐ In Bankruptcy ☐ Schedule M

L Do you have on file a valid extension of time to file your return (federal Form 7004 or an electronic extension of time)? ☐ Yes ☒ No

Due Date: 15th day of the fifth month following close of the tax year.

| **Adjusted Gross Income Tax Calculation on Unrelated Business Income** | | **Round all entries** |
|---|---|---|
| 1. Unrelated business taxable income (before NOL) deduction and specific deduction from federal return Form 990T (attach Form 990T); use minus sign for negative amounts | 1 | 1,513.00 |
| 2. Specific deduction (generally $1,000; see instructions) | 2 | 1,000.00 |
| 3. Interest on U.S. government obligations on the federal return less related expenses | 3 | .00 |
| 4. Deduction for qualified patents income | 4 | .00 |
| 5. Enter total from lines 2 through 4 | 5 | 1,000.00 |
| 6. Subtotal for unrelated business income (subtract line 5 from line 1) | 6 | 513.00 |
| 7. Indiana modifications. See instructions. (Use a minus sign to denote negative amounts.) | 7 | .00 |
| 8. Unrelated business income, as adjusted (add lines 6 and 7). (If not apportioning, enter same amount on line 10.) | 8 | 513.00 |
| 9. Enter Indiana apportionment percentage, if applicable, from line 4(c) of IT-20 Schedule E apportionment (attach schedule) | 9 | % |
| 10. Unrelated business apportioned to Indiana (multiply line 8 by line 9; otherwise, enter line 8 amount) | 10 | 513.00 |
| 11. Enter Indiana NOL deduction without specific deduction (attach Schedule IT-20NOL; see instructions) | 11 | .00 |
| 12. Taxable Indiana unrelated business income (subtract line 11 from line 10) | 12 | 513.00 |
| 13. Indiana tax on unrelated business income (multiply line 12 by 8.5% (.085)). **See instructions for line 13** | 13 | 44.00 |
| 14. Sales/use tax on purchases subject to use tax from Sales/Use Tax Worksheet | 14 | .00 |
| 15. Total tax due (add lines 13 and 14) Total Tax ▶ | 15 | 44.00 |
| **Credit for Estimated Tax and Other Payments** | | |
| 16. Quarterly estimated tax paid: Qrt. 1 ____ Qrt. 2 ____ Qrt. 3 ____ Qrt. 4 ____ Enter total | 16 | .00 |
| 17. Amount paid with extension | 17 | .00 |
| 18. Amount of overpayment credit (from tax year ending ____ ) | 18 | .00 |
| 19. Enter name of other credit ____ Code No. 19a ____ | 19b | .00 |
| 20. Total credits (add lines 16, 17, 18, and 19b) Total Credits ▶ | 20 | .00 |
| 21. Balance of tax due (line 15 minus 20; if line 20 is greater than line 15, proceed to lines 22, 23, and 26) | 21 | 44.00 |
| 22. Penalty for the underpayment of income tax. Attach Schedule IT-2220 ☐ Check box if using annualization method | 22 | .00 |
| 23. Interest: If payment is made after the original due date, compute interest | 23 | .00 |
| 24. Penalty: If paid late, enter 10% of line 21; see instructions. If line 15 is zero, enter $10 per day filed past due date | 24 | .00 |
| 25. Total payment due (add lines 21 through 24). (Payment must be made in U.S. funds) PAY THIS AMOUNT ▶ | 25 | 44.00 |
| 26. Total overpayment (line 20 minus lines 15, 22-24) | 26 | .00 |
| 27. Amount of line 26 to be refunded | 27 | .00 |
| 28. Amount of line 26 to be applied to the following year's estimated tax account | 28 | .00 |

**You must go to the certification and authorization section on page 2 to complete this return.**

Indiana Department of Revenue

# Indiana Nonprofit Organization Unrelated Business Income

**Additional Explanation or Adjustment**
State Form 49189
(R8/8-09)

| Line (a) | Explanation (b) | Amount (c) |
|---|---|---|
| | | .00 |
| | | .00 |
| | | .00 |

**Certification of Signatures and Authorization Section**
Under penalties of perjury, I declare I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

I authorize the Department to discuss my return with my personal representative (see page 10) [X] Yes [ ] No

Organization's E-mail address EE

▶
Signature of Officer — Date

BARBARA SIMPSON — EXECUTIVE
Print or Type Name of Officer — Title

Personal Representative's Name (Print or Type)

Telephone Number

Address

City

State ZIP Code +4

K. B. PARRISH & CO. LLP
Paid Preparer: Firm's Name (or yours if self-employed)

Check One: [X] Federal ID Number [ ] PTIN OR [ ] Social Security Number
35 0905983

Telephone Number 317 347 5200
Address 6840 EAGLE HIGHLANDS WAY
City INDIANAPOLIS
State IN ZIP Code +4 46254

▶
Paid Preparer's Signature — Date

## Sales/Use Tax Worksheet

List all purchases made during 2010 from out-of-state companies.

| Column A<br>Description of personal property purchased from out-of-state retailer | Column B<br>Date of Purchase(s) | Column C<br>Purchase Price |
|---|---|---|
| Magazine subscriptions: | | .00 |
| Mail order purchases: | | .00 |
| Internet purchases: | | .00 |
| Other purchases: | | .00 |

| | | |
|---|---|---|
| 1. Total purchase price of property subject to the sales/use tax | 1C | .00 |
| 2. Sales/use tax: Multiply line 1 by .07 (7%) | 2C | .00 |
| 3. Sales tax previously paid on the above items (up to 7% per item) | 3C | .00 |
| 4. Total amount due: Subtract line 3 from line 2. Carry to Form IT-20NP, line 14. If the amount is negative, enter zero and put no entry on line 14 of the IT-20NP | 4C | .00 |

Please mail forms to: **Indiana Department of Revenue, 100 N. Senate Ave., Indianapolis, IN 46204-2253**