See a Social Security Number? Say Something!
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Or call the IRS Identity Theft Hotline at 1-800-908-4490

Short Form Return of Organization Exempt From Income Tax

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termin-ated ☐ Amended return ☐ Application pending

Please use IRS label or print or type See Specific Instruc-tions

C Name of organization
INDIANA ORGANIZATION OF NURSE EXECUTIVES, INC.

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
C/O D WIESMAN,1 AMERICAN SQ. #1900

City or town, state or country, and ZIP + 4
INDIANAPOLIS, IN 46282

D Employer identification number
35-1806270

E Telephone number
(317) 633-4870

F Group Exemption Number ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)**

G Accounting method. [X] Cash ☐ Accrual Other (specify) ▶

I Website. ▶ WWW.HOSPITALCONNECT.COM/AONE/IONE/INDEX/HT

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

J Tax-exempt status (check only one) — [X] 501(c)(6) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 194,836.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	160,350.
	3	Membership dues and assessments	3	24,380.
	4	Investment income	4	10,106.
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less: cost or other basis and sales expenses 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☐		
	a	Gross revenue (not including $ _____ of contributions reported on line 1) 6a		
	b	Less: direct expenses other than fundraising expenses 6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances 7a		
	b	Less: cost of goods sold 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶ _____)	8	
	9	**Total revenue** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	194,836.
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 2	10	39,000.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	256.
	16	Other expenses (describe ▶ SEE STATEMENT 1)	16	85,516.
	17	**Total expenses.** Add lines 10 through 16 ▶	17	124,772.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	70,064.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	190,567.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	260,631.

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JUN 28 2010
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AUG 03 2010

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	190,567.	22	260,631.
23	Land and buildings		23	
24	Other assets (describe ▶ _____)		24	
25	**Total assets**	190,567.	25	260,631.
26	**Total liabilities** (describe ▶ _____)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	190,567.	27	260,631.

SCANNED AUG 03 2010

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? ADVANCEMENT OF NURSING ADMINISTRATION

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

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

28 INDIANA NURSING WORKFORCE DEVELOPMENT COALITION WAS GIVEN FUNDS TO OPERATE THIS ORGANIZATION AND TO SURVEY THE NURSING PROGRAM CAPACITY NEEDS FOR ENROLLEES

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a

29 NURSING 2000 CENTRAL WAS GIVEN FUNDS TO FUND FOR COLLEGE CAREER MATERIALS; FACULTY ROLE ENHANCEMENT SEMINAR; MATERIALS FOR ACCELERATED PROGRAMS

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30 NURSING 2000 NORTH WAS GIVEN FUNDS TO FUND FOR COLLEGE CAREER MATERIALS; FACULTY ROLE ENHANCEMENT SEMINAR; MATERIALS FOR ACCELERATED PROGRAMS

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule) SEE STATEMENT 4

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 Total program service expenses (add lines 28a through 31a) ▶ 32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE ATTACHED- NONE ARE PAID OR HAVE	0.00	0.	0.	0.
ANY BENEFITS OR EXPENSE ACCOUNT	0.00	0.	0.	0.
ALLOWANCES	0.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	N/A	
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ N/A			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

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

42a The organization's books are in care of ▶ BRIDGET JOHNSON,PARKVIEW WHI Telephone no. ▶ (260) 248-9310
Located at ▶ 353 N. OAK ST., COLUMBIA CITY, IN ZIP + 4 ▶ 46725

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

			Yes	No
46	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	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

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

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

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

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

N/A

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ▶ 0

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 officer) is based on all information of which preparer has any knowledge

▶ X Signature of officer — X Date 6/22/10

▶ X LINDA WEBB
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instr.)
Jeffrey Cook	6-22-10		

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ HALL RENDER KILLIAN HEATH & LYMAN PC
1 AM SQUARE, # 2000
INDIANAPOLIS, IN 46282

EIN ▶

Phone no. ▶ (317)633-4884

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

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
PRESIDENT/DESIGNEE CONFERENCES, MEETINGS	7,129.
BOARD OF DIRECTORS MEETING, TRAVEL & RETREAT EXPENSES	16,994.
WEBSITE MAINTENANCE	2,500.
MISCELLANEOUS EXPENSES	430.
AFFILIATED SOCIETIES - DUES, ETC.	850.
MEMBERSHIP REFUND PAID	85.
MEMORIAL	200.
HALL RENDER - ATTORNEY FEES	789.
SEMINAR/PROGRAM EXPENSES	48,787.
IHA ANNUAL FEE	7,500.
PRIOR PERIOD ADJUSTMENT TO RECONCILE	252.
TOTAL TO FORM 990-EZ, LINE 16	85,516.

FORM 990-EZ CASH GRANTS AND ALLOCATIONS STATEMENT 2

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
ORGANIZATION DEVELOPMENT INDIANA NURSING WORKFORCE DEVELOPMENT COALITI 1111 MIDDLE DRIVE INDIANAPOLIS, IN 46202	AWARD WINNER	10,600.
NURSING CAREER DEVELOPMENT NURSING 2000 CENTRAL 9302 N. MERIDIAN STREET, SUITE 365 INDIANAPOLIS, IN 46260	AWARD WINNER	6,200.
NURSING CAREER DEVELOPMENT NURSING 2000 NORTH 800 LINCOLNWAY, SUITE 202 LAPORTE, IN 46352	AWARD WINNER	6,200.
SCHOLARSHIP LYN STEVENS 33823 FERNCREST CT. NEW CARLISLE, IN 46552	NURSING STUDENT	2,000.
SCHOLARSHIP CAROLINE SIMS 19370 E. 400 SO. ELIZABETHTOWN, IN 47232	NURSING STUDENT	2,000.

SCHOLARSHIP VALYNDA LAIRD 3769 NEWPORT CT. BLOOMINGTON, IN 47401	NURSING STUDENT	2,000.
SCHOLARSHIP JENNIFER WILLIAMS 2161 NORTH 350 EAST ROLLING PRAIRIE, IN 46371	NURSING STUDENT	2,000.
SCHOLARSHIP JENNIFER EMBREE 505 WEST MAIN ST. CAMPBELLSBURG, IN 47108	NURSING STUDENT	2,000.
SCHOLARSHIP LYNN TURNER 7432 PARK SHORE AVON, IN 46123	NURSING STUDENT	2,000.
SCHOLARSHIP MICHELLE FRANKLIN 1654 N. COUNTY RD. 950 W HOLTON, IN 47023	NURSING STUDENT	2,000.
SCHOLARSHIP PAMELA THORNTON 3909 WINFIELD COURT FORT WAYNE, IN 46815	NURSING STUDENT	2,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		39,000.

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS STATEMENT 3

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

FORM 990-EZ OTHER PROGRAM SERVICES STATEMENT 4

DESCRIPTION	GRANTS	EXPENSES
INDIVIDUAL SCHOLARSHIPS GIVEN TO 9 NURSING STUDENTS (SEE ATTACHED LIST OF SCHOLARSHIP RECIPIENTS WHO EACH RECEIVED A $2,000 SCHOLARSHIP)		
TOTAL TO FORM 990-EZ, LINE 31		

2009 IONE EXECUTIVE COMMITTEE

President 1 year (2009) **Jennifer Embree** Chief Clinical Officer Clinical Nurse Specialist Dunn Memorial Hospital 9hrs/week	1600 23rd St. Bedford, In 47421 Phone: (812)-276-1212 Fax: (812)- 276-1034 Email: jembree@dunnmemorial.org Annual hours worked: 468
President-Elect 1 year (2009) **Michelle Bisesi** Director, Maternity Services and Clinical Education Johnson Memorial Hospital 2hrs/week	1125 West Jefferson Street P. O. Box 549 Franklin, IN 46131 Email: mbisesi@johnsonmemorial org Phone: (317) 736-3454 Fax: (317) 736-2690 Annual hours worked: 124
Secretary 1 year (2009) **Valynda Laird** Director of Risk Management Bloomington Hospital 2 hrs/week	601 W. Second St. P.O. Box 1149 Bloomington, IN 47402 Phone: (812) -353-6821 Fax: Email: vlaird@bloomingtonhospital.org Annual hours worked: 80
Past-President -1 year (2009) **Linda Webb** Chief Nurse Executive Pulaski Memorial Hospital Past President-1 year (2008) 1 hr/week	616 E. 13th Street P.O. Box 279 Winamac, IN 46996 Phone: (574) 946-2165 Fax: (574) 946-2134 Email: lwebb@pmhnet com Annual hours worked: 50
Treasurer-2 years (2009-2011) **Bridget Johnson** Vice President/Patient Services Parkview Whitley Hospital 3 hrs/week	353 N. Oak St. Columbia City, IN 46725 Phone: (260) 248-9310 Fax: (260) 248-9107 Email: bridget.johnson@parkview.com Annual hours worked: 160

Board Member-at-Large 3 years (2007-09) Gwynn Perlich Chief Nursing Officer/VP Pt Care ServicesSt. Vincent Carmel Hospital 1 hr/week	13450 N. Meridian St., Ste 155 Carmel, IN 46032 Phone: (317) 582-7165 Fax: (317) 582-7492 Email: glperlic@stvincent.org Annual hours worked: 42
Board Member-at-Large 3 years (2009-2011) Yvonne Culpepper Vice President, Nursing Hendricks Regional Health 1 hr/week	1000E Main St. Danville, IN 46122 Phone: (317) 745-3600 Fax: (317) 745-8760 Email: ymculpe@hendricks org Annual hours worked: 40
Board Member-at-Large 3 years (2007-10) Anita Ivankovig Assistant Vice President of Patient Care Services LaPorte Hospital 1 hr/week	PO Box 250 LaPorte, IN 46350 Phone: (219) 326-2398 Fax: (219) 326-2321 Email: a.ivankovig@lph.org Annual hours worked: 46

2009 COMMITTEE CHAIRS

Committee	Chair	Contact Information
BY LAWS	Cathie McKinley (2008) Director, Risk Management Westview Hospital 1 hr/week	3630 Guion Rd. Indianapolis, IN 46222 Email: cathie.mckinley@westviewhospital.org Phone: (317) 920-7299 Annual hours worked: 52
FINANCE	Bridget Johnson (2008) Vice President, Patient Services. Parkview Whitley Hospital Hours worked included under Treasurer position	353 N. Oak St. Columbia City, IN 46725 Email: bridget.Johnson@parkview.com Phone: (260) 248-9310 Fax: (260) 248-9107 Annual hours worked: see Treasurer
LEGISLATIVE	Trish Weber Vice President, Clinical Operations/CNO St. Anthony Memorial HS 1 hr/week	301 W. Homer St. Michigan City, IN 46350 Phone: (219) 877-1766 Fax: (219) 877-1075 Email: trish.weber@ssfhs org Annual hours worked: 36
NOMINATING	Linda Webb Chief Nurse Executive Pulaski Memorial Hospital 1 hr/week	616 E. 13th Street P.O. Box 279 Winamac, IN 46996 Phone: (574) 946-2165 Fax: (574) 946-2134 Email: lwebb@pmhnet com Annual hours worked: 20
PROGRAM CO-CHAIRS	Michelle Bisesi (2006-2009) Director, Maternity Services Johnson Memorial Hospital 1 hr/week Terri Ridenour (2008-2010) Eli Lilly and Company Sr Therapeutic Associate US Medical Division - Cardiovascular/Critical Care 2 hrs/week	1125 West Jefferson Street P. O. Box 549 Franklin, IN 46131 Email: mbisesi@johnsonmemorial.org Phone: (317) 736-3454 Fax: (317) 736-2692 Annual hours worked: 68 Phone: 317-277-7591 Fax: 317-651-6199 Phone: (317) 354-6311 Email: RIDENOUR_TERRI_LYNN@LILLY.COM Annual hours worked: 74

PUBLIC RELATIONS	Mary Browning Vice President of Nursing Ambulatory Division Community Health Network 1 hr/week	Phone:317-355-4846 Pager:317-904-8034 mbrowning@ecommunity.com Annual hours worked: 54
SCHOLARSHIP	Anita Ivankovig (2008) Asst.Vice President of Patient Care Services LaPorte Hospital 1 hr/week	Phone: (219) 326-2398 Fax: (219) 326-2321 Email: a.ivankovig@lph.org Annual hours worked: 60
LICENSE PLATE	Marijane Smallwood (2008-09) Director Immediate Care / Occupational Medicine Hendricks Regional Health 1 hr/week	8244 E. US 36, Ste. 1100 Avon, IN 46123 Phone: (317) 272-7500 Fax: (317) 272-7515 Email: mbsmall@hendricks.org Annual hours worked: 60

2009 DISTRICT PRESIDENTS

DISTRICT/PRESIDENT	TITLE/ADDRESS	PHONE/FAX/EMAIL
CENTRAL Joyce Wood	Vice President, Chief Nursing Officer, Organizational Improvement Riverview Hospital 395 Westfield Rd. Noblesville, IN 46060	Phone: 317 - 776- 7421 Fax: 317 -770 -2788 Email: jwood@riverview.org 1 hr/week 52 hours per year
CENTRAL SOUTHWEST Lea Ann Camp	Director of Nursing Greene County General Hospital RR1 Box 1000 Linton, IN 47441-9482	Phone: (812)847-5213 Email: lacampgcgh@aol.com 1 hr/week 52 hours per year
EASTERN Doreen Johnson	Vice President and Chief Nursing Officer Ball Memorial Hospital 2401 University Avenue Muncie, Indiana 47303	Phone: (765)-747-3098 Email: djohnson@chsmail.org 1 hr/week 52 hours per year
MIDWESTERN Sharon Berry	OB Nurse Manager Pulaski Memorial Hospital	616 E. 13th Street P.O. Box 279 Winamac, IN 46996 Phone: (574) 946-2100 x1132 Fax: (574) Email: sberry@pmhnet.com 1 hr/week 52 hours per year
NORTH Rachel Moody	Assistant VP Cardiovascular Services LaPorte Hospital	1007 Lincoln Way LaPorte, In 46352 Phone: (219)326-2505 Email: r.moody@lph.org 1 hr/week 52 hours per year
NORTHEASTERN Lorene Arnold	Director of Strategic Initiatives Department of Nursing University of Saint Francis	2701 Spring St. Fort Wayne, IN 46808 Phone: 260/399-7700 X8505 Fax: ((260) 434-7404 Email: larnold@sf.edu 1 hr/week 52 hours per year

SOUTHEASTERN Venetia Green	Director of Medical Nursing Services Schneck Medical Center	411 West Tipton St. Seymour, IN 47274 Phone. (812)-524-3384 Fax: (812)-522-0505 Email. vgreen@schneckmed.org 1 hr/week 52 hours per year
SOUTHWESTERN Jeanne Braun	Administrator, Hospital for women & Children St. Mary's Medical Center	3700 Washington Ave. Evansville, In 47750 Phone: 812/485-7146 Email: jlbraun@stmarys.org 1 hr/week 52 hours per year

Form **8868**
(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

FILE COPY
OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit orginal (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return See instructions	INDIANA ORGANIZATION OF NURSE EXECUTIVES, INC.	35-1806270
	Number, street, and room or suite no. If a P.O. box, see instructions. C/O D WIESMAN,1 AMERICAN SQ. #1900	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. INDIANAPOLIS, IN 46282	

Check type of return to be filed (file a separate application for each return):

[ ] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

BRIDGET JOHNSON,PARKVIEW WHITLEY HO

- The books are in the care of ▶ 353 N. OAK ST. - COLUMBIA CITY, IN 46725
  Telephone No ▶ (260) 248-9310 FAX No ▶ _____
- If the organization does not have an office or place of business in the United States, check this box . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2009 or
▶ [ ] tax year beginning _____, and ending _____.

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Certified Mail # 7010 0290 0000 0090 3391

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05-26-09