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Form **990**

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

C Name of organization
INDIANA FAMILY HEALTH COUNCIL INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
233 SOUTH MCCREA STREET SUITE 1000

City or town, state or country, and ZIP + 4
INDIANAPOLIS, IN 46225

D Employer identification number
35-1373319

E Telephone number
(317) 247-9151

G Gross receipts $ 8,732,503

F Name and address of principal officer
GAYLA WINSTON
233 SOUTH MCCREA STREET SUITE 1000
INDIANAPOLIS,IN 46225

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: ▶ WWW IFHC ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1975 | **M** State of legal domicile IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE INDIANA FAMILY HEALTH COUNCIL PROMOTES AND FACILITATES FAMILY PLANNING AND REPRODUCTIVE SERVICES FOR THOSE IN NEED

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

Activities & Governance

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 2011 (Part V, line 2a)	**5**	9
6	Total number of volunteers (estimate if necessary)	**6**	14
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	8,354,946	8,682,237
	9 Program service revenue (Part VIII, line 2g)	55,840	44,485
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,455	646
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	5,135
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,412,241	8,732,503
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,528,817	6,776,549
	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)	662,536	749,154
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,214,635	1,193,866
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	8,405,988	8,719,569
	19 Revenue less expenses Subtract line 18 from line 12	6,253	12,934

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	1,480,189	2,034,753
	21 Total liabilities (Part X, line 26)	1,055,125	1,596,755
	22 Net assets or fund balances Subtract line 21 from line 20	425,064	437,998

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

****** | 2012-10-10
Signature of officer | Date

GAYLA WINSTON PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: SCOTT A SCHUSTER	Date 2012-10-10	Check if self-employed ▶☐	Preparer's taxpayer identification number (see instructions) P00019243
Firm's name (or yours if self-employed), address, and ZIP + 4: KSM BUSINESS SERVICES INC, PO BOX 40857, INDIANAPOLIS, IN 462400857			EIN ▶ 35-2123203
			Phone no ▶ (317) 580-2000

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 . . . . . ☑

1 Briefly describe the organization's mission

THE INDIANA FAMILY HEALTH COUNCIL PROMOTES AND FACILITATES FAMILY PLANNING AND REPRODUCTIVE SERVICES FOR THOSE IN NEED

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 ☑ 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 ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 $ 5,257,775 including grants of $ 4,135,402) (Revenue $)

THE INDIANA FAMILY HEALTH COUNCIL, INC IS THE TITLE X GRANTEE IN INDIANA IFHC FUNDS AND WORKS WITH 10 AGENCIES TO DIRECTLY PROVIDE FAMILY PLANNING SERVICES IN 33 CLINICS THE CLINICS ARE OPEN TO ALL REGARDLESS OF AGE, MARTIAL STATUS, INCOME, RESIDENCY, CITIZENSHIP STATUS, OR HEALTH INSURANCE SERVICES ARE AVAILABLE ON A SLIDING FEE SCALE IN 2011, 45,558 UNDUPLICATED INDIVIDUALS RECEIVED FAMILY PLANNING SERVICES 73 7% OF THE PATIENTS WERE BELOW POVERTY AND WERE PROVIDED THE SERVICE AT NO CHARGE THE PROGRAM NOT ONLY PROVIDES A WIDE RANGE OF FDA APPROVED CONTRACEPTIVES BUT ALSO 13,375 PAP SMEARS, 15,763 BREAST EXAMS, 30,237 GONORRHEA TESTS, 686 SYPHILIS TESTS, AND 10,920 HIV TESTS WERE PROVIDED TO PATIENTS IN 2011

4b (Code) (Expenses $ 2,780,221 including grants of $ 2,641,147) (Revenue $)

THE INDIANA FAMILY HEALTH COUNCIL, INC RECEIVES THE INDIANA STATE DEPARTMENT OF HEALTH MATERNAL AND CHILD HEALTH FAMILY PLANNING FUNDS FOR USE IN THE TITLE X PROGRAM THE PROGRAMS HAVE MERGED SERVICES AND MONITORING ACTIVITIES UNDER IFHC STARTING OCTOBER 2009, IFHC, ISDH, FAMILY AND SOCIAL SERVICES AGENCY AND DEPARTMENT OF CHILD SERVICES FORMED THE INDIANA FAMILY PLANNING PARTNERSHIP WHICH PLACED ALL OF THE FEDERAL FAMILY PLANNING FUNDS UNDER THE MANAGEMENT OF THE INDIANA FAMILY HEALTH COUNCIL ALL SERVICES STATED IN THE TITLE X DESCRIPTION ARE APPLICABLE TO THE ISDH GRANT ALSO

4c (Code) (Expenses $ 377,401 including grants of $) (Revenue $)

THE INFERTILTIY PREVENTION PROGRAM GRANT FROM THE INDIANA STATE DEPARTMENT OF HEALTH IS A JOINT PROJECT FOR PROVISION OF AFFORDABLE CHLAMYDIA AND GONORRHEA TESTING TO PUBLIC AND NONPROFIT PROVIDERS IN INDIANA IN 2011, 40 CLINICS PARTICIPATED IN THE PROGRAM THE ISDH LABORATORY PROCESSES THE TESTS AND IFHC PROVIDES THE ADMINISTRATIVE FUNCTION FOR THE PROGRAM IN 2011, 30,569 TESTS WERE PERFORMED WITH A POSITIVE RATE OF 3 0% FOR GONORRHEA AND 13 2% FOR CHLAMYDIA

(Code) (Expenses $ 92,280 including grants of $) (Revenue $)

OTHER PROGRAMS RELATED TO THE EXEMPT PURPOSE OF THE ORGANIZATION

4d Other program services (Describe in Schedule O)

(Expenses $ 92,280 including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 8,507,677

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
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		No
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		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
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, line10? *If "Yes," complete Schedule D, Part VI.*	11a		No
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		No
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
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	Yes	
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	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
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 U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
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 U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

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**	Yes	
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**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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**		No
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 questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
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**		No
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**		No
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**		No
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**		No
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**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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 owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
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**		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		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**		No
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**		No
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**	Yes	

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**	9		
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**	Yes	
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**	9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	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**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**		
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 or securities account)?			**4a**		No
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**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
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**		No
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**		No
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**		No
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**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
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? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate 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 aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
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 lines 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 . . . . . ☑

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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
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		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

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

GAYLA WINSTON
233 S MCCREA ST SUITE 1000
INDIANAPOLIS, IN 46225
(317) 247-9151

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, and **current** key employees 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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GARY MILLER PAST TREASURER	1 00	X						0	0	0
(2) SUE TAYLOR SECRETARY	1 00	X		X				0	0	0
(3) KATHY THORNSON PAST BOARD CHAIR	1 00	X						0	0	0
(4) PHYLLIS BARTLESON VICE CHAIR	1 00	X		X				0	0	0
(5) MARILYN MCCONNELL BOARD MEMBER	1 00	X						0	0	0
(6) JANE B CHAPPELL BOARD MEMBER	1 00	X						0	0	0
(7) SARA HUNTINGTON BOARD MEMBER	1 00	X						0	0	0
(8) ERIKA QUARLES BOARD MEMBER	1 00	X						0	0	0
(9) DEBORAH STIFFLER CHAIR	1 00	X		X				0	0	0
(10) KIMBER J NICOLETTI BOARD MEMBER	1 00	X						0	0	0
(11) JAMIE ROBERTS BOARD MEMBER	1 00	X						0	0	0
(12) CHARLES AIKEN TREASURER	1 00	X		X				0	0	0
(13) DR TERRY BAILEY BOARD MEMBER	1 00	X						0	0	0
(14) DON MIKESELL BOARD MEMBER	1 00	X						0	0	0
(15) GAYLA WINSTON PRESIDENT	35 00			X				107,550	0	11,531
(16) ROBERTA FISHER DIRECTOR OF HEALTH SERVICES	35 00			X				88,729	0	26,255
(17) STEPHEN EVERETT DIRECTOR OF PROGRAMS	35 00			X				70,026	0	13,458

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHUN LIU DIRECTOR OF FINANCE AND OP	35 00			X				38,960	0	1,477
(19) SAMANTHA IFERT DIRECTOR OF FINANCE AND OP	35 00			X				17,962	0	3,714
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								323,227	0	56,435

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

			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**		No
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**		No
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**		No

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 Report compensation for the calendar year ending with or within the organization's tax year

(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 of 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	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e 8,637,237				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 45,000				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	8,682,237			
Program Service Revenue		Business Code				
	2a	STD TESTS 541900	44,485	44,485		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	44,485			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	646			646
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) . . . . . ▶				
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a	OTHER REVENUE 900099	5,135			5,135
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	5,135			
	12	**Total revenue.** See Instructions . . . ▶	8,732,503	44,485	0	5,781

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)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

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 United States See Part IV, line 21	6,776,549	6,776,549		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	379,663	350,901	28,762	
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	224,519	151,736	72,783	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	25,867	17,696	8,171	
9	Other employee benefits	72,338	55,626	16,712	
10	Payroll taxes	46,767	38,349	8,418	
11	Fees for services (non-employees)				
a	Management				
b	Legal	9,935		9,935	
c	Accounting	41,422		41,422	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	72,784	72,784		
12	Advertising and promotion	114,512	114,512		
13	Office expenses	6,545	4,760	1,785	
14	Information technology	33,089	32,206	883	
15	Royalties . .				
16	Occupancy	51,562	42,698	8,864	
17	Travel	35,088	35,088		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,590	9,590		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	15,877	13,010	2,867	
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	LAB SUPPLIES	732,959	732,959		
b	MISCELLANEOUS	17,410	14,786	2,624	
c	DATA PROCESSING	16,551	16,551		
d	SMALL EQUIPMENT & MAINT	11,122	9,724	1,398	
e					
f	All other expenses	25,420	18,152	7,268	
25	**Total functional expenses.** Add lines 1 through 24f	8,719,569	8,507,677	211,892	0
26	**Joint costs.** Check here ▶ ☐ 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	184,761	1	748,577
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	1,237,896	3	1,241,978
	4	Accounts receivable, net	32,900	4	4,970
	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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	15,629	8	27,075
	9	Prepaid expenses and deferred charges	9,003	9	12,153
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* 10a			
	b	Less accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	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		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,480,189	16	2,034,753
Liabilities	17	Accounts payable and accrued expenses	1,044,385	17	1,127,499
	18	Grants payable	10,740	18	469,256
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	1,055,125	26	1,596,755
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	425,064	27	423,403
	28	Temporarily restricted net assets		28	14,595
	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	425,064	33	437,998
	34	Total liabilities and net assets/fund balances	1,480,189	34	2,034,753

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	8,732,503
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,719,569
3	Revenue less expenses Subtract line 2 from line 1	3	12,934
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	425,064
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
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	437,998

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 ☑ Accrual ☐ Other _____ 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		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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 ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated 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	Yes	
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	Yes	

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SCHEDULE A (Form 990 or 990EZ)

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

2011

Open to Public Inspection

Name of the organization
INDIANA FAMILY HEALTH COUNCIL INC

Employer identification number
35-1373319

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 **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 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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	7,202,902	6,838,102	7,083,554	8,354,946	8,682,237	38,161,741
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	7,202,902	6,838,102	7,083,554	8,354,946	8,682,237	38,161,741
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						38,161,741

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	7,202,902	6,838,102	7,083,554	8,354,946	8,682,237	38,161,741
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,199	2,205	1,394	1,455	646	8,899
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets					5,135	5,135
11 **Total support** (Add lines 7 through 10)						38,175,775

12 Gross receipts from related activities, etc (See instructions)	12	362,067

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	99 960 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	99 970 %

16a **33 1/3% support test—2011.** 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—2010.** If the organization did not check the 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—2011.** 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—2010.** 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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						
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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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 ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME MISCELLANEOUS INCOME

SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION $5,135 INCLUDES $135 TRANSCRIPT FEES AND $5,000 OTHER INCOME

Additional Data

Software ID:
Software Version:
EIN: 35-1373319
Name: INDIANA FAMILY HEALTH COUNCIL INC

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 92,280 including grants of $) (Revenue $)

OTHER PROGRAMS RELATED TO THE EXEMPT PURPOSE OF THE ORGANIZATION

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
INDIANA FAMILY HEALTH COUNCIL INC

Employer identification number
35-1373319

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 may 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 pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 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	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 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, 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, 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 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 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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶
- 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)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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 property	(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				
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				0

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		
Other		
Total. *(Column (b) should 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
Total. *(Column (b) should 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
Total. *(Column (b) should 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
Federal Income Taxes	
Total. *(Column (b) should 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 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,732,503
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,719,569
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	12,934
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 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	12,934

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	8,732,503
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	0
3	Subtract line **2e** from line **1**			3	8,732,503
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	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	8,732,503

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

1	Total expenses and losses per audited financial statements			1	8,719,569
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	0
3	Subtract line **2e** from line **1**			3	8,719,569
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	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	8,719,569

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, 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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	IFHC IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS IN ADDITION, IFHC HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION WITH THE MEANING OF SECTION 509(A) OF THE INTERNAL REVENUE CODE THERE WAS NO UNRELATED BUSINESS INCOME FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010 IFHC FILES U S FEDERAL AND STATE OF INDIANA INFORMATION RETURNS IFHC IS NO LONGER SUBJECT TO U S FEDERAL AND STATE EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2008

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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

2011

Open to Public Inspection

Name of the organization
INDIANA FAMILY HEALTH COUNCIL INC

Employer identification number
35-1373319

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
(1) HEALTH & HOSPITAL 1001 W 10TH STREET INDIANAPOLIS,IN 46202	35-6005697	GOVERNMENT OPERATED	1,710,845				TO PROVIDE FAMILY PLANNING SERVICES TO LOW-INCOME FAMILIES
(2) HEALTHNET INC3401 EAST RAYMOND STREET INDIANAPOLIS,IN 46203	35-1579827	501(C)3	211,649				TO PROVIDE FAMILY PLANNING SERVICES TO LOW-INCOME FAMILIES
(3)							TO PROVIDE FAMILY PLANNING SERVICES TO LOW-INCOME FAMILIES
(4) NORTHERN INDIANA MATERNAL & CHILD HEALTH NETWORK244 S OLIVE ST STE E SOUTH BEND,IN 46619	20-2402368	501(C)3	606,791				TO PROVIDE FAMILY PLANNING SERVICES TO LOW-INCOME FAMILIES
(5) OPEN DOOR HEALTH CENTER3715 S MADISON MUNCIE,IN 47302	35-3018494	501(C)3	812,304				TO PROVIDE FAMILY PLANNING SERVICES TO LOW-INCOME FAMILIES
(6) PLANNED PARENTHOOD OF INDIANA 200 SOUTH MERIDIAN STREET INDIANAPOLIS,IN 46225	35-0874276	501(C)3	1,640,582				TO PROVIDE FAMILY PLANNING SERVICES TO LOW-INCOME FAMILIES
(7) TRI- CAP607 THIRD AVENUE JASPER,IN 47547	35-1121163	501(C)3	360,525				TO PROVIDE FAMILY PLANNING SERVICES TO LOW-INCOME FAMILIES
(8) MONROE COUNTY HEALTH DEPARTMENT119 W 7TH STREET BLOOMINGTON,IN 47404	35-1732462	GOVERNMENT OPERATED	229,523				TO PROVIDE FAMILY PLANNING SERVICES TO LOW-INCOME FAMILIES
(9) LAFAYETTE STREET HEALTH CENTER2700 S LAFAYETTE STREET STE 200 FT WAYNE,IN 46806	35-6002041	501(C)3	317,967				TO PROVIDE FAMILY PLANNING SERVICES TO LOW-INCOME FAMILIES
(10) JOHNSON NICHOLS HEALTH CLINIC141 MARTINSVILLE STREET GREENCASTLE,IN 46135	35-1270418	501(C)3	206,114				TO PROVIDE FAMILY PLANNING SERVICES TO LOW-INCOME FAMILIES
(11) PACE HEALTH CONNECTIONS525 N 4TH STREET VINCENNES,IN 47591	35-1120537	501(C)3	608,330				TO PROVIDE FAMILY PLANNING SERVICES TO LOW-INCOME FAMILIES
(12) NORTHSHORE HEALTH CENTER3207 WILLOWCREEK RD PORTAGE,IN 46368	35-2028588	501(C)3	71,919				TO PROVIDE FAMILY PLANNING SERVICES TO LOW-INCOME FAMILIES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 11

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 0

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. Use Schedule I-1 (Form 990) 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.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 FINANCIAL AS THE TITLE X GRANTEE, IFHC IS THE GUARDIAN OF ALL SUBCONTRACTED FUNDS OF THE AGENCY ALL TITLE X REQUIREMENTS ARE APPLICABLE TO THE DELEGATE AGENCY APPLICABLE REQUIREMENTS INCLUDE TITLE X PROGRAM GUIDELINES, ADMINISTRATION OF GRANTS 45 CFR, OMB CIRCULAR A-110 "UNIFORM ADMINISTRATIVE REQUIREMENTS FOR GRANTS AND AGREEMENTS WITH INSTITUTIONS OF HIGHER EDUCATION, HOSPITALS, AND OTHER NON-PROFIT ORGANIZATIONS", OMB CIRCULAR A-122 "COST PRINCIPLES FOR NONPROFIT ORGANIZATIONS", AND OMB CIRCULAR A-133 "AUDITS FOR INSTITUTIONS OF HIGHER EDUCATION AND NON-PROFITS" IT IS IFHC'S RESPONSIBILITY TO INSURE THAT THE REQUIREMENTS ARE FOLLOWED NOT ONLY IN ITS OWN AGENCY BUT WITHIN THE TITLE X PROGRAM OF ITS DELEGATE AGENCIES TO DO THIS, THE FOLLOWING MONITORING ACTIVITIES ARE CONDUCTED 1 BUDGETING THE DELEGATE AGENCY IS REQUIRED TO HAVE A BUDGET TO CONTROL ITS OPERATIONS WHEN RECEIVING TITLE X FUNDS, A SEPARATE TITLE X BUDGET IS CREATED THE BUDGET, WHEN APPROVED BY IFHC, IS THE FINANCIAL EXPRESSION OF THE TITLE X PROJECT THE FOLLOWING REQUIREMENTS OF THE TITLE X BUDGET ARE MONITORED FOR COMPLIANCE THE TITLE X BUDGET IS PREPARED ON AN ANNUAL BASIS THE STAFF PARTICIPATES IN THE BUDGET PREPARATION PROCESS THE TITLE X BUDGET CONTAINS AN OPERATION SECTION AND CATEGORIES THE TITLE X BUDGET HAS A CAPITAL SECTION THE TITLE X BUDGET CONTAINS A NARRATIVE AND APPROPRIATE JUSTIFICATION THE TITLE X BUDGET PROVIDES ADEQUATE AND APPROPRIATE RESOURCES FOR THE ACTIVITIES DESCRIBED IN THE AGENCY'S WORK PLAN IFHC HAS DEVELOPED TITLE X BUDGET MATERIALS THAT ASSIST IN MEETING THE ITEMS LISTED ABOVE THE TITLE X BUDGET MATERIAL IS SUBMITTED TO IFHC BY DELEGATE AGENCIES ON AN ANNUAL BASIS IFHC REQUIRES DELEGATE AGENCIES TO SUBMIT REQUEST FOR BUDGET REVISIONS BASED ON DHHS GRANTS MANAGEMENT GUIDELINES 2 MONTHLY REIMBURSEMENT REQUESTS DELEGATE AGENCIES ARE REIMBURSED FOR EXPENSES BASED ON THE MONTHLY REIMBURSEMENT FORM THE FORM IS SUBMITTED TO IFHC WITHIN 30 DAYS OF THE END OF THE MONTH BEING REPORTED THE FORM SERVES AS A FINANCIAL MONITORING TOOL TO ENSURE THAT THE AGENCIES DO NOT EXCEED THEIR ALLOCATION THE FINANCIAL FORMS ARE AVAILABLE ON IFHC SECURED WEBSITE FOR EACH DELEGATE AGENCY TO PRODUCE THE REQUIRED REPORTS THE SUBMITTED DELEGATE AGENCY REPORTS ARE CHECKED FOR COMPLETENESS, ACCURACY, AND BUDGET COMPLIANCE PRIOR TO PAYMENT CLAIM SUBMISSION IS MONITORED CLOSELY FAILURE BY AN AGENCY TO SUBMIT CLAIMS ON A TIMELY BASIS FOR REIMBURSEMENT RESULTS IN A PHONE CALL TO ASCERTAIN THE PROBLEM AND AN OFFER FOR TECHNICAL ASSISTANCE IF THIS DOES NOT GENERATE A CLAIM SUBMISSION, A LETTER OF FOLLOW-UP IS GENERATED 3 QUARTERLY FINANCIAL REPORTS A QUARTERLY FINANCIAL REPORT IS REQUIRED FOR EACH DELEGATE AGENCY THE REPORT DETAILS A COMPARISON BETWEEN BUDGET AND EXPENDITURES BY LINE ITEM THESE REPORTS ARE ON A YEAR TO DATE BASIS, WITH A COMPARISON BETWEEN PERCENTAGE OF EXPENDITURES AND PERCENTAGE OF YEAR AND SHOW AN ANNUAL TREND OF EXPENDITURES THE DELEGATE AGENCY COMPLETES THE QUARTERLY REPORT UTILIZING INTERNAL FINANCIAL DATA AND SUBMITS THE REPORT TO IFHC WITHIN 45 DAYS OF THE CLOSE OF THE QUARTER THE QUARTERLY REPORT IS REVIEWED BY THE DIRECTOR OF FINANCE AND OPERATIONS FOR COMPLETENESS AND ACCURACY, WITH THE TOTAL EXPENDITURES AND REVENUES BEING COMPARED TO THE END OF THE QUARTER CLAIM ANY LINE THAT TRENDS TO BE IN EXCESS OF A 25% VARIANCE IS NOTED ON THE REPORT AND PROGRESSIVE ACTION IS TAKEN THE INITIAL ACTION IS A PHONE CALL TO DETERMINE THE REASON FOR THE VARIANCE, ADJUSTING THE TREND OR REQUESTING A MODIFIED BUDGET, AS APPROPRIATE CONTINUED EXCESS IN THE VARIANCE WILL RESULT IN A LETTER REQUESTING CLARIFICATION, BUDGET REVISION, AND/OR A CORRECTIVE ACTION PLAN IF THE THIRD QUARTER REPORT INDICATES THAT THE EXPENDITURES FOR A LINE ITEM WILL BE IN EXCESS OF THE 25% VARIANCE ALLOWED, AND APPROPRIATE JUSTIFICATION IS NOT PROVIDED, THIS REPORT MAY BE REQUIRED ALONG WITH THE CLAIM SUBMISSION TO INSURE THAT NO LINE ITEM IS REIMBURSED IN EXCESS OF THE 25% ALLOWED VARIANCE 4 SITE REVIEW EACH DELEGATE AGENCY RECEIVES A COMPREHENSIVE SITE REVIEW AT LEAST ONCE IN A THREE YEAR FUNDING CYCLE AN IFHC EMPLOYEE WITH FINANCIAL SKILLS WILL CONDUCT THE FINANCE SECTION OF THE REVIEW THE SITE REVIEW IS SEEN AS AN OPPORTUNITY TO MONITOR THE AGENCY'S FINANCIAL SYSTEMS IN ADDITION THE IFHC STAFF ARE AVAILABLE TO PROVIDE DIRECT TECHNICAL ASSISTANCE DURING THE PROCESS AND/OR MAKE ARRANGEMENTS FOR ON-GOING OR SPECIAL TECHNICAL ASSISTANCE THE IFHC FINANCIAL REVIEWER WILL CONDUCT THE FINANCIAL REVIEW UTILIZING THE FINANCE SECTION OF THE COMPREHENSIVE SITE REVIEW TOOL AND A SAMPLING OF THE FEE COLLECTION SCREENING FORMS TO TEST THE SLIDING FEE SCALE PRACTICES ANY DEFICIENCIES IDENTIFIED FROM THE TOOL ARE DISCUSSED WITH THE STAFF AND TECHNICAL ASSISTANCE IS PROVIDED DURING THE REVIEW THE DEFICIENCIES ARE DISCUSSED WITH MANAGEMENT AT THE EXIT INTERVIEW THE DELEGATE AGENCY IS GIVEN APPROXIMATELY 30 DAYS TO SUPPLY ANY MATERIALS OR EVIDENCE THAT WERE NOT REVIEWED OR AVAILABLE TO THE REVIEWER TO CORRECT ANY DEFICIENCIES NOTED THE REPORT IS ISSUED WITH A TIMELINE FOR CORRECTING OR RESPONDING TO EACH UNACCEPTABLE FINDING THE DIRECTOR OF FINANCE AND OPERATIONS WILL BE RESPONSIBLE FOR REVIEWING THE FINANCIAL FINDINGS AND THE CORRECTIVE ACTIONS IN THE FINANCIAL AREA DIRECT TECHNICAL ASSISTANCE WILL BE AVAILABLE FROM IFHC STAFF 5 SLIDING FEE SCALE AND SCHEDULE APPROVAL TITLE X GUIDELINES AND REGULATIONS REQUIRE A FEE SCALE BASED ON A SCHEDULE OF DISCOUNTS FORMULATED ON INCOME, FAMILY SIZE AND OTHER HARDSHIP FACTORS THE FEE SCALE IS BASED ON THE CURRENT COMMUNITY SERVICE ADMINISTRATION (CSA) POVERTY GUIDELINES AND IS UPDATED ANNUALLY THE IFHC BOARD ISSUED A POLICY REQUIRING ALL DELEGATE AGENCIES TO FOLLOW PERCENTAGES OF DISCOUNTS USED ON THE SLIDING FEE SCALE IFHC CALCULATES THE ANNUAL, MONTHLY, AND WEEKLY AMOUNTS FOR EACH PERCENTAGE OF DISCOUNT AND DISTRIBUTES THESE TO THE DELEGATE AGENCIES DELEGATE AGENCIES ARE REQUIRED TO BASE THE FEE SCHEDULE ON A COST ANALYSIS AND CHARGES MUST REFLECT COSTS APPROVAL OF THE FEE SCALE AND THE COST ANALYSIS ALLOWS IFHC TO VERIFY THAT ALL DELEGATE AGENCIES ARE CONFORMING TO THE TITLE X GUIDELINES AND REGULATIONS IN THIS CRITICAL AREA SUBMISSION OF THE FEE SCHEDULE IS REQUIRED WITH THE ANNUAL CONTRACT APPLICATION ANY CHANGES MUST BE SUBMITTED TO IFHC PRIOR TO IMPLEMENTATION 6 COST ANALYSIS OF TITLE X SERVICES EACH DELEGATE AGENCY IS REQUIRED TO CONDUCT A COST ANALYSIS AT LEAST EVERY TWO YEARS UNLESS CHANGES WITHIN THEIR PROGRAM REQUIRE A MORE FREQUENT ANALYSIS IFHC ISSUED A POLICY THAT ALL DELEGATES ARE TO USE THE RELATIVE VALUE UNIT METHODOLOGY, UNLESS OTHERWISE NEGOTIATED WITH THE IFHC PRESIDENT IFHC COMPARES THE AGENCY COST ANALYSIS TO AN ANALYSIS DONE UTILIZING THE AGENCY'S SUBMITTED BUDGET 7 MONITORING OF PATIENT BILLING PRACTICES IFHC WILL MONITOR THE PATIENT BILLING PRACTICES OF THE DELEGATE AGENCIES THROUGH A REQUIREMENT THAT THE APPLICABLE POLICIES AND PROCEDURES ARE ON FILE WITH IFHC AND ANY REVISIONS ARE SUBMITTED FOR PRIOR APPROVAL ALSO, THE POLICIES AND PROCEDURES ARE REVIEWED DURING THE COMPREHENSIVE SITE REVIEW THE PROGRAM CONSULTANTS WILL REVIEW A REPORT GENERATED FROM THE IFHC DATA SYSTEM WHICH REPORTS THE TYPE OF PAYMENT, POVERTY STATUS, DISTRIBUTION OF CONTRACEPTIVES BY POVERTY STATUS AND COLLECTED PATIENT FEES IN A FINANCIAL REPORT TO TRACK THAT PATIENTS ARE BEING CHARGED APPROPRIATELY 8 AUDIT NON-PROFIT AND GOVERNMENTAL ORGANIZATIONS THAT EXPEND $500,000 OR MORE IN A YEAR IN FEDERAL AWARDS SHALL HAVE A SINGLE OR PROGRAM-SPECIFIC AUDIT CONDUCTED FOR THAT YEAR IN ACCORDANCE WITH OMB CIRCULAR A-133 NON-PROFIT AND GOVERNMENTAL ORGANIZATIONS THAT EXPEND LESS THAN $500,000 A YEAR IN FEDERAL AWARDS ARE EXEMPTED FROM FEDERAL AUDIT REQUIREMENTS FOR THE YEAR EXCEPT AS NOTED IN SECTION 215(A) OF THE CIRCULAR THE DELEGATE AGENCIES THAT DO NOT QUALIFY FOR AN AUDIT HAVE FINANCIAL MONITORING ANNUALLY A COPY OF THE COMPLETED AUDIT REPORT WHERE APPLICABLE UNDER OMB CIRCULAR A-133 SHALL BE FORWARDED TO IFHC WITHIN 9 MONTHS OF THE CLOSE OF THE DELEGATE AGENCIES FISCAL YEAR IFHC MONITORS THE RECEIPT OF THESE REPORTS BY REQUIRING SUBMISSION OF THE "IFHC DELEGATE AGENCY'S AUDIT INFORMATION SHEET" FROM ALL OF THE DELEGATE AGENCIES THE AUDITS ARE REVIEWED BY THE DIRECTOR OF FINANCE AND OPERATIONS AND SUBMITTED TO THE IFHC AUDITORS FOR REVIEW IFHC RESERVES THE RIGHT TO CONDUCT ADDITIONAL AUDITS NECESSARY TO CARRY OUT ITS RESPONSIBILITIES UNDER FEDERAL LAW OR REGULATIONS

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 35-1373319
Name: INDIANA FAMILY HEALTH COUNCIL INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
HEALTH & HOSPITAL1001 W 10TH STREET INDIANAPOLIS,IN 46202	35-6005697	GOVERNMENT OPERATED	1,710,845				TO PROVIDE FAMILY PLANNING SERVICES TO LOW-INCOME FAMILIES
HEALTHNET INC 3401 EAST RAYMOND STREET INDIANAPOLIS,IN 46203	35-1579827	501(C)3	211,649				TO PROVIDE FAMILY PLANNING SERVICES TO LOW-INCOME FAMILIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
							TO PROVIDE FAMILY PLANNING SERVICES TO LOW-INCOME FAMILIES
NORTHERN INDIANA MATERNAL & CHILD HEALTH NETWORK244 S OLIVE ST STE E SOUTH BEND,IN 46619	20-2402368	501(C)3	606,791				TO PROVIDE FAMILY PLANNING SERVICES TO LOW-INCOME FAMILIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
OPEN DOOR HEALTH CENTER 3715 S MADISON MUNCIE,IN 47302	35-3018494	501(C)3	812,304				TO PROVIDE FAMILY PLANNING SERVICES TO LOW-INCOME FAMILIES
PLANNED PARENTHOOD OF INDIANA200 SOUTH MERIDIAN STREET INDIANAPOLIS,IN 46225	35-0874276	501(C)3	1,640,582				TO PROVIDE FAMILY PLANNING SERVICES TO LOW-INCOME FAMILIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
TRI- CAP607 THIRD AVENUE JASPER,IN 47547	35-1121163	501(C)3	360,525				TO PROVIDE FAMILY PLANNING SERVICES TO LOW-INCOME FAMILIES
MONROE COUNTY HEALTH DEPARTMENT119 W 7TH STREET BLOOMINGTON,IN 47404	35-1732462	GOVERNMENT OPERATED	229,523				TO PROVIDE FAMILY PLANNING SERVICES TO LOW-INCOME FAMILIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
LAFAYETTE STREET HEALTH CENTER 2700 S LAFAYETTE STREET STE 200 FT WAYNE,IN 46806	35-6002041	501(C)3	317,967				TO PROVIDE FAMILY PLANNING SERVICES TO LOW-INCOME FAMILIES
JOHNSON NICHOLS HEALTH CLINIC141 MARTINSVILLE STREET GREENCASTLE,IN 46135	35-1270418	501(C)3	206,114				TO PROVIDE FAMILY PLANNING SERVICES TO LOW-INCOME FAMILIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
PACE HEALTH CONNECTIONS525 N 4TH STREET VINCENNES,IN 47591	35-1120537	501(C)3	608,330				TO PROVIDE FAMILY PLANNING SERVICES TO LOW-INCOME FAMILIES
NORTHSHORE HEALTH CENTER 3207 WILLOWCREEK RD PORTAGE,IN 46368	35-2028588	501(C)3	71,919				TO PROVIDE FAMILY PLANNING SERVICES TO LOW-INCOME FAMILIES

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
INDIANA FAMILY HEALTH COUNCIL INC

Employer identification number
35-1373319

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE 990 IS REVIEWED BY THE CHIEF FINANACIAL OFFICER AND THE PRESIDENT OF IFHC THE FORMS ARE THEN REVIEWED AND APPROVED BY THE TREASURER AND FINANCE COMMITTEE OF THE BOARD FOR ACCURACY THE EXECUTIVE COMMITTEE OF THE BOARD APPROVES AND DISTRIBUTES COPIES OF THE 990 TO EVERY VOTING MEMBER OF THE BOARD PRIOR TO IT BEING FILED
	FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS, EMPLOYEES AND ALL BOARD MEMBERS ARE REQUIRED TO ACKNOWLEDGE AND DISCLOSE ALL POSSIBLE CONFLICTS OF INTERESTS BY RE-CERTIFYING THE CONFLICT OF INTEREST STATEMENT THE BOARD CHAIR COLLECTS AND REVIEWS THEN REPORTS ANY CONFLICTS TO THE CEO
	FORM 990, PART VI, SECTION B, LINE 15	ON AN ANNUAL BASIS, THE EXECUTIVE COMMITTEE OF THE GOVERNING BOARD OF DIRECTORS REVIEWS THE PERFORMANCE OF THE CEO THE PERFORMANCE APPRAISAL ALONG WITH A COMPENSATION RECOMMENDATION ARE PROVIDED TO THE FULL GOVERNING BOARD FOR DISCUSSION AND APPROVAL A COMPARATIVE ANALYSIS OF CEO'S IN INDIANAPOLIS IS PERFORMED DURING THE PROCESS TO DETERMINE COMPENSATION
	FORM 990, PART VI, SECTION C, LINE 19	THESE DOCUMENTS ARE AVAILABLE UPON REQUEST TO THE PUBLIC
	FORM 990, PART XII, LINE 2C	THERE HAVE BEEN NO CHANGES TO THE ORGANIZATIONS COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT