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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 private foundations)

Do not enter Social Security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**Open to Public  
Inspection**A** For the 2013 calendar year, or tax year beginning

and ending

**B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organizationINDIANA ORGANIZATION OF NURSE  
EXECUTIVES, INC.

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

C/O D WIESMAN, 1 AMERICAN SQ.

Room/suite

1900

City or town, state or province, country, and ZIP or foreign postal code

INDIANAPOLIS, IN 46282

**F** Name and address of principal officer: MARY BROWNING

1 AM. SQUARE, SUITE 1900, INDIANAPOLIS, IN

**D** Employer identification number

35-1806270

**E** Telephone number

(317) 633-4870

**G** Gross receipts \$

377,161.

**H(a)** Is this a group return  
for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number**I** Tax-exempt status: ☐ 501(c)(3) ☒ 501(c)( 6 ) (insert no ) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.INDIANAONE.ORG**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation 1990**M** State of legal domicile IN**Part I Summary**

|                                    |                                                                                                                                                                                               |                                  |                     |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------|
| <b>Activities &amp; Governance</b> | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>ADVANCEMENT OF NURSING<br/>ADMINISTRATION &amp; SHAPE HEALTH CARE THROUGH INNOVATIVE &amp; EXPERT</b> |                                  |                     |
|                                    | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                              |                                  |                     |
|                                    | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)                                                                                                                    | <b>3</b>                         | 17                  |
|                                    | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)                                                                                                        | <b>4</b>                         | 17                  |
|                                    | <b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)                                                                                                         | <b>5</b>                         | 0                   |
|                                    | <b>6</b> Total number of volunteers (estimate if necessary)                                                                                                                                   | <b>6</b>                         | 300                 |
| <b>Revenue</b>                     | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12                                                                                                                | <b>7a</b>                        | 0.                  |
|                                    | <b>b</b> Net unrelated business taxable income from Form 990-T, line 34                                                                                                                       | <b>7b</b>                        | 0.                  |
|                                    | <b>8</b> Contributions and grants (Part VIII, line 1h)                                                                                                                                        | <b>Prior Year</b>                | <b>Current Year</b> |
|                                    | <b>9</b> Program service revenue (Part VIII, line 2g)                                                                                                                                         | 26,538.                          | 24,090.             |
|                                    | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                                       | 306,105.                         | 310,470.            |
|                                    | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6, 8, 9, 10, and 2044)                                                                                                               | 30,574.                          | 42,601.             |
|                                    | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                                  | 0.                               | 0.                  |
|                                    | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                                                                                                    | 363,217.                         | 377,161.            |
|                                    | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                                                                                                                       | 79,500.                          | 97,548.             |
|                                    | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                                                                                   | 0.                               | 0.                  |
| <b>Expenses</b>                    | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                                                                                                                      | 0.                               | 0.                  |
|                                    | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25)                                                                                                                            | 0.                               | 0.                  |
|                                    | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                                                                                                        | 111,560.                         | 140,504.            |
|                                    | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                                                                                                           | 191,060.                         | 238,052.            |
| <b>Net Assets or Fund Balances</b> | <b>19</b> Revenue less expenses. Subtract line 18 from line 12                                                                                                                                | 172,157.                         | 139,109.            |
|                                    | <b>20</b> Total assets (Part X, line 16)                                                                                                                                                      | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|                                    | <b>21</b> Total liabilities (Part X, line 26)                                                                                                                                                 | 646,198.                         | 785,307.            |
|                                    | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20                                                                                                                          | 0.                               | 0.                  |
|                                    |                                                                                                                                                                                               | 646,198.                         | 785,307.            |

**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.

|                          |                                                                          |                                                                                 |
|--------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>Sign Here</b>         | <b>Signature of officer</b><br><i>Mary Browning</i>                      | <b>Date</b><br>10/27/14                                                         |
|                          | <b>MARY BROWNING, EXECUTIVE DIRECTOR</b><br>Type or print name and title |                                                                                 |
| <b>Paid</b>              | <b>Print/Type preparer's name</b><br>JEFFREY PEEK                        | <b>Preparer's signature</b><br><i>Jeffrey Peek</i>                              |
| <b>Preparer Use Only</b> | <b>Firm's name</b><br>HALL RENDER KILLIAN HEATH & LYMAN PC               | <b>Date</b><br>10/22/14                                                         |
|                          | <b>Firm's address</b><br>1 AM SQUARE, # 2000<br>INDIANAPOLIS, IN 46282   | <b>Check if self-employed</b> <input type="checkbox"/> <b>PTIN</b><br>P00011019 |
|                          | <b>Firm's EIN</b><br>35-1427161                                          | <b>Phone no</b> (317) 633-4884                                                  |

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

332001 10-29-13

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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INDIANA ORGANIZATION OF NURSE  
EXECUTIVES, INC.

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**Part III** Statement of Program Service Accomplishments

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

☒ X

1 Briefly describe the organization's mission:

THE INDIANA ORGANIZATION OF NURSE EXECUTIVES (IONE) IS THE PROFESSIONAL ORGANIZATION FOR NURSES WHO DESIGN, FACILITATE AND MANAGE CARE. SINCE 1974, THE ORGANIZATION HAS PROVIDED LEADERSHIP, PROFESSIONAL DEVELOPMENT, ADVOCACY AND RESEARCH TO ADVANCE NURSING

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 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 \$ including grants of \$ 35,000. ) (Revenue \$ )

GRANT TO INDIANA CENTER FOR NURSING WAS GIVEN TO SUPPORT STATEWIDE EFFORTS TO ENSURE THE HIGHEST QUALITY NURSING WORKFORCE IN INDIANA, THE NURSING WORKFORCE SURVEY, INAC MEETING AND STATEWIDE NURSING SUMMIT.

4b (Code ) (Expenses \$ including grants of \$ 12,000. ) (Revenue \$ )

GRANT TO SOUTHWEST INDIANA ORGANIZATION OF NURSE EXECUTIVES WAS GIVEN FOR FUNDING THEIR SPRING CONFERENCE SPEAKER FEES.

4c (Code ) (Expenses \$ including grants of \$ 4,113. ) (Revenue \$ )

GRANT TO BALL STATE UNIVERSITY WAS GIVEN FOR FUNDING THEIR SPRING CONFERENCE SPEAKER FEES.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ 46,435. ) (Revenue \$ )

4e Total program service expenses

**INDIANA ORGANIZATION OF NURSE  
EXECUTIVES, INC.**

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**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                           | Yes | No       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>                                                                                                                                                                      |     | <b>X</b> |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?                                                                                                                                                                                                                           |     | <b>X</b> |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>                                                                                                                      |     | <b>X</b> |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>                                                                                                       |     |          |
| <b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>                                                                               |     | <b>X</b> |
| <b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>                                                    |     | <b>X</b> |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>                                                                                            |     | <b>X</b> |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>                                                                                                                                                         |     | <b>X</b> |
| <b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?<br><i>If "Yes," complete Schedule D, Part IV</i>         |     | <b>X</b> |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>                                                                                                     |     | <b>X</b> |
| <b>11</b> 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.                                                                                                                                                                 |     |          |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>                                                                                                                                                                       |     | <b>X</b> |
| <b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>                                                                                                   |     | <b>X</b> |
| <b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>                                                                                                   |     | <b>X</b> |
| <b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>                                                                                                                      |     | <b>X</b> |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>                                                                                                                                                                                     |     | <b>X</b> |
| <b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>                                                            |     | <b>X</b> |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>                                                                                                                                                        |     | <b>X</b> |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>                                                                        |     | <b>X</b> |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>                                                                                                                                                                                                        |     | <b>X</b> |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                                    |     | <b>X</b> |
| <b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> |     | <b>X</b> |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>                                                                                                           |     | <b>X</b> |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>                                                                                                     |     | <b>X</b> |
| <b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i>                                                                                                               |     | <b>X</b> |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>                                                                                                                           |     | <b>X</b> |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>                                                                                                                                                     |     | <b>X</b> |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>                                                                                                                                                                                                             |     | <b>X</b> |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                                     |     |          |

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

|                                                                                                                                                                                                                                                                                                                            | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>                                                                                                      | X   |    |
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>                                                                                                            | X   |    |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>                                                      |     | X  |
| <b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>                           |     | X  |
| <b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                                                                                                                                               |     |    |
| <b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?                                                                                                                                                                      |     |    |
| <b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                                                                                                                                                                         |     |    |
| <b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>                                                                                                     |     |    |
| <b>25b</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? <i>If "Yes," complete Schedule L, Part I</i>                                      |     |    |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>                                    |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> |     | X  |
| <b>28</b> 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):                                                                                                                    |     |    |
| <b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>                                                                                                                                                                                                  |     | X  |
| <b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>                                                                                                                                                                               |     | X  |
| <b>28c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>                                                                                   |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>                                                                                                                                                                                                  |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>                                                                                                                                  |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations?<br><i>If "Yes," complete Schedule N, Part I</i>                                                                                                                                                                                     |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>                                                                                                                                                                      |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>                                                                                                                      |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>                                                                                                                                                                  |     | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                         |     | X  |
| <b>35b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>                                                                                        |     |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>                                                                                                                           |     |    |
| <b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i>                                                                             |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?                                                                                                                                                                                                   | X   |    |

**Note.** All Form 990 filers are required to complete Schedule O

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

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

|                                                                                                                                                                                                                                                                                |      | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----|----|
| <b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable                                                                                                                                                                                         | 1a 0 |     |    |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable                                                                                                                                                                                       | 1b 0 |     |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                                              | 1c   |     |    |
| <b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return                                                                                        | 2a 0 |     |    |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                                    | 2b   |     |    |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                        | 3a   |     | X  |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O                                                                                                                                                          | 3b   |     |    |
| <b>4a</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)?                           | 4a   |     | X  |
| <b>b</b> If "Yes," enter the name of the foreign country: <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span><br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.         |      |     |    |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                                                | 5a   |     | X  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                      | 5b   |     | X  |
| <b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                                                    | 5c   |     |    |
| <b>6a</b> 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 as charitable contributions?                                                              | 6a   |     | X  |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                                         | 6b   |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                                         |      |     |    |
| <b>a</b> 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   |     |    |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                       | 7b   |     |    |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                                                  | 7c   |     |    |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year                                                                                                                                                                                                     | 7d   |     |    |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                                       | 7e   |     |    |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                          | 7f   |     |    |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                                                      | 7g   |     |    |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                                                    | 7h   |     |    |
| <b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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    |     |    |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                                             |      |     |    |
| <b>a</b> Did the organization make any taxable distributions under section 4966?                                                                                                                                                                                               | 9a   |     |    |
| <b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                | 9b   |     |    |
| <b>10 Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                                                              |      |     |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12                                                                                                                                                                                              | 10a  |     |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                                                                                           | 10b  |     |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter:                                                                                                                                                                                                                             |      |     |    |
| <b>a</b> Gross income from members or shareholders                                                                                                                                                                                                                             | 11a  |     |    |
| <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)                                                                                                                                          | 11b  |     |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                          | 12a  |     |    |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                                                                 | 12b  |     |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                                                     |      |     |    |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                                                      | 13a  |     |    |
| <b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans                                                                                                             | 13b  |     |    |
| <b>c</b> Enter the amount of reserves on hand                                                                                                                                                                                                                                  | 13c  |     |    |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                                          | 14a  |     | X  |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O                                                                                                                                                             | 14b  |     |    |

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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

|                                                                                                                                                                                                                                                                                                                   | 1a | 1b | 2 | 3  | 4 | 5 | 6 | 7a | 7b | 8a | 8b | 9 | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|---|----|---|---|---|----|----|----|----|---|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | 17 |    |   |    |   |   |   |    |    |    |    |   |     |    |
| <b>b</b> Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                                                                                                       |    | 17 |   |    |   |   |   |    |    |    |    |   |     |    |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?                                                                                                                                    |    |    | 2 |    |   |   |   |    |    |    |    |   |     | X  |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?                                                                                     |    |    |   | 3  |   |   |   |    |    |    |    |   |     | X  |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                                                                                                         |    |    |   | 4  |   |   |   |    |    |    |    |   |     | X  |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                                                                                                               |    |    |   | 5  |   |   |   |    |    |    |    |   |     | X  |
| <b>6</b> Did the organization have members or stockholders?                                                                                                                                                                                                                                                       |    |    |   | 6  |   |   |   |    |    |    |    |   |     | X  |
| <b>7a</b> 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 |   |   |   |    |    |    |    |   |     | X  |
| <b>b</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 |   |   |   |    |    |    |    |   |     | X  |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following                                                                                                                                                                         |    |    |   |    |   |   |   |    |    |    |    |   |     |    |
| <b>a</b> The governing body?                                                                                                                                                                                                                                                                                      |    |    |   | 8a |   | X |   |    |    |    |    |   |     |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body?                                                                                                                                                                                                                                    |    |    |   | 8b |   | X |   |    |    |    |    |   |     |    |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O                                                                                             |    |    |   | 9  |   |   |   |    |    |    |    |   |     | X  |

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

|                                                                                                                                                                                                                                                                                                       | 10a | 10b | 11a | 12a | 12b | 12c | 13 | 14 | 15a | 15b | 16a | 16b | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|-----|----|----|-----|-----|-----|-----|-----|----|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                         | 10a |     |     |     |     |     |    |    |     |     |     |     |     | X  |
| <b>b</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 |     |     |     |     |    |    |     |     |     |     |     |    |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                |     |     | 11a | X   |     |     |    |    |     |     |     |     |     |    |
| <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.                                                                                                                                                                                                |     |     |     |     |     |     |    |    |     |     |     |     |     |    |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                                                                                    |     |     |     | 12a |     |     |    |    |     |     |     |     |     | X  |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                          |     |     |     | 12b |     |     |    |    |     |     |     |     |     |    |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done                                                                                                                                           |     |     |     | 12c |     |     |    |    |     |     |     |     |     |    |
| <b>13</b> Did the organization have a written whistleblower policy?                                                                                                                                                                                                                                   |     |     |     | 13  |     |     |    |    |     |     |     |     |     | X  |
| <b>14</b> Did the organization have a written document retention and destruction policy?                                                                                                                                                                                                              |     |     |     | 14  |     |     |    |    |     |     |     |     |     | X  |
| <b>15</b> 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?                                                                        |     |     |     |     |     |     |    |    |     |     |     |     |     |    |
| <b>a</b> The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                       |     |     |     | 15a |     |     |    |    |     |     |     |     |     | X  |
| <b>b</b> Other officers or key employees of the organization<br>If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).                                                                                                                                                   |     |     |     | 15b |     |     |    |    |     |     |     |     |     | X  |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                                                                                                                                      |     |     |     | 16a |     |     |    |    |     |     |     |     |     | X  |
| <b>b</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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website    ☐ Another's website    ☒ Upon request    ☐ Other (explain in Schedule O)

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

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**  
**CHERYL PULLUM, C/O INDIANA HOSPITAL ASSOCIATION - (317) 633-4870**  
**ONE AMERICAN SQUARE, SUITE 1900, INDIANAPOLIS, IN 46282**

**INDIANA ORGANIZATION OF NURSE  
EXECUTIVES, INC.**

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

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title                                      | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) BRIDGET JOHNSON<br>PRESIDENT                           | 9.00                                                                                | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (2) ANITA IVANKOVIG<br>PRESIDENT ELECT                     | 2.00                                                                                | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (3) YVONNE CULPEPPER<br>SECRETARY                          | 2.00                                                                                | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (4) MICHELLE BISESI<br>PAST PRESIDENT & CHAIR OF           | 1.00                                                                                | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (5) MARY BROWNING<br>EXECUTIVE DIRECTOR                    | 1.00                                                                                | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 22,789.                                                                   | 0.                                                                                            |
| (6) LYNN TURNER<br>TREASURER                               | 1.00                                                                                | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (7) JENNIFER EMBREE<br>BOARD MEMBER AT LARGE               | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (8) TRISH WEBER<br>BOARD MEMBER AT LARGE                   | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (9) SHARON BERRY<br>BOARD MEMBER AT LARGE                  | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (10) DEBORAH J. LYONS<br>BOARD MEMBER & CENTRAL DIST PRES  | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (11) SANDRA HAGGART<br>BOARD MEMBER & CENTRAL SW DIST PRES | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (12) MELODI GREENE<br>BOARD MEMBER & EASTERN DIST PRES     | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (13) TRINA MARLATT<br>BOARD MEMBER & MIDWEST DIST PRES     | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (14) ANN DARRAH<br>BOARD MEMBER & NORTHERN DIST PRES       | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (15) MARCI HAMILTON<br>BOARD MEMBER & NE DIST PRES         | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (16) CATHY WICHMAN<br>BOARD MEMBER & SE DIST PRES          | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (17) KAREN HAAK<br>BOARD MEMBER & SW DIST PRES             | 1.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |

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[illegible]

|   |                                                                                                                                                                 |   |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| 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 | 0 |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---|

## Section B. Independent Contractors

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE                             |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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**INDIANA ORGANIZATION OF NURSE  
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**Part VIII Statement of Revenue**

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

|                                                                   |                                                                                                                                              | (A)<br>Total revenue        | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluded<br>from tax under<br>sections<br>512-514 |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------------------|-----------------------------------------|------------------------------------------------------------------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | <b>1 a</b> Federated campaigns                                                                                                               | <b>1a</b>                   |                                                 |                                         |                                                                  |
|                                                                   | <b>b</b> Membership dues                                                                                                                     | <b>1b</b> 24,090.           |                                                 |                                         |                                                                  |
|                                                                   | <b>c</b> Fundraising events                                                                                                                  | <b>1c</b>                   |                                                 |                                         |                                                                  |
|                                                                   | <b>d</b> Related organizations                                                                                                               | <b>1d</b>                   |                                                 |                                         |                                                                  |
|                                                                   | <b>e</b> Government grants (contributions)                                                                                                   | <b>1e</b>                   |                                                 |                                         |                                                                  |
|                                                                   | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above                                                   | <b>1f</b>                   |                                                 |                                         |                                                                  |
|                                                                   | <b>g</b> Noncash contributions included in lines 1a-1f \$                                                                                    |                             |                                                 |                                         |                                                                  |
|                                                                   | <b>h Total.</b> Add lines 1a-1f                                                                                                              | 24,090.                     |                                                 |                                         |                                                                  |
| <b>Program Service<br/>Revenue</b>                                | <b>2 a</b> <u>INDIANA STATE LICENSE</u>                                                                                                      | <b>Business Code</b> 453220 | 265,300.                                        | 265,300.                                |                                                                  |
|                                                                   | <b>b</b> <u>FALL CONFERENCE</u>                                                                                                              | 611430                      | 28,270.                                         | 28,270.                                 |                                                                  |
|                                                                   | <b>c</b> <u>SPRING CONFERENCE</u>                                                                                                            | 611430                      | 16,900.                                         | 16,900.                                 |                                                                  |
|                                                                   | <b>d</b>                                                                                                                                     |                             |                                                 |                                         |                                                                  |
|                                                                   | <b>e</b>                                                                                                                                     |                             |                                                 |                                         |                                                                  |
|                                                                   | <b>f</b> All other program service revenue                                                                                                   |                             |                                                 |                                         |                                                                  |
|                                                                   | <b>g Total.</b> Add lines 2a-2f                                                                                                              | 310,470.                    |                                                 |                                         |                                                                  |
| <b>Other Revenue</b>                                              | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts)                                                     |                             | 42,601.                                         | 42,601.                                 |                                                                  |
|                                                                   | <b>4</b> Income from investment of tax-exempt bond proceeds                                                                                  |                             |                                                 |                                         |                                                                  |
|                                                                   | <b>5</b> Royalties                                                                                                                           |                             |                                                 |                                         |                                                                  |
|                                                                   | <b>6 a</b> Gross rents                                                                                                                       | (i) Real (ii) Personal      |                                                 |                                         |                                                                  |
|                                                                   | <b>b</b> Less: rental expenses                                                                                                               |                             |                                                 |                                         |                                                                  |
|                                                                   | <b>c</b> Rental income or (loss)                                                                                                             |                             |                                                 |                                         |                                                                  |
|                                                                   | <b>d</b> Net rental income or (loss)                                                                                                         |                             |                                                 |                                         |                                                                  |
|                                                                   | <b>7 a</b> Gross amount from sales of<br>assets other than inventory                                                                         | (i) Securities (ii) Other   |                                                 |                                         |                                                                  |
|                                                                   | <b>b</b> Less: cost or other basis<br>and sales expenses                                                                                     |                             |                                                 |                                         |                                                                  |
|                                                                   | <b>c</b> Gain or (loss)                                                                                                                      |                             |                                                 |                                         |                                                                  |
|                                                                   | <b>d</b> Net gain or (loss)                                                                                                                  |                             |                                                 |                                         |                                                                  |
|                                                                   | <b>8 a</b> Gross income from fundraising events (not<br>including \$ _____ of<br>contributions reported on line 1c). See<br>Part IV, line 18 | <b>a</b>                    |                                                 |                                         |                                                                  |
|                                                                   | <b>b</b> Less: direct expenses                                                                                                               | <b>b</b>                    |                                                 |                                         |                                                                  |
|                                                                   | <b>c</b> Net income or (loss) from fundraising events                                                                                        |                             |                                                 |                                         |                                                                  |
|                                                                   | <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19                                                                      | <b>a</b>                    |                                                 |                                         |                                                                  |
|                                                                   | <b>b</b> Less: direct expenses                                                                                                               | <b>b</b>                    |                                                 |                                         |                                                                  |
|                                                                   | <b>c</b> Net income or (loss) from gaming activities                                                                                         |                             |                                                 |                                         |                                                                  |
|                                                                   | <b>10 a</b> Gross sales of inventory, less returns<br>and allowances                                                                         | <b>a</b>                    |                                                 |                                         |                                                                  |
| <b>b</b> Less: cost of goods sold                                 | <b>b</b>                                                                                                                                     |                             |                                                 |                                         |                                                                  |
| <b>c</b> Net income or (loss) from sales of inventory             |                                                                                                                                              |                             |                                                 |                                         |                                                                  |
| <b>Miscellaneous Revenue</b>                                      |                                                                                                                                              | <b>Business Code</b>        |                                                 |                                         |                                                                  |
| <b>11 a</b>                                                       |                                                                                                                                              |                             |                                                 |                                         |                                                                  |
| <b>b</b>                                                          |                                                                                                                                              |                             |                                                 |                                         |                                                                  |
| <b>c</b>                                                          |                                                                                                                                              |                             |                                                 |                                         |                                                                  |
| <b>d</b> All other revenue                                        |                                                                                                                                              |                             |                                                 |                                         |                                                                  |
| <b>e Total.</b> Add lines 11a-11d                                 |                                                                                                                                              |                             |                                                 |                                         |                                                                  |
| <b>12 Total revenue.</b> See instructions                         |                                                                                                                                              | 377,161.                    | 353,071.                                        | 0.                                      | 0.                                                               |

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.                                                                                                                      | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21                                                                                            | 51,113.               |                                 |                                        |                             |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22                                                                                                             | 46,435.               |                                 |                                        |                             |
| 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                                                                                                                          |                       |                                 |                                        |                             |
| 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                                                                                                                                                                          |                       |                                 |                                        |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)                                                                                                |                       |                                 |                                        |                             |
| 9 Other employee benefits                                                                                                                                                                           |                       |                                 |                                        |                             |
| 10 Payroll taxes                                                                                                                                                                                    |                       |                                 |                                        |                             |
| 11 Fees for services (non-employees):                                                                                                                                                               |                       |                                 |                                        |                             |
| a Management                                                                                                                                                                                        | 24,532.               |                                 |                                        |                             |
| b Legal                                                                                                                                                                                             | 1,925.                |                                 |                                        |                             |
| c Accounting                                                                                                                                                                                        |                       |                                 |                                        |                             |
| d Lobbying                                                                                                                                                                                          |                       |                                 |                                        |                             |
| e Professional fundraising services See Part IV, line 17                                                                                                                                            |                       |                                 |                                        |                             |
| f Investment management fees                                                                                                                                                                        |                       |                                 |                                        |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O)                                                                                            |                       |                                 |                                        |                             |
| 12 Advertising and promotion                                                                                                                                                                        | 3,450.                |                                 |                                        |                             |
| 13 Office expenses                                                                                                                                                                                  | 1,250.                |                                 |                                        |                             |
| 14 Information technology                                                                                                                                                                           | 14,500.               |                                 |                                        |                             |
| 15 Royalties                                                                                                                                                                                        |                       |                                 |                                        |                             |
| 16 Occupancy                                                                                                                                                                                        |                       |                                 |                                        |                             |
| 17 Travel                                                                                                                                                                                           | 11,172.               |                                 |                                        |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                   |                       |                                 |                                        |                             |
| 19 Conferences, conventions, and meetings                                                                                                                                                           | 82,611.               |                                 |                                        |                             |
| 20 Interest                                                                                                                                                                                         |                       |                                 |                                        |                             |
| 21 Payments to affiliates                                                                                                                                                                           | 500.                  |                                 |                                        |                             |
| 22 Depreciation, depletion, and amortization                                                                                                                                                        |                       |                                 |                                        |                             |
| 23 Insurance                                                                                                                                                                                        |                       |                                 |                                        |                             |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) |                       |                                 |                                        |                             |
| a <u>BMV UPDATE</u>                                                                                                                                                                                 | 316.                  |                                 |                                        |                             |
| b <u>FLOWERS, DECORATIONS, B</u>                                                                                                                                                                    | 138.                  |                                 |                                        |                             |
| c <u>DESIGN FEES</u>                                                                                                                                                                                | 100.                  |                                 |                                        |                             |
| d <u>IN SECY OF STATE - BIEN</u>                                                                                                                                                                    | 10.                   |                                 |                                        |                             |
| e All other expenses                                                                                                                                                                                |                       |                                 |                                        |                             |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e                                                                                                                                        | 238,052.              |                                 |                                        |                             |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                            |                       |                                 |                                        |                             |

Check here ☐ if following SOP 98-2 (ASC 958-720)

**INDIANA ORGANIZATION OF NURSE  
EXECUTIVES, INC.**

Form 990 (2013)

35-1806270 Page **11**

**Part X Balance Sheet**

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

|                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                            | (A)<br>Beginning of year                                                                                                                               |            | (B)<br>End of year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------|
| <b>Assets</b>                                                                                                                                       | <b>1</b> Cash - non-interest-bearing                                                                                                                                                                                                                                                                                       |                                                                                                                                                        | <b>1</b>   |                    |
|                                                                                                                                                     | <b>2</b> Savings and temporary cash investments                                                                                                                                                                                                                                                                            | 646,198.                                                                                                                                               | <b>2</b>   | 785,307.           |
|                                                                                                                                                     | <b>3</b> Pledges and grants receivable, net                                                                                                                                                                                                                                                                                |                                                                                                                                                        | <b>3</b>   |                    |
|                                                                                                                                                     | <b>4</b> Accounts receivable, net                                                                                                                                                                                                                                                                                          |                                                                                                                                                        | <b>4</b>   |                    |
|                                                                                                                                                     | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L                                                                                                                                               |                                                                                                                                                        | <b>5</b>   |                    |
|                                                                                                                                                     | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L |                                                                                                                                                        | <b>6</b>   |                    |
|                                                                                                                                                     | <b>7</b> Notes and loans receivable, net                                                                                                                                                                                                                                                                                   |                                                                                                                                                        | <b>7</b>   |                    |
|                                                                                                                                                     | <b>8</b> Inventories for sale or use                                                                                                                                                                                                                                                                                       |                                                                                                                                                        | <b>8</b>   |                    |
|                                                                                                                                                     | <b>9</b> Prepaid expenses and deferred charges                                                                                                                                                                                                                                                                             |                                                                                                                                                        | <b>9</b>   |                    |
|                                                                                                                                                     | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D                                                                                                                                                                                                                             | <b>10a</b>                                                                                                                                             |            |                    |
|                                                                                                                                                     | <b>b</b> Less: accumulated depreciation                                                                                                                                                                                                                                                                                    | <b>10b</b>                                                                                                                                             | <b>10c</b> |                    |
|                                                                                                                                                     | <b>11</b> Investments - publicly traded securities                                                                                                                                                                                                                                                                         |                                                                                                                                                        | <b>11</b>  |                    |
|                                                                                                                                                     | <b>12</b> Investments - other securities. See Part IV, line 11                                                                                                                                                                                                                                                             |                                                                                                                                                        | <b>12</b>  |                    |
|                                                                                                                                                     | <b>13</b> Investments - program-related. See Part IV, line 11                                                                                                                                                                                                                                                              |                                                                                                                                                        | <b>13</b>  |                    |
|                                                                                                                                                     | <b>14</b> Intangible assets                                                                                                                                                                                                                                                                                                |                                                                                                                                                        | <b>14</b>  |                    |
|                                                                                                                                                     | <b>15</b> Other assets. See Part IV, line 11                                                                                                                                                                                                                                                                               |                                                                                                                                                        | <b>15</b>  |                    |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)                                                                                 | 646,198.                                                                                                                                                                                                                                                                                                                   | <b>16</b>                                                                                                                                              | 785,307.   |                    |
| <b>Liabilities</b>                                                                                                                                  | <b>17</b> Accounts payable and accrued expenses                                                                                                                                                                                                                                                                            |                                                                                                                                                        | <b>17</b>  |                    |
|                                                                                                                                                     | <b>18</b> Grants payable                                                                                                                                                                                                                                                                                                   |                                                                                                                                                        | <b>18</b>  |                    |
|                                                                                                                                                     | <b>19</b> Deferred revenue                                                                                                                                                                                                                                                                                                 |                                                                                                                                                        | <b>19</b>  |                    |
|                                                                                                                                                     | <b>20</b> Tax-exempt bond liabilities                                                                                                                                                                                                                                                                                      |                                                                                                                                                        | <b>20</b>  |                    |
|                                                                                                                                                     | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D                                                                                                                                                                                                                                            |                                                                                                                                                        | <b>21</b>  |                    |
|                                                                                                                                                     | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L                                                                                                                             |                                                                                                                                                        | <b>22</b>  |                    |
|                                                                                                                                                     | <b>23</b> Secured mortgages and notes payable to unrelated third parties                                                                                                                                                                                                                                                   |                                                                                                                                                        | <b>23</b>  |                    |
|                                                                                                                                                     | <b>24</b> Unsecured notes and loans payable to unrelated third parties                                                                                                                                                                                                                                                     |                                                                                                                                                        | <b>24</b>  |                    |
|                                                                                                                                                     | <b>25</b> 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                                                                                                                                            |                                                                                                                                                        | <b>25</b>  |                    |
|                                                                                                                                                     | <b>26 Total liabilities.</b> Add lines 17 through 25                                                                                                                                                                                                                                                                       | 0.                                                                                                                                                     | <b>26</b>  | 0.                 |
|                                                                                                                                                     | <b>Net Assets or Fund Balances</b>                                                                                                                                                                                                                                                                                         | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b> |            |                    |
| <b>27</b> Unrestricted net assets                                                                                                                   |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                        | <b>27</b>  |                    |
| <b>28</b> Temporarily restricted net assets                                                                                                         |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                        | <b>28</b>  |                    |
| <b>29</b> Permanently restricted net assets                                                                                                         |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                        | <b>29</b>  |                    |
| <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b> |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                        |            |                    |
| <b>30</b> Capital stock or trust principal, or current funds                                                                                        |                                                                                                                                                                                                                                                                                                                            | 0.                                                                                                                                                     | <b>30</b>  | 0.                 |
| <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund                                                                          |                                                                                                                                                                                                                                                                                                                            | 0.                                                                                                                                                     | <b>31</b>  | 0.                 |
| <b>32</b> Retained earnings, endowment, accumulated income, or other funds                                                                          |                                                                                                                                                                                                                                                                                                                            | 646,198.                                                                                                                                               | <b>32</b>  | 785,307.           |
| <b>33</b> Total net assets or fund balances                                                                                                         |                                                                                                                                                                                                                                                                                                                            | 646,198.                                                                                                                                               | <b>33</b>  | 785,307.           |
| <b>34</b> Total liabilities and net assets/fund balances                                                                                            | 646,198.                                                                                                                                                                                                                                                                                                                   | <b>34</b>                                                                                                                                              | 785,307.   |                    |

Form **990** (2013)

**INDIANA ORGANIZATION OF NURSE  
EXECUTIVES, INC.**

Form 990 (2013)

35-1806270 Page **12**

**Part XI Reconciliation of Net Assets**

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

|           |                                                                                                                |           |          |
|-----------|----------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | <b>1</b>  | 377,161. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                       | <b>2</b>  | 238,052. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1                                                             | <b>3</b>  | 139,109. |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 646,198. |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                   | <b>5</b>  |          |
| <b>6</b>  | Donated services and use of facilities                                                                         | <b>6</b>  |          |
| <b>7</b>  | Investment expenses                                                                                            | <b>7</b>  |          |
| <b>8</b>  | Prior period adjustments                                                                                       | <b>8</b>  |          |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)                                           | <b>9</b>  | 0.       |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 785,307. |

**Part XII Financial Statements and Reporting**

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

- 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?  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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?
- 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

|           | Yes | No       |
|-----------|-----|----------|
| <b>2a</b> |     | <b>X</b> |
| <b>2b</b> |     | <b>X</b> |
| <b>2c</b> |     |          |
| <b>3a</b> |     | <b>X</b> |
| <b>3b</b> |     |          |

Form **990** (2013)

**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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **INDIANA ORGANIZATION OF NURSE  
EXECUTIVES, INC.**

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

Employer identification number  
**35-1806270**

**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. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government                                                        | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                                             |
|-------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------|
| INDIANA CENTER FOR NURSING<br>9302 N. MERIDIAN ST., SUITE 365<br>INDIANAPOLIS, IN 46260                     | 38-3697192 |                               | 35,000.                  | 0.                                |                                                       |                                        | TO SUPPORT STATEWIDE<br>EFFORTS TO ENSURE HIGHEST<br>QUALITY NURSING WORKFORCE |
| SOUTHWEST INDIANA ORGANIZATION OF<br>NURSE EXECUTIVES - 10700<br>COACHLIGHT DRIVE - EVANSVILLE, IN<br>47725 | 75-3151426 |                               | 12,000.                  | 0.                                |                                                       |                                        | TO SUPPORT SWIONE SPRING<br>CONFERENCE SPEAKER FEES                            |
| BALL STATE UNIVERSITY<br>2000 UNIVERSITY AVE.<br>MUNCIE, IN 47306                                           | 35-6000221 |                               | 4,113.                   | 0.                                |                                                       |                                        | TO HELP PAY FOR SPEAKER<br>FOR SPRING CONFERENCE                               |
|                                                                                                             |            |                               |                          |                                   |                                                       |                                        |                                                                                |
|                                                                                                             |            |                               |                          |                                   |                                                       |                                        |                                                                                |
|                                                                                                             |            |                               |                          |                                   |                                                       |                                        |                                                                                |

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

2.

**3** Enter total number of other organizations listed in the line 1 table

1.

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

Schedule I (Form 990) (2013)

### III 16d

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

| (a) Type of grant or assistance                                                 | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------------------------------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|
| GRADUATE LEVEL NURSING STUDENT SCHOLARSHIPS AT \$3,000 EACH                     | 9                        | 27,000.                  | 0.                                |                                                       |                                        |
| FALL CONFERENCE REGISTRATION FEES AT NATIONAL ASSOCIATION MEETING AT \$845 EACH | 23                       | 19,435.                  | 0.                                |                                                       |                                        |
|                                                                                 |                          |                          |                                   |                                                       |                                        |
|                                                                                 |                          |                          |                                   |                                                       |                                        |
|                                                                                 |                          |                          |                                   |                                                       |                                        |

## Part IV

**Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

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

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization **INDIANA ORGANIZATION OF NURSE  
EXECUTIVES, INC.**

Employer identification number  
**35-1806270**

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

**NURSING LEADERSHIP**

**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

**PRACTICE AND PATIENT CARE, PROMOTE NURSING LEADERSHIP EXCELLENCE AND  
SHAPE PUBLIC POLICY FOR HEALTH CARE.**

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

**SCHOLARSHIP PROGRAM - SCHOLARSHIPS GRANTED TO 9 RECIPIENTS OF MASTER'S  
OF NURSING ADMINISTRATION PROGRAM OR DNP/PHD NURSING PROGRAM WITHIN THE  
STATE OF INDIANA OF \$3,000 EACH; ALSO PAID REGISTRATION FEE FOR 23  
MEMBERS TO ATTEND 2013 AONE NATIONAL FALL CONFERENCE.**

**EXPENSES \$ 0. INCLUDING GRANTS OF \$ 46,435. REVENUE \$ 0.**

**FORM 990, PART VI, SECTION B, LINE 11:**

**EXPLANATION: ALL MEMBERS OF THE BOARD OF DIRECTORS ARE PROVIDED A REVIEW  
COPY OF FORM 990 TO REVIEW BEFORE FILING.**

**FORM 990, PART VI, SECTION C, LINE 19:**

**EXPLANATION: FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION AT THE PRINCIPAL  
OFFICE OF THE ORGANIZATION.**

# Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**  
► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868)

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- 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.

**Electronic filing (e-file)** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

## Part I Automatic 3-Month Extension of Time. Only submit original (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.

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

Enter the Return code for the return that this application is for (file a separate application for each return)

01

| Application Is For                       | Return Code | Application Is For                | Return Code |
|------------------------------------------|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

CHERYL PULLUM, C/O INDIANA HOSPITAL ASSOCIATION

• The books are in the care of ► ONE AMERICAN SQUARE, SUITE 1900 - INDIANAPOLIS, IN 46282  
Telephone No. ► (317) 633-4870 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 is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☒ calendar year **2013** or  
► ☐ tax year beginning , and ending .

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

|                                                                                                                                                                                        |    |    |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|----|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.       | 3c | \$ | 0. |

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

|                                                                               |                                                                                                                           |                                                              |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| Type or print<br>File by the due date for filing your return See instructions | Name of exempt organization or other filer, see instructions.<br><b>INDIANA ORGANIZATION OF NURSE EXECUTIVES, INC.</b>    | Employer identification number (EIN) or<br><b>35-1806270</b> |
|                                                                               | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>C/O D WIESMAN, 1 AMERICAN SQ., NO. 1900</b>  | Social security number (SSN)                                 |
|                                                                               | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>INDIANAPOLIS, IN 46282</b> |                                                              |

Enter the Return code for the return that this application is for (file a separate application for each return)

**01**

| Application Is For                       | Return Code | Application Is For                | Return Code |
|------------------------------------------|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          |                                   |             |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**CHERYL PULLUM, C/O INDIANA HOSPITAL ASSOCIATION**

• The books are in the care of **▶ ONE AMERICAN SQUARE, SUITE 1900 - INDIANAPOLIS, IN 46282**  
Telephone No. **▶ (317) 633-4870** 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 is for.

**4** I request an additional 3-month extension of time until **NOVEMBER 15, 2014.**

**5** For calendar year **2013**, or other tax year beginning **▶**, and ending **▶**.

**6** If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

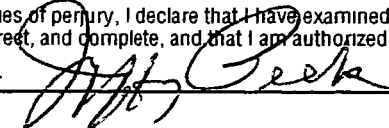
**7** State in detail why you need the extension

**ADDITIONAL TIME IS NEEDED FOR OUTSIDE THIRD PARTIES TO GATHER AND PROVIDE NEEDED INFORMATION TO ASSURE A COMPLETE AND ACCURATE RETURN IS FILED.**

|                                                                                                                                                                                                                                             |           |    |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|-----------|
| <b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                                                                 | <b>8a</b> | \$ | <b>0.</b> |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | <b>8b</b> | \$ | <b>0.</b> |
| <b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.                                                            | <b>8c</b> | \$ | <b>0.</b> |

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature **▶**  Title **▶** **ATTORNEY/CPA**

Date **▶** **8/4/14**

Form 8868 (Rev. 1-2014)