



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

OMB No 1545-0047

2013Open to Public
Inspection**A** For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization INSTITUTE FOR QUALITY EDUCATION, INC.		D Employer identification number 35-1836687
	Doing Business As		E Telephone number 317-951-8781
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 8,302,723.
	101 W. OHIO ST., SUITE 700		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code INDIANAPOLIS, IN 46204		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
F Name and address of principal officer: BETSY WILEY SAME AS C ABOVE			H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.I4QED.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1991 M State of legal domicile: IN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE TUITION ASSISTANCE TO LOW-INCOME FAMILIES FOR PRIMARY AND SECONDARY EDUCATION.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	12
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5
	6 Total number of volunteers (estimate if necessary)	12
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0.
b Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,569,374. Current Year 8,302,723.
	9 Program service revenue (Part VIII, line 2g)	0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0. 0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<26,897.> 0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,542,477. 8,302,723.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,236,072. 5,728,607.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	264,607. 248,610.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 117,800.	
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	90,320. 138,326.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,590,999. 6,115,543.
	19 Revenue less expenses. Subtract line 18 from line 12	951,478. 2,187,180.
	20 Total assets (Part X, line 16)	Beginning of Current Year 2,486,286. End of Year 4,673,466.
	21 Total liabilities (Part X, line 26)	0. 0.
22 Net assets or fund balances. Subtract line 21 from line 20		2,486,286. 4,673,466.

Part II Signature Block

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

Sign Here	Signature of officer <i>Betsy Wiley</i>		Date 5-11-15
	BETSY WILEY, PRESIDENT/CEO		Type or print name and title
Paid	Print/Type preparer's name KEITH T. GAMBREL	Preparer's signature KEITH T. GAMBREL	Date 05/04/15
Preparer	Firm's name ▶ KSM BUSINESS SERVICES, INC.	Firm's EIN ▶ 35-2123203	Check <input type="checkbox"/> PTIN if self-employed P00150740
Use Only	Firm's address ▶ P.O. BOX 40857 INDIANAPOLIS, IN 46240-0857	Phone no. (317) 580-2000	

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

☒ Yes ☐ No

SCANNED JUN 16 2013

617 21

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 ORGANIZATION PROVIDES TUITION ASSISTANCE TO LOW-INCOME STUDENTS,
SERVES AS A MODEL FOR RESEARCH AND LEGISLATION AND ENCOURAGES ALL
SCHOOLS TO IMPROVE BY INTRODUCING COMPETITION INTO THE SYSTEM. THE
ORGANIZATION CONDUCTS RESEARCH AND ANALYSIS ABOUT THE PRIMARY (K-12)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☒ X 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 ☒ X 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 \$ 5,917,571. including grants of \$ 5,728,607.) (Revenue \$)
SCHOLARSHIP GRANTING ORGANIZATION, WHICH IS CERTIFIED BY THE INDIANA
DEPARTMENT OF EDUCATION, GRANTS SCHOOL SCHOLARSHIPS TO CHILDREN TO
ASSIST IN TUITION AND FEES. FOR THE YEAR ENDED 6/30/2014 5,694
STUDENTS RECIEVED SCHOLARSHIPS.

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

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

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **5,917,571.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 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>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 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>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 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>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Form 990 (2013)

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b 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>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>		X
27 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
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c 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
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 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
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 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
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 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	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b 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>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 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

Form 990 (2013)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	5		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2013)

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
1a Enter the number of voting members of the governing body at the end of the tax year. 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.	12													
b Enter the number of voting members included in line 1a, above, who are independent		12												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2											X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				3										X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					4									X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?						5								X
6 Did the organization have members or stockholders?							6							X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?								7a						X
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
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?										8a	X			
b Each committee with authority to act on behalf of the governing body?											8b	X		
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O												9		X

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

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a													X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b												
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			11a											X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990														
12a Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X									
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?					12b	X								
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done						12c	X							
13 Did the organization have a written whistleblower policy?							13	X						
14 Did the organization have a written document retention and destruction policy?								14	X					
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?														
a The organization's CEO, Executive Director, or top management official									15a	X				
b Other officers or key employees of the organization										15b	X			
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).														
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?											16a			X
b If "Yes," 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: **MINDY COLBERT MESTA - 317-951-8781**
101 WEST OHIO ST., SUITE 700, INDIANAPOLIS, IN 46204

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) FRED KLIPSCH CHAIRMAN	1.00	X		X				0.	0.	0.
(2) ROBERT T. GRAND VICE CHAIRMAN	1.00	X		X				0.	0.	0.
(3) BETSY WILEY PRESIDENT/CEO	40.00			X				26,662.	48,688.	0.
(4) MINDY COLBERT MESTA EXECUTIVE DIRECTOR	40.00			X				89,073.	0.	116.
(5) AL HUBBARD BOARD MEMBER	1.00	X						0.	0.	0.
(6) MIKE WEAVER BOARD MEMBER	1.00	X						0.	0.	0.
(7) ROBERT ENLOW BOARD MEMBER	1.00	X						0.	0.	0.
(8) JERRY SLUSSER BOARD MEMBER	1.00	X						0.	0.	0.
(9) DAN DUMEZICH BOARD MEMBER	1.00	X						0.	0.	0.
(10) TOM LONGEST BOARD MEMBER	1.00	X						0.	0.	0.
(11) HEATHER WILEY BOARD MEMBER	1.00	X						0.	0.	0.
(12) CHRIS LOWERY BOARD MEMBER	1.00	X						0.	0.	0.
(13) NEIL PICKETT BOARD MEMBER	1.00	X						0.	0.	0.
(14) C. PHILIP BYERS BOARD MEMBER	1.00	X						0.	0.	0.

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,302,723.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f		8,302,723.				
Program Service Revenue	2 a		Business Code				
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		(i) Real	(ii) Personal				
b Less: rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses							
c Gain or (loss)							
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18							
b Less: direct expenses							
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19							
b Less: direct expenses							
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances							
b Less: cost of goods sold							
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.			8,302,723.	0.	0.	0.	

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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	5,728,607.	5,728,607.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	86,263.	43,994.	14,665.	27,604.
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	162,347.	82,797.	27,599.	51,951.
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				
b Legal				
c Accounting	16,267.		16,267.	
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				
13 Office expenses	73,525.	37,421.	13,390.	22,714.
14 Information technology				
15 Royalties				
16 Occupancy	42,807.	21,832.	7,277.	13,698.
17 Travel	5,727.	2,920.	974.	1,833.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
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 _____				
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	6,115,543.	5,917,571.	80,172.	117,800.
26 Joint costs. 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)

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,486,286.	1	4,673,466.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,295.		
	b Less: accumulated depreciation	10b 12,295.	0.	10c 0.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,486,286.	16	4,673,466.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0.	26	0.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,486,286.	27	4,673,466.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,486,286.	33	4,673,466.
	34 Total liabilities and net assets/fund balances	2,486,286.	34	4,673,466.

Form 990 (2013)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,302,723.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,115,543.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,187,180.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,486,286.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,673,466.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
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?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2013

Open to Public
Inspection

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

Name of the organization

INSTITUTE FOR QUALITY EDUCATION, INC.

Employer identification number

35-1836687

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2013

332021
09-25-13

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	662,865.	1,029,699.	2,843,583.	3,584,374.	8,302,723.	16,423,244.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	662,865.	1,029,699.	2,843,583.	3,584,374.	8,302,723.	16,423,244.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						790,808.
6 Public support. Subtract line 5 from line 4						15,632,436.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	662,865.	1,029,699.	2,843,583.	3,584,374.	8,302,723.	16,423,244.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3.					3.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						16,423,247.
12 Gross receipts from related activities, etc. (see instructions)					12	25,500.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	95.18	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	91.71	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2013

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

INSTITUTE FOR QUALITY EDUCATION, INC.

Employer identification number

35-1836687

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X ▶ \$ _____

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

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

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

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

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	11,469.	10,411.	10,411.	11,168.	10,728.
b Contributions					
c Net investment earnings, gains, and losses	1,395.	1,848.		51.	1,226.
d Grants or scholarships	540.	540.		558.	536.
e Other expenditures for facilities and programs					
f Administrative expenses	253.	250.		250.	250.
g End of year balance	12,071.	11,469.	10,411.	10,411.	11,168.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ _____ %

b Permanent endowment ☐ _____ %

c Temporarily restricted endowment ☐ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		12,295.	12,295.	0.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				0.

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	

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

Schedule D (Form 990) 2013

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	8,302,723.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	8,302,723.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,302,723.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	6,115,543.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	6,115,543.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,115,543.

Part XIII Supplemental Information.

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

PART V, LINE 4:

EXPLANATION: THE ENDOWMENT IS USED FOR THE PRIMARY EXEMPT PURPOSE OF THE ORGANIZATION.

PART X, LINE 2:

EXPLANATION: THE INSTITUTE IS EXEMPT FROM INCOME TAXES UNDER SECTION 501 OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF STATE LAW. HOWEVER, THE INSTITUTE IS SUBJECT TO FEDERAL INCOME TAX ON ANY UNRELATED BUSINESS TAXABLE INCOME.

THE INSTITUTE FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. WITH A FEW EXCEPTIONS, THE INSTITUTE IS NO LONGER SUBJECT TO U.S. FEDERAL

Part XIII Supplemental Information (continued)

EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2011.

**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.

Name of the organization

INSTITUTE FOR QUALITY EDUCATION, INC.

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. 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
ALL SAINTS SCHOOL 379 N WARMAN AVE INDIANAPOLIS, IN 46222	35-1175504	501(C)(3)	6,500.	0.			EDUCATION
BETHANY CHRISTIAN SCHOOL 2904 S MAIN ST GOSHEN, IN 46526	35-0941106	501(C)(3)	255,521.	0.			EDUCATION
BISHOP CHATARD SCHOOL 5885 NORTH CRITTENDEN INDIANAPOLIS, IN 46220	35-1063332	501(C)(3)	296,988.	0.			EDUCATION
BLACKHAWK CHRISTIAN SCHOOL 7400 EAST STATE BOULEVARD FORT WAYNE, IN 46815	35-1285808	501(C)(3)	149,250.	0.			EDUCATION
CALVARY CHRISTIAN SCHOOL 3639 S. KEYSTONE AVE. INDIANAPOLIS, IN 46205	35-0966883	501(C)(3)	12,000.	0.			EDUCATION
CALVARY LUTHERAN SCHOOL 6111 S. SHELBY STREET INDIANAPOLIS, IN 46227	35-6000607	501(C)(3)	5,658.	0.			EDUCATION

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

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

134.

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

Schedule I (Form 990) (2013)

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

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

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

PART I, LINE 2:

EXPLANATION: THE ORGANIZATION VERIFIES THAT SCHOLARSHIP/GRANT RECIPIENTS

MEET THE REQUIREMENTS THROUGH THE FOLLOWING MEANS:

1) ALL RECIPIENTS MUST PROVIDE COPIES OF TAX DOCUMENTS TO THE TRUST.

2) SCHOOLS VERIFY CONTINUED ENROLLMENT BI-MONTHLY PRIOR TO ACCEPTING PAYMENTS FROM CHOICE.

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

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

INSTITUTE FOR QUALITY EDUCATION, INC.

Employer identification number
35-1836687

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

EDUCATIONAL SYSTEM IN INDIANA INCLUDING BUT NOT LIMITED TO SCHOOL

CHOICE AS IT EXISTS IN MANY FORMS THROUGHOUT THE UNITED STATES AND

ELSEWHERE; AND EDUCATES THE GENERAL PUBLIC AND, IN PARTICULAR, INDIANA

RESIDENTS ABOUT THE PRIMARY (K-12) EDUCATIONAL SYSTEM IN INDIANA.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

EXPLANATION: EFFECTIVE ON APRIL 1, 2014, ACTIVITIES PERFORMED BY

ANOTHER ENTITY WERE MERGED WITH THOSE OF THE INSTITUTE FOR QUALITY

EDUCATION, INC.

EFFECTIVE APRIL 1, 2014, THE LEGAL ENTITY NAME OF THE ORGANIZATION WAS

CHANGED TO INSTITUTE FOR QUALITY EDUCATION, INC. AND THE PURPOSE OF THE

ORGANIZATION WAS AMENDED TO ALSO INCLUDE CONDUCTING RESEARCH AND

ANALYSIS ABOUT THE PRIMARY (K-12) EDUCATIONAL SYSTEM IN INDIANA

INCLUDING BUT NOT LIMITED TO SCHOOL CHOICE AS IT EXISTS IN MANY FORMS

THROUGHOUT THE UNITED STATES AND ELSEWHERE; AND EDUCATING THE GENERAL

PUBLIC AND, IN PARTICULAR, INDIANA RESIDENTS ABOUT THE PRIMARY (K-12)

EDUCATIONAL SYSTEM IN INDIANA.

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

EXPLANATION: THE EXECUTIVE COMMITTEE REVIEWS THE 990 BEFORE IT IS FILED.

THE BOARD OF DIRECTORS WILL REVIEW THE FORM 990 DURING THE APRIL BOARD

MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:

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

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

Name of the organization

INSTITUTE FOR QUALITY EDUCATION, INC.

Employer identification number

35-1836687

EXPLANATION: EACH OF THE INSTITUTE'S DIRECTORS AND EMPLOYEES SHALL HAVE THE CONTINUING, AFFIRMATIVE DUTY TO REPORT ANY PERSONAL OWNERSHIP, INTEREST, OR OTHER RELATIONSHIP THAT MIGHT AFFECT HER OR HIS ABILITY TO EXERCISE IMPARTIAL, ETHICAL, AND BUSINESS-BASED JUDGMENTS IN FULFILLING RESPONSIBILITIES TO THE INSTITUTE. THE FAILURE OF THE INSTITUTE'S, ITS BOARD OF DIRECTORS, OR ANY OR ALL OF ITS DIRECTORS OR EMPLOYEES TO COMPLY WITH THE CONFLICT OF INTEREST POLICY SHALL NOT INVALIDATE, CANCEL, VOID, OR MAKE VOIDABLE ANY CONTRACT, RELATIONSHIP, GRANT, ACTION, TRANSACTION, DEBT, COMMITMENT, OR OBLIGATION OF THE INSTITUTE THAT OTHERWISE IS VALID AND ENFORCEABLE UNDER APPLICABLE LAW. IF A BOARD MEMBER HAS A CONFLICT, HE OR SHE ABSTAINS FROM DISCUSSION AND VOTING ON THE CONFLICTED ITEM.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE EXECUTIVE COMMITTEE DETERMINES AND APPROVES THE EXECUTIVE DIRECTOR'S COMPENSATION ON AN ANNUAL BASIS.

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

EXPLANATION: THE DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2:

EXPLANATION: THE ORGANIZATION HAS A COMMITTEE THAT IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT.

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	
			Yes	No
(1) NETWORK OF QUALITY EDUCATION, INC.	N	0.		X
(2) NETWORK OF QUALITY EDUCATION, INC.	O	0.		X
(3) HOOSIERS FOR QUALITY EDUCATION, INC.	N	0.		X
(4) HOOSIERS FOR QUALITY EDUCATION, INC.	O	0.		X
(5)				X
(6)				X

Part VII	Supplemental Information
-----------------	---------------------------------

Provide additional information for responses to questions on Schedule R (see instructions)

[illegible]

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

(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
CENTRAL CATHOLIC SCHOOL 1155 E. CAMERON STREET INDIANAPOLIS, IN 46203	27-1010344	501(C)(3)	68,400.	0.			EDUCATION
CENTRAL CHRISTIAN SCHOOL 5801 SCHWARTZ ROAD FORT WAYNE, IN 46835	27-1010344	501(C)(3)	8,200.	0.			EDUCATION
CHRIST THE KING CATHOLIC SCHOOL 1827 KESSLER BLVD INDIANAPOLIS, IN 46220	35-0876359	501(C)(3)	19,000.	0.			EDUCATION
CONCORDIA LUTHERAN ELEMENTARY 4245 LAKE AVENUE FORT WAYNE, IN 46815	35-6000498	501(C)(3)	9,000.	0.			EDUCATION
CORNERSTONE BAPTIST ACADEMY 10701 E. 56TH STREET INDIANAPOLIS, IN 46235	35-1472473	501(C)(3)	9,500.	0.			EDUCATION
COVENANT CHRISTIAN SCHOOL MISHAWAKA - 54790 FIR ROAD - MISHAWAKA, IN 46545	31-1122757	501(C)(3)	6,500.	0.			EDUCATION
DEMOTTE CHRISTIAN SCHOOL 1223 BEGONTA ST SE DEMOTTE, IN 46310	35-6001340	501(C)(3)	45,500.	0.			EDUCATION
EMAN SCHOOLS PO BOX 782 FISHERS, IN 46038	90-0504254	501(C)(3)	7,500.	0.			EDUCATION
EVANSVILLE CHRISTIAN SCHOOL 4400 LINCOLN AVE EVANSVILLE, IN 47714	31-0017078	501(C)(3)	102,900.	0.			EDUCATION

Schedule I (Form 990)

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

(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
EVANSVILLE LUTHERAN SCHOOL 120 EAST MICHIGAN STREET EVANSVILLE, IN 47711	35-1184964	501(C)(3)	20,500.	0.			EDUCATION
FAITH CHRISTIAN SCHOOL LAFAYETTE 5526 STATE ROAD 26 E LAFAYETTE, IN 47905	35-2150264	501(C)(3)	22,800.	0.			EDUCATION
GOOD SHEPHERD CHRISTIAN ACADEMY 209 W. WASHINGTON STREET GREENSBURG, IN 47240	35-6000571	501(C)(3)	13,433.	0.			EDUCATION
HASTEN HEBREW ACADEMY OF INDIANAPOLIS - 5602 HOOVER RD - INDIANAPOLIS, IN 46260	35-1185540	501(C)(3)	130,781.	0.			EDUCATION
HOLY ANGELS CATHOLIC SCHOOL 2822 MARTIN LUTHER WAY INDIANAPOLIS, IN 46208	27-1010344	501(C)(3)	27,600.	0.			EDUCATION
HOLY CROSS CATHOLIC SCHOOL 125 N. ORIENTAL INDIANAPOLIS, IN 46212	27-1010344	501(C)(3)	12,000.	0.			EDUCATION
HOLY NAME CATHOLIC SCHOOL 21 N 17TH AVE BEECH GROVE, IN 46107	35-0874514	501(C)(3)	25,750.	0.			EDUCATION
HOLY SPIRIT CATHOLIC SCHOOL 7241 E 10TH ST INDIANAPOLIS, IN 46226	35-0988729	501(C)(3)	31,000.	0.			EDUCATION
KINGSWAY CHRISTIAN SCHOOL AVON 7981E COUNTRYROAD 100N AVON, IN 46123	35-1313028	501(C)(3)	38,000.	0.			EDUCATION

Schedule I (Form 990)

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

(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
LAFAYETTE CATHOLIC SCHOOL 2410 SOUTH 9TH STREET LAFAYETTE, IN 47901	35-1376312	501(C)(3)	89,250.	0.			EDUCATION
LAFAYETTE CHRISTIAN SCHOOL 525 N 26TH ST LAFAYETTE, IN 47904	35-6004522	501(C)(3)	23,500.	0.			EDUCATION
LAKEVIEW CHRISTIAN SCHOOL MARION 5318 S WESTERN AVE MARION, IN 46953	35-2013196	501(C)(3)	30,730.	0.			EDUCATION
LAKWOOD PARK CHRISTIAN SCHOOL 5555 COUNTY ROAD 29 AUBURN, IN 46706	35-1168285	501(C)(3)	305,653.	0.			EDUCATION
MOORESVILLE CHRISTIAN ACADEMY PO BOX 637 MOORESVILLE, IN 46158	35-1344165	501(C)(3)	12,000.	0.			EDUCATION
OUR LADY OF GREENWOOD 399 S MERIDIAN ST GREENWOOD, IN 46143	35-0992120	501(C)(3)	21,000.	0.			EDUCATION
OUR LADY OF LOURDES CATHOLIC SCHOOL - 30 S DOWNEY AVE - INDIANAPOLIS, IN 46219	35-0929982	501(C)(3)	9,000.	0.			EDUCATION
OUR LADY OF PERPETUAL HELP 1752 SCHELLER LANE NEW ALBANY, IN 47150	35-0919342	501(C)(3)	18,000.	0.			EDUCATION
PROVIDENCE CRISTO REY HIGH SCHOOL 75 N BELLEVIEW PL INDIANAPOLIS, IN 46222	20-3585867	501(C)(3)	398,263.	0.			EDUCATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
SAINT CHRISTOPHER CATHOLIC SCHOOL 5335 W. 16TH ST INDIANAPOLIS, IN 46224	35-0877565	501(C)(3)	12,000.	0.			EDUCATION
SAINT JOAN OF ARC CATHOLIC SCHOOL 500 E 42ND ST INDIANAPOLIS, IN 46205	35-0901290	501(C)(3)	11,000.	0.			EDUCATION
SAINT JUDE CATHOLIC SCHOOL 5375 MCFARLAND RD INDIANAPOLIS, IN 46227	35-1052777	501(C)(3)	28,500.	0.			EDUCATION
SAINT LAWRENCE CATHOLIC SCHOOL 6944 E 46TH ST INDIANAPOLIS, IN 46226	35-0919344	501(C)(3)	13,500.	0.			EDUCATION
SAINT MATTHEW CATHOLIC SCHOOL 4100 E 56TH ST INDIANAPOLIS, IN 46220	35-6006650	501(C)(3)	11,375.	0.			EDUCATION
SAINT MICHAEL CATHOLIC SCHOOL 3352 W 30TH ST INDIANAPOLIS, IN 46222	35-0868028	501(C)(3)	16,000.	0.			EDUCATION
SAINT MONICA CATHOLIC SCHOOL 6131 N MICHIGAN RD INDIANAPOLIS, IN 46208	35-1009268	501(C)(3)	28,000.	0.			EDUCATION
SAINT PHILIP NERI CATHOLIC SCHOOL 545 EASTERN AVE. INDIANAPOLIS, IN 46201	27-1010344	501(C)(3)	37,200.	0.			EDUCATION
SAINT SUSANNA SCHOOL PLAINFIELD 1212 E. MAIN STREET PLAINFIELD, IN 46168	35-0942845	501(C)(3)	11,500.	0.			EDUCATION

Schedule I (Form 990)

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

(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
SAINT THOMAS AQUINAS CATHOLIC SCHOOL - 4600 N. ILLINOIS STREET - INDIANAPOLIS, IN 46208	35-0896894	501(C)(3)	21,000.	0.			EDUCATION
SCECINA HIGH SCHOOL 5000 NOWLAND AVE INDIANAPOLIS, IN 46201	35-0979238	501(C)(3)	341,500.	0.			EDUCATION
SETON CATHOLIC ELEMENTARY SCHOOL 801 WEST MAIN STREET RICHMOND, IN 47374	30-0036396	501(C)(3)	20,500.	0.			EDUCATION
SOUTH BEND HEBREW DAY SCHOOL 206 W 8TH ST MISHAWAKA, IN 46544	35-1331725	501(C)(3)	119,459.	0.			EDUCATION
ST. AUGUSTINE SCHOOL 328 N. MCKINLEY AVE. RENSSELAER, IN 47978	35-0957097	501(C)(3)	13,000.	0.			EDUCATION
ST. BARTHOLOMEW SCHOOL 1306 27TH STREET COLUMBUS, IN 47201	35-0868940	501(C)(3)	31,000.	0.			EDUCATION
ST. FRANCES & CLARE 5901 OLIVE BRANCH ROAD GREENWOOD, IN 46143	35-1988350	501(C)(3)	12,000.	0.			EDUCATION
ST. JOAN OF ARC & PATRICK SCHOOL 3155 S. CR 200 WEST KOKOMO, IN 46902	35-1957455	501(C)(3)	18,375.	0.			EDUCATION
ST. JOSEPH SCHOOL SHELBYVILLE 127 E. BROADWAY STREET SHELBYVILLE, IN 46176	35-0908988	501(C)(3)	15,500.	0.			EDUCATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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
ST. LOUIS SCHOOL 17 E SAINT LOUIS PL BATESVILLE, IN 47006	35-0883491	501(C)(3)	48,500.	0.			EDUCATION
ST. LUKE CATHOLIC SCHOOL 7650 N. ILLINOIS STREET INDIANAPOLIS, IN 46260	35-1044326	501(C)(3)	62,750.	0.			EDUCATION
ST. MALACHY SCHOOL 330 N. GREEN STREET BROWNSBURG, IN 46112	35-1044319	501(C)(3)	28,000.	0.			EDUCATION
ST. MARY OF THE KNOBS CATHOLIC SCHOOL - 3033 MARTIN ROAD FLOYD - KNOBS, IN 47119	35-6033616	501(C)(3)	27,000.	0.			EDUCATION
ST. MARY SCHOOL ALEXANDRIA 820 W. MADISON STREET ALEXANDRIA, IN 46001	35-0995546	501(C)(3)	14,000.	0.			EDUCATION
ST. MARY SCHOOL ANDERSON 321 E. 11TH STREET ANDERSON, IN 46016	35-6400464	501(C)(3)	13,300.	0.			EDUCATION
ST. MARY SCHOOL CROWN POINT 405 E. JOLIET STREET CROWN POINT, IN 46037	35-1579197	501(C)(3)	9,500.	0.			EDUCATION
ST. MARY SCHOOL NORTH VERNON 209 WASHINGTON STREET NORTH VERNON, IN 47265	35-0985952	501(C)(3)	22,500.	0.			EDUCATION
ST. MARY SCHOOL RUSHVILLE 226 E. 5TH STREET RUSHVILLE, IN 46173	35-0876366	501(C)(3)	14,150.	0.			EDUCATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(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
ST. MICHAEL CATHOLIC SCHOOL GREENFIELD - 515 JEFFERSON BLVD. - GREENFIELD, IN 46140	35-1052349	501(C)(3)	7,500.	0.			EDUCATION
ST. PATRICK SCHOOL TERRE HAUTE 449 S. 19TH STREET TERRE HAUTE, IN 47803	35-0868064	501(C)(3)	23,500.	0.			EDUCATION
ST. PAUL PARISH SCHOOL 1009 W. KERN ROAD MARION, IN 46952	35-0992257	501(C)(3)	7,500.	0.			EDUCATION
ST. ROSE OF LIMA CATHOLIC SCHOOL 114 LANCELOT DR. FRANKLIN, IN 46131	91-0729991	501(C)(3)	19,500.	0.			EDUCATION
ST. VINCENT DE PAUL SCHOOL 923 18TH STREET FORT WAYNE, IN 46825	94-3033873	501(C)(3)	17,000.	0.			EDUCATION
VICTORY CHRISTIAN SCHOOL 3805 LAPORTE AVE #B CONNERSVILLE, IN 47331	35-2146788	501(C)(3)	17,000.	0.			EDUCATION
WARSAW CHRISTIAN SCHOOL 909 S. BUFFALO STREET WARSAW, IN 46580	35-1043361	501(C)(3)	17,500.	0.			EDUCATION
ABOITE CHRISTIAN SCHOOL 14615 WINTERS ROAD ROANOKE, IN 46783	35-2141010	501(C)(3)	9,000.	0.			EDUCATION
ANDERSON CHRISTIAN SCHOOL 2625 LINDBERG ROAD ANDERSON, IN 46013	35-1391408	501(C)(3)	16,175.	0.			EDUCATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
BREBEUF CATHOLIC SCHOOL 2801 W. 86TH STREET INDIANAPOLIS, IN 46268	35-1062640	501(C)(3)	162,559.	0.			EDUCATION
CARDINAL RITTER HIGH SCHOOL 3360 WEST 30TH STREET INDIANAPOLIS, IN 46222	35-1096103	501(C)(3)	28,500.	0.			EDUCATION
CICERO SEVENTH DAY ADVENTIST SCHOOL - 24089 SR 19 - CICERO, IN 46034	27-3275509	501(C)(3)	5,000.	0.			EDUCATION
CLINTON CHRISTIAN SCHOOL 61763 CR 35 GOSHEN, IN 46528	35-1278604	501(C)(3)	8,000.	0.			EDUCATION
CORPUS CHRISTI SCHOOL 5530 HOGUE ROAD	35-1089895	501(C)(3)	15,500.	0.			EDUCATION
COVENANT CHRISTIAN HS, DEMOTTE 611 15TH STREET DEMOTTE, IN 46310	35-1724107	501(C)(3)	10,500.	0.			EDUCATION
CROWN POINT CHRISTIAN SCHOOL 10550 PARK PLACE ST. JOHN, IN 46373	35-1913045	501(C)(3)	22,000.	0.			EDUCATION
EVANSVILLE DAY SCHOOL 3400 N. GREEN RIVER ROAD EVANSVILLE, IN 47715	35-1020931	501(C)(3)	5,000.	0.			EDUCATION
FLAGET ELEMENTARY SCHOOL 800 VIGO STREET VINCENNES, IN 47591	35-1172625	501(C)(3)	19,000.	0.			EDUCATION

Schedule I (Form 990)

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

(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
GOOD SHEPHERD CATHOLIC SCHOOL 2301 N. STOCKWELL ROAD EVANSVILLE, IN 47715	35-1079317	501(C)(3)	16,500.	0.			EDUCATION
HIGHLAND CHRISTIAN SCHOOL 6401 E. 75TH STREET HIGHLAND, IN 46322	35-0898393	501(C)(3)	34,000.	0.			EDUCATION
HOLY CROSS SCHOOL FORTH BRANCH 202 SOUTH CHURCH STREET FORT BRANCH, IN 467648	35-0965616	501(C)(3)	11,500.	0.			EDUCATION
HOLY FAMILY CATHOLIC SCHOOL JASPER 990 E. CHURCH STREET JASPER, IN 47546	35-0941120	501(C)(3)	8,500.	0.			EDUCATION
HOLY FAMILY SCHOOL NEW ALBANY 217 W. DAISY LANE NEW ALBANY, IN 47150	35-1086874	501(C)(3)	11,000.	0.			EDUCATION
HOLY REDEEMER SCHOOL EVANSVILLE 918 W. MILL ROAD EVANSVILLE, IN 47710	35-0988805	501(C)(3)	30,500.	0.			EDUCATION
HOLY ROSARY SCHOOL EVANSVILLE 1303 S. GREEN RIVER ROAD EVANSVILLE, IN 47715	35-0988711	501(C)(3)	23,000.	0.			EDUCATION
HOLY SPIRIT SCHOOL EVANSVILLE 760 S. LODGE EVANSVILLE, IN 47714	35-0992115	501(C)(3)	9,500.	0.			EDUCATION
HORIZON CHRISTIAN ACADEMY FT. WAYNE - 3301 E. COLISEUM - FORT WAYNE, IN 46805	27-3273211	501(C)(3)	5,750.	0.			EDUCATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(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 ACADEMY 24815 STATE ROAD 19 CICERO, IN 46034	35-0942632	501(C)(3)	9,500.	0.			EDUCATION
KINGS ACADEMY 1201 SOUTH WATER STREET JONESBORO, IN 45938	35-2132842	501(C)(3)	7,000.	0.			EDUCATION
MATER DEI HIGH SCHOOL 1300 HARMONY WAY EVANSVILLE, IN 47720	61-1613694	501(C)(3)	141,500.	0.			EDUCATION
NATIVITY CATHOLIC SCHOOL 3310 S. MEADOW DRIVE INDIANAPOLIS, IN 46239	35-0893498	501(C)(3)	8,000.	0.			EDUCATION
OLDENBURG ACADEMY 1 TWISTER CIRCLE OLDENBURG, IN 47036	35-1816725	501(C)(3)	28,500.	0.			EDUCATION
OUR LADY OF GRACE 9900 E. 191ST STREET NOBLESVILLE, IN 46060	35-1009271	501(C)(3)	11,500.	0.			EDUCATION
OUR LADY OF PROVIDENCE 707 PROVIDENCE WAY CLARKSVILLE, IN 47129	35-0894977	501(C)(3)	24,500.	0.			EDUCATION
PRECIOUS BLOOD CATHOLIC SCHOOL 1385 W. 6TH STREET JASPER, IN 47546	35-1067355	501(C)(3)	22,500.	0.			EDUCATION
PRINCE OF PEACE SCHOOL 221 W. STATE STREET MADISON, IN 47250	35-1120914	501(C)(3)	28,500.	0.			EDUCATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
REITZ MEMORIAL HIGH SCHOOL 1500 LINCOLN AVE EVANSVILLE, IN 47714	27-1480068	501(C)(3)	279,500.	0.			EDUCATION
RESURRECTION SCHOOL 5301 N. HARMONY ROAD EVANSVILLE, IN 47720	35-1085859	501(C)(3)	25,500.	0.			EDUCATION
RIVET MIDDLE/HIGH SCHOOL 210 BARNETT STREET VINCENNES, IN 47591	30-0032190	501(C)(3)	16,000.	0.			EDUCATION
RONCALLI HIGH SCHOOL 3300 PRAGUE ROAD INDIANAPOLIS, IN 46227	35-1153685	501(C)(3)	475,742.	0.			EDUCATION
SACRED HEART SCHOOL JEFFERSONVILLE 1840 E. 8TH STREET JEFFERSONVILLE, IN 47130	35-0992122	501(C)(3)	23,500.	0.			EDUCATION
SAINT MARK CATHOLIC SCHOOL 541 E. EDGEWOOD AVE INDIANAPOLIS, IN 46227	35-0868027	501(C)(3)	14,500.	0.			EDUCATION
SAINT ROCH CATHOLIC SCHOOL 3603 S. MERIDIAN STREET INDIANAPOLIS, IN 46217	35-0976758	501(C)(3)	8,500.	0.			EDUCATION
SAINT SIMON THE APOSTLE CATHOLIC SCHOOL - 8155 OAKLANDON ROAD - INDIANAPOLIS, IN 46236	35-1062869	501(C)(3)	17,000.	0.			EDUCATION
SEYMOUR CHRISTIAN ACADEMY 301 INDIANAPOLIS AVE SEYMOUR, IN 47274	35-1502333	501(C)(3)	8,000.	0.			EDUCATION

Schedule I (Form 990)

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

(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
SOUTHPORT PRESBYTERIAN CHRISTIAN SCHOOL - 7525 MCFARLAND BLVD - INDIANAPOLIS, IN 46237	35-0984008	501(C)(3)	5,000.	0.			EDUCATION
ST. AMEROSE CATHOLIC SCHOOL SEYMOUR - 301 S. CHESTNUT STREET - SEYMOUR, IN 47274	35-0869043	501(C)(3)	7,500.	0.			EDUCATION
ST. AMEROSE SCHOOL ANDERSON 2825 LINCOLN STREET ANDERSON, IN 46016	35-0867989	501(C)(3)	10,250.	0.			EDUCATION
ST. ANTHONY OF PADUA CLARKSVILLE 320 N. SHERWOOD AVE CLARKSVILLE, IN 47129	35-0941128	501(C)(3)	31,000.	0.			EDUCATION
ST. BARNABAS SCHOOL 8300 RAHKE ROAD INDIANAPOLIS, IN 46217	35-1113504	501(C)(3)	11,000.	0.			EDUCATION
ST. BENEDICT CATHEDRAL SCHOOL 1328 LINCOLN AVE EVANSVILLE, IN 47714	35-0909977	501(C)(3)	55,280.	0.			EDUCATION
ST. BERNARD SCHOOL 547 ELM STREET ROCKPORT, IN 47635	35-0979229	501(C)(3)	15,500.	0.			EDUCATION
ST. GABRIEL SCHOOL CONNERSVILLE 224 W. 9TH STREET CONNERSVILLE, IN 47331	35-0893496	501(C)(3)	7,500.	0.			EDUCATION
ST. JAMES CATHOLIC SCHOOL HAUBSTADT - 123945 40 W - HAUBSTADT, IN 47639	35-1040735	501(C)(3)	9,000.	0.			EDUCATION

Schedule I (Form 990)

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

(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
ST. JOHN BAPTIST SCHOOL 323 MILL STREET TIPTON, IN 46072	35-1121089	501(C)(3)	6,500.	0.			EDUCATION
ST. JOHN THE BAPTIST SCHOOL NEWBURGH - 725 FRAME ROAD - NEWBURGH, IN 47630	35-0921704	501(C)(3)	16,000.	0.			EDUCATION
ST. JOSEPH CATHOLIC SCHOOL 512 N. MULBERRY STREET CORYDON, IN 47112	35-0867999	501(C)(3)	15,500.	0.			EDUCATION
ST. JOSEPH CATHOLIC SCHOOL EVANSVILLE - 6130 W. ST. JOSEPH ROAD - EVANSVILLE, IN 47720	35-0921036	501(C)(3)	19,800.	0.			EDUCATION
ST. JOSEPH CATHOLIC SCHOOL PRINCETON - 427 S. STORMONT STREET - PRINCETON, IN 47670	35-0941131	501(C)(3)	17,000.	0.			EDUCATION
ST. MARY SCHOOL AURORA 211 4TH STREET AURORA, IN 47001	35-0867991	501(C)(3)	13,000.	0.			EDUCATION
ST. MARY'S SCHOOL, ANDERSON 1115 PEARL STREET ANDERON, IN 46016	35-6400464	501(C)(3)	13,300.	0.			EDUCATION
ST. PAUL CATHOLIC SCHOOL SELLERSBURG - 105 ST. PAUL STREET - SELLERSBURG, IN 47172	35-0992257	501(C)(3)	22,500.	0.			EDUCATION
ST. PAUL SCHOOL NEW ALSACE 9788 N. DEARBORD ROAD GUILFORD, IN 47022	35-1813863	501(C)(3)	8,000.	0.			EDUCATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(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
ST. PHILIP CATHOLIC SCHOOL, MT. VERNON - 3420 ST. PHILIP ROAD S - MOUNT VERNON, IN 47620	35-0965623	501(C)(3)	12,000.	0.			EDUCATION
ST. PIUS X SCHOOL 72000 SARTO DRIVE INDIANAPOLIS, IN 46240	35-0981797	501(C)(3)	15,000.	0.			EDUCATION
ST. THEODORE GUERIN HIGH SCHOOL 15300 GRAY ROAD NOBLESVILLE, IN 46062	35-2103486	501(C)(3)	22,250.	0.			EDUCATION
ST. THERESA SCHOOL 700 HERNDORN DRIVE EVANSVILLE, IN 47711	35-0965624	501(C)(3)	5,500.	0.			EDUCATION
ST. WENDEL SCHOOL 4725 ST. WENDEL-CYNTHIANA ROAD WADESVILL, IN 47638	35-0992259	501(C)(3)	23,000.	0.			EDUCATION
STANLEY CLARK SCHOOL 3123 MIAMI STREET SOUTH BEND, IN 46614	35-1019540	501(C)(3)	21,500.	0.			EDUCATION
TABERNACLE CHRISTIAN ACADEMY 2189 BURTON LANE MARTINSVILLE, IN 46151	35-1135177	501(C)(3)	26,500.	0.			EDUCATION
THE CROSSING EDUCATION CENTER 2930 S. NAPPANEE STREET ELKHART, IN 46517	26-0588186	501(C)(3)	250,140.	0.			EDUCATION
TRINITY LUTHERAN SCHOOL 8540 E. 16TH STREET INDIANAPOLIS, IN 46219	35-6002515	501(C)(3)	9,250.	0.			EDUCATION

Schedule I (Form 990)

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

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 Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
EDUCATIONAL CHOICE CHARITABLE TRUST	35-1836687
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)
101 W. OHIO ST., SUITE 700	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
INDIANAPOLIS, IN 46204	

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.

MINDY COLBERT MESTA

- The books are in the care of **101 WEST OHIO, SUITE 700 - INDIANAPOLIS, IN 46204**

Telephone No. **317-951-8781**

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 **MAY 15, 2015**

5 For calendar year ☐, or other tax year beginning **JUL 1, 2013**, and ending **JUN 30, 2014**

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

TAXPAYER REQUIRES ADDITIONAL TIME TO COMPILE INFORMATION IN ORDER TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a 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.	8a	\$	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 and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

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 **Cassie Tate** Title **CPA**

Date **2-4-15**

Form 8868 (Rev 1-2014)