EXTENDED TO NOVEMBER 16, 2020

٦.							i			T		OMB No 1545-0047	
			O	OO.	Return of C	_		•				0040	
		Form	_	<b>9</b> U	Under section 501(c), 527	7, or 4947	'(a)(1) of the Interr	nal Revenue Code	e (exce	ept private foun	dations)	<b>☆2019</b>	
		•		uary 2020)	▶ Do not enter	social s	ecurity numbers o	n this form as it r	nay be	e made public. <sub>/</sub>	2 / U	Open to Public	
				of the Treasury nue Service	i		/Form990 for inst					Open to Public RE (Inspection N C	
					dar year, or tax year beginn		`	and endin		4	<del>-</del>	IRS - OSC -	NA OUNES
						9	<del></del>	dia dian	· <u>s</u>	D. 5		1110 - UOLA -	UI
۱۸		B Ci	neck if plicabl	, I	of organization			NITTO A I		D Employer ic	entifica	FEB 02 20	21
ŗ),			Addre	_MENT	AL HEALTH AMER	CICA (	OF WEST CE	INTRAL				. 25 02 20	41
$\mathcal{N}$		L_	chang	• TNDT	ANA, INC.							000	
/1	$\cap$		Name chang	Doing b	ousiness as					20-87	62173	3 OGDEN, UT	TAH
′ 乀	: )		Initial return	Number	r and street (or P.O box if mai	ıl ıs not de	livered to street addre	ess) Room	/suite	E Telephone n	umber		
	1	一	Final	1/60	SPRUCE STREET			,		812-2		581	
		_	Jreturn termin				7ID 6		_			462,824.	
		_	ated Ameni		town, state or province, coul	-	ZIP or foreign post	ai code		G Gross receipts \$			
		$\sqsubseteq$	return	IEKK		7807				H(a) Is this a gr	oup retu		
			Application	F Name a	and address of principal offic	er SHA	UN REINOE	HL	1	for subord	ınates?	Yes X No	
			pendir	"SAME	AS C ABOVE				5	H(b) Are all subord	ınates ınclu	ded? Yes No	
		I Ta	ax-ex	empt status	X 501(c)(3) 501(c) (	( )	◀ (insert no.)	4947(a)(1) or	527	If "No," att	ach a lis	t (see instructions)	
					MHAWCI.ORG			- · · · · · · · · · · · · · · · · · · ·	7	H(c) Group exe		•	
					X Corporation Trust		sociation Ot	her 🕨 L	Voor		_	State of legal domicile: IN	
		Pa		Summary			SSOCIATIONOT	1101	, rear c	n iormation. 20	O / I IVI 3	state of legal domicile, 11	
		ڄا						TO DROV		14T17T1 7 T			
		a.	1	Briefly describ	be the organization's missior	n or most	significant activitie	s TO PROM	OTE	MENTAL I	IEALI	H IN THE	
		Governance		GENERAL	PUBLIC AS AN	ADV0	CATE FOR E	SETTER SER	VIC	ES FOR T	HE M	ENTALLY	
		Ē	2	Check this bo	ox   if the organization	ion disco	ntinued its operation	ons or disposed of	more	than 25% of its r	et asset	s	
	_	اقِ به	3	Number of vo	oting members of the governi	ına body	(Part VI. line 1a)	. \		/>	3	15	
		r မွို			dependent voting members		-	VI line 1b)	1,	r j	4	15	
	DC	<b>ე</b> ინ			_			/ ~	~_``\	/	$\vdash$	15	
	~	ies Se			of individuals employed in c		ear 2019 (Part V, II	ne za)	$\sim$		5		
	Ω	ਵਾਝੋਂ∣	6	Total number	of volunteers (estimate if ne	cessary)			, .		6	50	
	$\boldsymbol{\sigma}$	ᅮᇙ	7 a	Total unrelate	ed business revenue from Pa	ırt VIII, co	lumn (C), line 12	() it			7a	0.	
		₹ ₹	b	Net unrelated	l business taxable income fro	om Form	990-T, line 39 .	<u>\</u> \\\			7b	0.	
	<b>—</b>						<u> </u>			Prior Year		Current Year	
	W		8	Contributions	and grants (Part VIII, line 1h	۱۱	^`			538,5	52.	349,940.	
	9				rice revenue (Part VIII, line 2g		\'\'.	(シン		68,8		66,023.	
>	6			-		•		<i>```</i>		16,2		17,871.	
-	<b>→</b>	Rev			come (Part VIII, column (A),		1 ( 1 )	\ <sub>\(\pi\)</sub>	-				
	2	_			e (Part VIII, column (A), lines				_	71,5		28,990.	
_	W		12	Total revenue	e - add lines 8 through 11 (mu	ust equal	Part VIII, column (A	A), line 12)		695,1		462,824.	
	$\sim$		13	Grants and si	milar amounts paid (Part IX,	column (	A), lines 1-3) 🛮 🤍	•			0.	0.	
	7		14	Benefits paid	to or for members (Part IX, o	column (A	(), line 4)				0.	0.	
•				•	er compensation, employee t			lines 5-10)		289,2	93.	261,735.	
		Ses			fundraising fees (Part IX, colu	•					0.	0.	
		š			• , ,	, ,.	•	0.	-		<del> +</del>	<u></u>	
٠,٠		Ř			sing expenses (Part IX, colum			<u> </u>	.	444	╤╤╾┼╌	225 524	
X	2	ũ	17	Other expens	ses (Part IX, column (A), lines	11a-11d	, 11f-24e)			411,0		337,531.	
3	_	l	18	Total expense	es Add lines 13-17 (must eq	ual Part I	X, column (A), line :	25)		700,3		599,266.	
20		i	19	Revenue less	expenses Subtract line 18	from line	12			-5,1	85.	-136,442.	
_		58							Ber	inning of Current	Year	End of Year	
100 · CO		St E	20	Total accord (	Part X, line 16)				1	1,814,0		1,724,796.	
3		at Assets and Balanc			•				-			191,258.	
e, '		뛽			s (Part X, line 26)				-	167,8			
$\approx$		لَيْجٌ		•	fund balances Subtract line	e 21 from	line 20			1,646,1	48.	1,533,538.	
$\boldsymbol{z}$		Pa	<u>rt II</u>	Signature	e Block								
a		Unde	r pena	ilties of perjury,	I declare that I have examined t	this return,	including accompany	ying schedules and s	tateme	nts, and to the bes	t of my kr	nowledge and belief, it is	
4					Declaration of preparer (other								
_		<u>,</u>	3000	,	// W		,		- p · • ·	7		2020	
$\mathcal{N}$				Supplifit	re of officer	9	-			Date	, ~		
$\prec$		Sign		l' '						Date			
$\bar{x}$	)	Here	•			RESID	RNT.						
$\supset$				Type or p	print name and title								1
してもりない	•			Print/Type pre	parer's name		Preparer's signature	e		ate c	1eck	PTIN	1
L		Paid			. SOWERS					lí ci	lf-employed	P01712829	1
	ı			Firm's name	▶ DAUBY O'CONN	IOR &	ZALESKT	LLC				5-1750664	l
١)		Prep								1111113	, v 🗩 J	,	
		Use (	Uniy	Firm's address	s ► 501 CONGRESS		א מאחם ח	, ,		1	/ 24 :	7\ 040 5500	
				1	CARMEL, IN 4	16032				Phone n	o. ( 3 T	7) 848-5700	

DOI 101-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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

X Yes No Form **990** (2019)



	m 990 (2019) INDIANA, INC.	<u>20-87621</u>	73 Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
•	TO PROMOTE MENTAL HEALTH IN THE GENERAL PUBLIC AS	AN ADVOCATE FOR	
	BETTER SERVICES FOR THE MENTALLY ILL AND TO WORK		
		TOWARD FREVENTIO	N OF
	MENTAL ILLNESS IN VIGO COUNTY, INDIANA.		
2	Did the organization undertake any significant program services during the year which were not lis	sted on the	
	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any progr	am 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		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloc	ations to others, the total expen	ses, and
	revenue, if any, for each program service reported		
4a			<u>95,013.</u> )
	TO PROMOTE MENTAL HEALTH IN THE GENERAL PUBLIC AS	AN ADVOCATE FOR	
	BETTER SERVICES FOR THE MENTALLY ILL AND TO WORK	TOWARD PREVENTIO	N OF
	MENTAL ILLNESS IN VIGO COUNTY, INDIANA.		
			<del></del>
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		/	
		·-···	
			_
		,	
4b	(Code) (Expenses \$ Including grants of \$	) (p	· · · · · · · · · · · · · · · · · · ·
70	(Code) (Expenses 5 Including grants of 5	) (Revenue \$	,
			<del></del>
		<del></del>	
		-	
			·
	<del>-</del>		
4c	(Code) (Expenses \$ including grants of \$	) (Revenue \$	)
		· · · · · · · · · · · · · · · · · · ·	
	- **		
			<del></del>
		-	
<u></u>	Other program convece (Decembe on Cabadula O.)		
4d	,	_	
	(Expenses \$ Including grants of \$ ) (Revenue \$		
<u>4e</u>	Total program service expenses ► 576,146.		
		F	orm <b>990</b> (2019)

Form 990 (2019) INDIANA, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4_		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			,,
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			7,7
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	١		х
_	Schedule D, Part III	8_		
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?	٦		х
10	If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	"		
• •	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		ľ	-
_	Part VI	11a	х	
ь	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Х	
d	Did the organization report an amount for other assets in Part X, Jine 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			7,7
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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	1-15		<del></del> -
	foreign organization? If "Yes." complete Schedule F. Parts II and IV	15		х
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? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 if "Yes." complete Schedule I. Parts I and II	21		X
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Pai	rt IV Checklist of Required Schedules (continued)			
L			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		,,,,	1,40
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
02		- 22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			l
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		—
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			1
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			ĺ
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part, II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
Li	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	0.7		x
00		27		<u> </u>
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)		-	٠.
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes,"/complete Schedule L, Part IV	28b		<u>-</u> ^-
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? //			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			1
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	ĺ
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			$\overline{}$
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<del></del>
٥.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	-5/		<del></del> -
38	·	20	x	1
Par	Note: All Form 990 filers are required to complete Schedule O  t V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
	Check if Schedule O contains a response or note to any line in this Part V			
	Oneck in Concounte O Contains a response of note to any line in this Part V	1	.,	┸
_	E		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  5			1 1
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			i '
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ا ــــا
	(gambling) winnings to prize winners?	_1c	X	
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_	MENTAL HEALTH AMERICA OF WEST CENTRAL	172	_	
Par	1990 (2019) INDIANA, INC. 20-8762 TV Statements Regarding Other IRS Filings and Tax Compliance (continued)	1/3	<u>P</u> ;	age
Га	Statements negarding other mornings and rax compliance (continued)		<u>,</u> ¬	
0-	Enter the number of employees reported an Earm W.2. Transmitted of Wage and Tay Statements		Yes	No
za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 15			l
_				$\overline{\mathbf{x}}$
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<del>  ^</del>
•	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		┢
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b_		$\vdash$
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	-	┢
b	If "Yes," enter the name of the foreign country			1
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_^
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		$\vdash$
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		v
	any contributions that were not tax deductible as charitable contributions?	6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			l
_	were not tax deductible?	6b		<del>                                     </del>
7	Organizations that may receive deductible contributions under section 170(c).		~	- <del></del>
	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del> </del>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			<b> </b>
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		├─
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		$\vdash$
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<del> </del>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			ļ
_	sponsoring organization have excess business holdings at any time during the year?	8		$\vdash$
9	Sponsoring organizations maintaining donor advised funds.			<b> </b>
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		$\vdash$
		9b		$\vdash$
10	Section 501(c)(7) organizations. Enter			ĺ
	Initiation fees and capital contributions included on Part VIII, line 12			ĺ
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1
11	Section 501(c)(12) organizations. Enter			1
	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources against			l
	amounts due or received from them)			l
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			l
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			$\vdash$
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del></del>
	Note: See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			1
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			77
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<del>                                     </del>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			17
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N			

Form **990** (2019)

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O

MENTAL HEALTH AMERICA OF WEST CENTRAL INDIANA, INC. 20-8762173 Form 990 (2019) 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 on Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Y<u>es</u> No 15 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 on Schedule O. 15 b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 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? 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a Х **b** Each committee with authority to act on behalf of the governing body? 8b 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 on Schedule Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a 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 X 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? X 14 14 Did the organization have a written document retention and destruction policy? 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 15b b Other officers or key employees of the organization 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 X taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed >IN Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 X Another's website X Upon request Other (explain on Schedule O) Own website

\_\_\_\_

47807

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

IN

State the name, address, and telephone number of the person who possesses the organization's books and records

statements available to the public during the tax year

MYRA WILKEY - 812-232-5681

1460 SPRUCE STREET, TERRE HAUTE,

## Form 990 (2019) INDIANA, INC. 20 - 8 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 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 See instructions for the order in which to list the persons above

Check this box if neither the organization (A)	(B)	Jiga	IIIZa		<u>COII</u> C)	ipei	isali	(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	(F) Estimated
Name and title	hours per		not c					compensation	compensation	amount of
	week		cer ar					from	from related	other
	(list any	ĕ			l			the	organizations	compensation
	hours for	r die	١.,			<u> </u>		organization	(W-2/1099-MISC)	from the
	related	stee	rusle			ensa		(W-2/1099-MISC)		organization
	organizations	al tr	onal t		aloye.	e ce	}			and related
	below line)	Individual trustee or director	Institutional trustee	Ollicer	Key employee	Highest compensated employee	Former			organizations
(1) REINOEHL SHAUN L.	10.00	┝┺	┝ <u>┺</u>	۴	Ť	= <u>=</u>	۳			
PRESIDENT	0.00	x		х		{	<b>\</b>	. \ \ ( ) ( ) ( )	0.	0.
(2) CHRISTIAN, JENNIFER	0.00		<u> </u>		_		_			
1ST VICE PRESIDENT	0.00	x		х	₹	-	_	0.	0.	0.
(3) MORELAND, JENNIFER	0.00	Г		7						
SECRETARY	0.00	x	,	X	/			0.	0.	0.
(4) LOCKHART, PAUL	10.00		/,	/ /	>		>			
TREASURER	0.00	X		X			<u> </u>	0.	0.	0.
(5) GRANGER-BELCHER, VANESSA	0.00		`	1						
BOARD MEMBER	0.00	X			<u> </u>		_	0.	0.	0.
(6) LAMBERT, CLIFF	0.00	1			1			_	_	_
BOARD MEMBER	0.00	Х	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(7) WHITT, ANDY	0.00				ĺ			_	_	_
BOARD MEMBER	0.00	X	<u> </u>	_	_	<u> </u>	_	0.	0.	0.
(8) MASON, STACY	0.00	ļ								_
BOARD MEMBER	0.00	X	<u> </u>	<u> </u>	_	_		0.	0.	0.
(9) ROBINSON, DAVID	0.00	ļ								
BOARD MEMBER	0.00	X	<b>├</b>	<u> </u>	_	┡	_	0.	0.	0.
(10) MCCOLLOUGH, WENDELL	0.00	┨								
BOARD MEMBER		X	├	<u> </u>	_	ļ	<u> </u>	0.	0.	0.
(11) NASSER, CAROL	0.00	١.,								•
BOARD MEMBER	0.00	X	├—	<u> </u>	<b> </b>	├	<u> </u>	0.	0.	0.
(12) REED, BLAKE	0.00	┨	1					0.	,	0
BOARD MEMBER (13) PESAVENTO, TROY	0.00	X	<del> </del>	$\vdash$	┢	├	├	U.	0.	0.
BOARD MEMBER	0.00	X						0.	0.	0.
(14) OTIENO AMANDA	0.00	┢	┢	$\vdash$	_	┢	-	· · ·	0.	
BOARD MEMBER	0.00	x						0.	0.	0.
(15) HUTCHENS, JENNIFER	0.00	₽	┢	<del>                                     </del>	-	╁	-			0.
BOARD MEMBER	0.00	x						0.	0.	0.
(16) ALBIN, CARY	0.00	<del> </del>	<del> </del>	<del>                                     </del>	<del> </del>	$t^-$		<del>'</del>		
BOARD MEMBER	0.00	$\mathbf{x}$						0.	0.	0.
(17) ALLSUP, JASE	0.00	<u> </u>	$\vdash$			$\vdash$		† <u>-</u> -		
BOARD MEMBER	0.00	x		· '				0.	0.	0.

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	INC.								20-87	621	.73_	Page 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	loy	ees,	and	1 Hi	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per			Pos heck	more	than		( <b>D)</b> Reportable	(E) Reportable		Estir	F) nated
	week (list any hours for related organizations below line)			ss per da d	recto		tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS		ot compe from organ and r	unt of her ensation n the ization elated zations
(18) VOLKL, WHITNEY	0.00		-		×	Ξ.0	٦			$\neg$		
BOARD MEMBER	0.00	X		<u> </u>	_		L	0.		0.		0.
(19) PATTERSON, BEN	0.00	х								,		0
BOARD MEMBER (20) WILKEY MYRA	40.00	₽		<del> </del>	$\vdash$		$\vdash$	0.		0.		0.
EXECUTIVE DIRECTOR	0.00			х		_		63,906.		0.		0.
								^ ^				
						<b>4</b>	/					
					<	7	/					
1b Subtotal				.<		/	È,	63,906.		0.		0.
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	, Section A			7.	<b>,</b>	1		63,906.		0.		0.
Total number of individuals (including but no compensation from the organization	ot limited to the	ose	liste	d/áb	óve	) wh	o re					0
					V						Y	es No
3 Did the organization list any former officer,		ee, k	еу е	empl	oye	e, or	hıg	hest compensated empl	oyee on	-	_	_
line 1a? If "Yes," complete Schedule J for su  For any individual listed on line 1a, is the sui					*		-41			⊢	3	<u> </u>
4 For any individual listed on line 1a, is the sui and related organizations greater than \$150			•					•	ie organization	-	4	- <del>X</del>
5 Did any person listed on line 1a receive or a									lual for services			
rendered to the organization? If "Yes," comp	olete Schedule	J fo	or st	ıch ı	oers	on_					5	Х
Section B. Independent Contractors									,			
Complete this table for your five highest continuous the organization. Report compensation for the organization.	•	•								ensatio	on from	
(A)					iu c	JI WI		(B)			(C)	
Name and business	address	NC	NE	<u> </u>			4	Description of s	ervices	Со	mpens	ation
							_					
							4	<u>-</u>				
	_						_			<del></del> ,		<u>_</u>
						<u>.</u>	+					
Total number of independent contractors (in \$100,000 of compensation from the organize)	•	ot lin	nited	d to t	thos	e lıs	ted	above) who received mo	pre than			

Form **990** (2019)

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ar	t VI							
		Check if Schedule O contains a re	esponse	or note to any lin	e in this Part VIII			
			<u> </u>	•	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue exclude
						function revenue	business revenue	from tax unde sections 512 - 5
<i>"</i>	1 1	Federated campaigns	1a	11,615.				
貫			1b	11,013.				
9	b	·	1c					
٦	C							
Ħ	d	, , , , , , , , , , , , , , , , , , ,	1d	202 011			,	
月	e	, , , , , , , , , , , , , , , , , , ,	<u>1e</u>	302,811.				
ä	Ť	All other contributions, gifts, grants, and		25 514				,
Ħ		<b>-</b>	1f	35,514.				
귤	g	_	1g \$	20,000.	242 242			
룍	h	Total. Add lines 1a-1f		,▶	349,940.			
1				Business Code				
1	2 a		ENT	531110				
a	b	RENTAL INCOME		531110	13,979.	13,979.		
ă	c	·						
Š	d	I						
۳	е	,						
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		<b></b>	66,023	· / //		
T	3	Investment income (including dividen-	ds, intere	st, and	/	~~/		
		other similar amounts)		•	17,871.			17,873
	4	Income from investment of tax-exemp	t bond p	roceeds	. 17	~		····
	5	Royalties	, , , , , , ,	•	()		-	
	-		Real	(II) Personal	177	į		
	6 a	, la <del>                                   </del>						
- [	b			1				
1	-	Rental income or (loss) 6c						
	۰	Net rental income or (loss)		12	177			
		• '	curities	(ii) Other	7			
	<i>1</i> a		00/1000	(1) 0 1/1.01				
	L	assets other than inventory 7a		•	<b>S</b>			
,	0	Less cost or other basis			~			
evenue		and sales expenses 7b		<del> </del>				
		Gain or (loss)						
<u> </u>	_	Net gain or (loss)	. —	<u> </u>	<del></del>	17,871.		
	8 a	,						
۱		· —	of					
		contributions reported on line 1c) Se-						
		Part IV, line 18	8 <u>a</u>	ļ				
		Less direct expenses	8b	l				
Other Revenue Revenue Revenue		: Net income or (loss) from fundraising		<u> </u>				
	9 a	Gross income from gaming activities	See					
		Part IV, line 19	9a	<u> </u>				
	b	Less direct expenses	9b					
	c	: Net income or (loss) from gaming acti	vities	<u> </u>				
1	10 a	Gross sales of inventory, less returns						
		and allowances	10a					
1	b	Less cost of goods sold	10b					
$\perp$	с	: Net income or (loss) from sales of inve	entory		•			
T				Business Code				
].	11 a	OTHER REVENUE-MISC.		531110	26,830.	26,830.		
all	b			531110				
Xer	c	-			=,=	_,		
B	d			·				
		Total. Add lines 11a-11d			28 990	-		
		Total revenue. See instructions				95 013	<u> </u>	17 Ω71
						. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		U / J

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2019.04030 MENTAL HEALTH AMERICA OF MHVC0011

Form 990 (2019) INDIANA, INC.
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must cor	nplete column (A)	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	231,375.	231,375.		
8	Pension plan accruals and contributions (include	6 065	c 0.c5		
	section 401(k) and 403(b) employer contributions)	6,965.	6,49,65.	<u> </u>	
9	Other employee benefits	02 205	22 205	*/	
10	Payroll taxes	23,395.	,23,395.	/	
11	Fees for services (nonemployees)				
а	Management	7 204	^ \/	7,204.	
b	Legal	7,204. 35,825.	35,825.	7,204.	
С.	Accounting	33,043.	/ 33,1023.		
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25,	17.			<del></del>
9	column (A) amount, list line 11g expenses on Sch 0.)	8,000?	8,000.		
12	Advertising and promotion	3/3/3/	0,0001		
13	Office expenses	48,949	42,917.	6,032.	
14	Information technology	20/2 201			
15	Royalties				
16	Occupancy	1,429.	1,429.		
17	Travel	9,884.		9,884.	
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	38,424.	38,424.		
23	Insurance	10,714.	10,714.		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	EDUCATION/PREVENTION EX	73,454.	73,454.		-
b	PATIENT RENT ASSISTANCE	42,990.	42,990.		
c	PATIENT SUPPLIES	22,591.	22,591.	_	
d	UTILITIES	18,032.	18,032.		
_	All other expenses	20,035.	20,035.		
25	Total functional expenses. Add lines 1 through 24e	599,266.	576,146.	23,120.	0.
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)				

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Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or not	e to any line in this Part )	(			
_			_		<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			194,558.	1	42,317.
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			129,064.	4	54,948
	5	Loans and other receivables from any current or	former officer, director,				
		trustee, key employee, creator or founder, subst	antial contributor, or 35%	ó			
		controlled entity or family member of any of thes	e persons			5	
	6	Loans and other receivables from other disqualif	ied persons (as defined				
		under section 4958(f)(1)), and persons described	in section 4958(c)(3)(B)			6	
<sub>s</sub>	7	Notes and loans receivable, net	,,,,,,		807,400.	7	811,400
Assets	8	Inventories for sale or use		8			
As	9	Prepaid expenses and deferred charges				9	
			1 1				
		basis Complete Part VI of Schedule D	10a 976,	566.			
	b	Less accumulated depreciation	10b 531,		480,960.	10c	444,695
	11	Investments - publicly traded securities	100			11	
	12	Investments - other securities See Part IV, line 1	1		^ .	12	
	13	Investments - program-related See Part IV, line			182,238.	13	205,119
	14	Intangible assets	•	~	~~/	14	
	15	Other assets See Part IV, line 11		1	19,790.	15	166,317
	16	Total assets. Add lines 1 through 15 (must equal	al line 33)	1	//1,814,010.	16	1,724,796
	17	Accounts payable and accrued expenses	<u> </u>	1	12,862.	17	56,258
	18	Grants payable	•	11	V	18	
	19	Deferred revenue	<b>(</b> -		7	19	
	20	Tax-exempt bond liabilities	Λ,,	\		20	
	21	Escrow or custodial account liability Complete I	Part IV of Schedule D	<b>V</b>		21	
	22	Loans and other payables to any current or form		<b>`</b>	·		
Liabilities		trustee, key employee, creator or founder, subst		ń			
bili		controlled entity or family member of any of thes	<b>\</b> (			22	······································
Lıa	23	Secured mortgages and notes payable to unrela			155,000.	23	135,000
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on lines					
		of Schedule D	z., complete carr			25	
	26	Total liabilities. Add lines 17 through 25			167,862.	26	191,258
	20	Organizations that follow FASB ASC 958, che	ck here 🕨 🗓				
S		and complete lines 27, 28, 32, and 33.					
uce	27	Net assets without donor restrictions			1,646,148.	27	1,533,538
ala	28	Net assets with donor restrictions				28	
d B	20	Organizations that do not follow FASB ASC 9	58 check here	7			
-un		and complete lines 29 through 33.	oo, check here	_			
orl	20	Capital stock or trust principal, or current funds				29	. <del></del>
ets	29	Paid-in or capital surplus, or land, building, or eq	uunment fund		·	30	
188	30	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	31	Total net assets or fund balances	come, or other lunus		1,646,148.	32	1,533,538
ž	32				1,814,010.	33	1,724,796
	33 _	Total liabilities and net assets/fund balances			1,014,010.	<u>  33</u>	1,/44,/3

Form **990** (2019)

Form	990 (2019) INDIANA, INC.	20-	- <u>8/621</u>	/ 3	Pag	<sub>je</sub> 12		
Pai	t XI Reconciliation of Net Assets							
	Check 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		<u> 162</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2		599				
3	Revenue less expenses Subtract line 2 from line 1		L36	, 44	<u>12.</u>			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	1,6	<u>546</u>					
5	Net unrealized gains (losses) on investments		23	, 83	<u>32.</u>			
6	Donated services and use of facilities ,							
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	1,5	<u> 33</u>	<u>, 53</u>	<u> </u>		
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					X		
				\	'es	No		
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				- 1			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0						
2a	If the organization changed its method of accounting from a prior year or checked "Other;" explain in Schedule O  a 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			- 1	1		
	separate basis, consolidated basis, or both				ł			
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		<u> </u>	2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basıs,	i		- 1			
	consolidated basis, or both					-		
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			- 1			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C	_	_		}		
За	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?	<del></del>	3a		<u>X</u>			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red auc	it					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				
		Fo	orm 9	90 (2	2019)			

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### **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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. MENTAL HEALTH AMERICA OF WEST CENTRAL

Open to Public

OMB No 1545-0047

Inspection

Employer identification number

		INDI						4	0-0/ <u>021/3</u>	
Pa	rt I	Reason for Public (	Charity Status (	All organizations must co	omplete th	ıs part ) Se	ee instructions	3		
The	organi	zation is not a private found	ation because it is (F	For lines 1 through 12, c	heck only	one box)		1		
1		A church, convention of chi					1)(A)(i). /	\ <b>&lt;</b>		
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990 or 99	90-EZ))	····/	11		
3	一	A hospital or a cooperative					in. C	ノし		
4	Ħ	A medical research organize	ation operated in cor	nunction with a hospital	described	ın sectio	n 170(b)(1)(A	)(iu)≠Ænter	the/hospital/sname-	_
•		city, and state		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0004.0		"HECE"	VED IN COURT	S
5		An organization operated for	or the benefit of a col	llege or university owned	l or operati	ed by a go	vernmental u	nit describe	<del>5-056-01-</del>	
3		section 170(b)(1)(A)(ıv). (C	Complete Part II \	inage of aniversity owned	гог орогия	ca by a go	, verranientai a	F	B <b>02</b> 2021	
6	$\overline{}$	A federal, state, or local gov		antal cost described in	aaatian 17	70/LV4VAV	()	1 4	-D V 2 ZUZI	
6	X		•						Ed.A. Zaiston beenhers	
7	A	An organization that normal		ntial part of its support if	om a gove	emmemai	unit or from tr	ie delieisel	haniic descuneatu	
_		section 170(b)(1)(A)(vi). (C		MANAY 1 (Occuplate Des						
8	$\vdash$	A community trust describe							0	
9	ш	An agricultural research org			-			=	=	
		or university or a non-land-g	rant college of agrici	ulture (see instructions)	Enter the	name, city	, and state of	the college	e or	
		university				<u> </u>	<del>_//</del>			
10	Ш	An organization that normal								
		activities related to its exem								t
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	sés acqui	red by the org	ganization a	after June 30, 1975	
		See section 509(a)(2). (Cor	•	•	///	()				
11	$\sqsubseteq$	An organization organized a								
12	Ш	An organization organized a								
		more publicly supported org			· ·				Check the box in	
		lines 12a through 12d that								
а		Type I. A supporting orga	anization operated, s	upervised, for controlled	by∕its supp	orted org	anızatıon(s), t	ypically by	giving	
		the supported organization	on(s) the power to reg	gularly appoint or élect a	majority o	of the direc	ctors or truste	es of the su	upporting	
		organization You must o	omplete Part IV, Se	ections A and B.						
b		Type II. A supporting org.	anization supervised	or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	ving	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported	
		organization(s) You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte	grated. A supporting	g organization operated	ın connect	tion with, a	and functional	lly integrate	ed with,	
		its supported organization	n(s) (see instructions)	You must complete f	Part IV, Se	ctions A,	D, and E.			
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in coi	nnection w	vith its suppoi	rted organiz	zation(s)	
		that is not functionally int								
		requirement (see instructi	ions) You must con	nplete Part IV, Sections	A and D,	and Part	V.			
е		Check this box if the orga	•					II, Type III		
		functionally integrated, or					3			
f	Ente	er the number of supported o	- ·	, , , , , , , , , , , , , , , , , , , ,	5 0					
a		ride the following information	•	d organization(s)						
	(1	) Name of supported	(II) EIN	(III) Type of organization	(iv) Is the orga	anization fisted ing document?	(v) Amount o	f monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instruction	ns)
				above (dec individuitiona)				····		
							1			
—			<u> </u>							_
							ĺ			
					<b> </b>	<u> </u>				_
									1	
Tota			<u> </u>		<del>                                     </del>					_

# Schedule A (Form 990 or 990 EZ) 2019 INDIANA, INC. 20-8762 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)

Sec	Section A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
	Gifts, grants, contributions, and										
	membership fees received (Do not										
	ınclude any "unusual grants ")	212,209.	254,834.	658,619.	538,552.	349,940.	2014154.				
2	Tax revenues levied for the organ-										
	ızatıon'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	212,209.	254,834.	658,619.	538,552.	349,940.	2014154.				
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,	ı.		$\sim$	\ <b>^</b>						
	column (f)						0014154				
	Public support. Subtract line 5 from line 4						2014154.				
	ction B. Total Support			1	~~						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017 <b>\( \sigma \)</b> 658, 61.9 \( \)		(e) 2019 349,940.	(f) Total 2014154.				
-	Amounts from line 4	212,209.	254,834.	020, 013.	538,552.	349,940.	2014154.				
8	Gross income from interest,			> \^							
	dividends, payments received on										
	securities loans, rents, royalties,	4,381.	18,243	15,127.	16,268.	17,871.	71,890.				
_	and income from similar sources	4,301.	10,243	130121.	10,200.	17,071.	71,000.				
9	Net income from unrelated business		$ \mathcal{U}$								
	activities, whether or not the		/~/								
40	business is regularly carried on										
10	Other income Do not include gain or loss from the sale of capital		•								
	assets (Explain in Part VI)	205,863.	209,301.	303,194.	84,766.	95,013.	898,137.				
44	Total support. Add lines 7 through 10	203,0031	203,302.	30372321	01//000	33,020	2984181.				
	Gross receipts from related activities,	etc (see instruction	nns)			12					
	First five years. If the Form 990 is for			d. fourth, or fifth ta	x vear as a section						
	organization, check this box and stop	_		_,	<b>, .</b>	( // /	▶□				
Sec	ction C. Computation of Publi	c Support Per	centage								
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	67.49 %				
	Public support percentage from 2018			***		15	67.09 %				
	33 1/3% support test - 2019. If the			n line 13, and line	14 is 33 1/3% or m	ore, check this box	x and				
	stop here. The organization qualifies						►X				
b	33 1/3% support test - 2018. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check the	s box				
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			▶□				
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% i	or more,				
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h	nere. Explain in Pa	rt VI how the orgar	nization				
	meets the "facts-and-circumstances"						▶□				
k	10% -facts-and-circumstances test										
	more and if the organization meets the						·				
	organization meets the "facts-and-circ										
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b							
		Schedule A (Form 990 or 990-EZ) 2019									

Schedule A	(Form 990 or 990-EZ) 2019	INDIANA,	INC.
Part III	Support Schedule for	r Organization	s Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

<u>S_</u>	qualify under the tests listed be stion A. Public Support	elow, please comp	iete Paπ II )	<del></del>			
		(=) 001E	(h) 2016	(a) 2017	(4) 2019	(e) 2019	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) < 0 13	(I) TOTAL
1	Gifts, grants, contributions, and					/	
	membership fees received (Do not include any "unusual grants")						
_						/	
2	Gross receipts from admissions, merchandise sold or services per-				,	4	· ·
	formed, or facilities furnished in						
	any activity that is related to the						
•	organization's tax-exempt purpose Gross receipts from activities that						
3	are not an unrelated trade or bus-	1				i	
	iness under section 513						
4	Tax revenues levied for the organ-					†	
*	ization's benefit and either paid to			Į.	7		
	or expended on its behalf						
5	The value of services or facilities	_				1	
٥	furnished by a governmental unit to						
	the organization without charge				_	i	
6	Total. Add lines 1 through 5				\ //		
-	Amounts included on lines 1, 2, and			/ ~	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
	3 received from disqualified persons			/ (=	~~		_
b	Amounts included on lines 2 and 3 received		1		$\sim$		
	from other than disqualified persons that			<b>(</b> \ \ (			
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			_ \\\			
c	: Add lines 7a and 7b		/ <	/			
	Public support. (Subtract line 7c from line 6)		/ \				
Sec	ction B. Total Support			$\sim$			
Cale	ndar year (or fiscal year beginning ın) 🕨	(a) 2015	/(b) 2016 <u>~</u>	(c) 2017	(d) 2018	(e) 2019	(f) Total
-	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on	/					
	securities loans, rents, royalties,		· `			ļ	
	and income from similar sources					<del> </del>	<u> </u>
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		· -	<u> </u>			
	: Add lines 10a and 10b  Net income from unrelated business	<del>/</del>					
11	activities not included in line 10b,	/					
	whether or not the business is	ľ					
10	regularly carned on Other income Do not include gain				<del></del>	<del>-</del>	
12	or loss from the sale of capital			İ			
40	assets (Explain in Part VI )					-	
	Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fol	the organization's	first second thir	d fourth or fifth ta	l	n 501(c)(3) organiza	ation
1-7	check this box and stop here	tile organization s	s mat, accord, tim	a, rourar, or mar to	ix your do d ooone	00 . (0)(0) 0. 9	<b></b>
Se	ction C. Computation of Publi	ic Support Per	centage				
	Public support percentage for 2019 (I			column (f))		15	%
16	Public support percentage from 2018			.,,		16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	019 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
	a 33 1/3% support tests - 2019. If the			on line 14, and line	15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box as						ightharpoons
ŧ	o 33 1/3% support tests - 2018. If the						ınd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	is box and see in	structions	
	· 7	·				hadula A (Farm 00)	000 E3) 0040

(Complete only if you checked a box in line 12 on Part I if you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete

	<u>Sections A, D, </u>	and E If y	<u>ou checked</u>	12d of Part I	complete \$	Sections A	<u> 4 and D, </u>	and com	plete Part	<u>v)                                    </u>
Section A.	All Suppor	ting Org	anization	ıs						

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			ì
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			l
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		<del></del> .
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			'
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			لـــا
	despite being controlled or supervised by or in connection with its supported organizations	4b		<del></del> ,
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	40		
E-	purposes  Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	4c		<del></del> -
Эa	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or,removed, (ii) the reasons for each such action,			<b>.</b>
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			i
_	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			• [
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		<u> </u>
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			1
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
_	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations and all Type III non-functionally integrated	10-		
L	supporting organizations)? If "Yes," answer 10b below	10a		<del></del> i
О	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10b		
	determine whether the organization had excess business holdings.)	ַ מטו		

932024 09-25-19

Part IV   Supporting Organizations continued		dule A (Form 990 or 990-EZ) 2019 INDIANA, INC.	20-8/621/	3 Pa	age <b>5</b>
11 Has the organization accented a gift or contribution from any of the following persons? 2 A Person with ordereby or indirectly controls, either soline or together with persons described in (b) and (c) below; the governing body of a supported organization? 3 A Addition of the controlled and person described in (g) active? 4 A 30% combined entity of a person described in (g) active? 5 A 30% combined entity of a person described in (g) active? 5 A 30% combined entity of a person described in (g) active? 5 A 30% combined entity of a person described in (g) active? 5 A 30% combined entity of a person described in (g) active? 5 A 30% combined entity of a person described in (g) active? 5 A 30% combined entity of a person described in (g) active? 5 A 30% combined entity of a person described in (g) active? 5 A 30% combined entity of a person described in (g) active? 5 A 30% combined entity of a person described in (g) active? 5 A 30% combined entity of active? 5 A 30% combined entity of active? 5 A 30% combined entity of active ent	Par	t IV   Supporting Organizations (continued)	<del></del>	1	
a A person who directly or indirectly controls, either alone or together with persons described in (i) and (i) below, the governing body of a supported organization?  b A family member of a person described in (i) albowe?  b A family member of a person described in (ii) above?  c A 39% controlled writh or all person described in (ii) to (ii) above?  7. A 39% controlled writh or all person described in (ii) to (ii) above?  1. Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or frustees at all times during the tax year?  1. Did the directors, frustees, or membership of one or more supported organizations have the power to equal to the organization of the controlled the organizations at all times during the tax year.  1. Did the directors, frustees, or membership of one or more supported organizations have the powers to appoint and/or remove directors or frustees at all times during the tax year.  1. Did the directors, trustees, or membership of one or more supported organizations have the powers to appoint and/or remove directors or frustees at all times during the tax year.  1. Did the organization organization are all the organization or the frust he supported organization or organizations and what conditions or restrictions, if any, applied to such powers during the tax year all the supported organizations or the supporte				Yes	No.
below, the governing body of a supported organization?  In A family member of a person described in (a) bove?  A 35% controlled entity of a person described in (a) or (b) above?  A 35% controlled entity of a person described in (a) or (b) above?  Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization directors or frustrees at all times during the tax yea? If No." describe any Part VI now the supported organizations have the power to outside the view of the organization and white conditions or restrictions, if any, applied to such powers during the tax yea? If No." describe any part VI now the supported directors or frustrees were allocated among the supported organization and what conditions or restrictions, all any, applied to such powers during the tax years and organization and what conditions or restrictions, all any, applied to such powers during the tax years.  Did the organization operate for the benefit came out the purposes of the supported organization of the than the supported organization and what conditions or restrictions, all any, applied to such powers during the tax year and organization and the supported organization of the than the supported organization of the tax of the supported organization of the organization was responded organization					
b A family member of a parson descended in (a) above? A 35% controlled entity of a person descended in (a) above? A 35% controlled entity of a person descended in (a) or (b) above? A 55% controlled entity of a person descended in (a) or (b) above? A 55% controlled entity of a person descended in (a) or (b) above? B 1 Did the directors, trustees, or memberahip of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," descende in Part VI Now the supported organization's directors or trustees at all times during the tax year and a controlled the organization's activities if the organization and more than one supported organization, describe how the powers to appoint and/or remove directions or trustees were allocated among the supported organization; and and activities of the supported organization or the than the supported organization or a person and the properties of the supported organization organization.  1 Were a majority of the organization's supported organization of the supported organization organization.  2 Section C. Type II Supporting Organizations  1 Were a majority of the organization's supported organization organization.  2 Were any of the organization's supported organization organization.  3 Did the organization's tax year, (a) a copy of the supporting Organizations.  4 Were any of the organization organization and are supported organization organization organization and analysis.  5 Did the organization or the supporting Organizations.  5 Did the organization organization or the supported organization organization organization organization and organization	а		J		
c. A 35% controlled entity of a person descabed in (a) or (b) above? If Yes' to a. b. or c. proyed detail in Part VI.  Section B. Type I Supporting Organizations  1. Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization is directors or trustees at all times during the tax year? If "Nb," describe in Part VI how the supported organization is directors or trustees at all times during the tax year? If "Nb," describe activities If the organization and directors or trustees at all times during the tax year and the organization and another than one supported organization, describe how the powers to appoint and arriver remove directors or trustees were ellicicated among the supported organization and was activitied for the benefit of any supported organization during the tax years.  2. Did the organization operate for the benefit of any supported organization of the than the supported organization or particular to the purposes of the supported organization ("Yes," tegain in Part VI how providing such benefit carried out the purposes of the supported organization ("Yes," tegain in Part VI how providing such benefit carried out the purposes of the supported organization ("Yes," tegain in Part VI how providing such benefit carried out the purposes of the supported organization ("Yes," tegain in Part VI how providing the tax year also a majority of this directors or trustees of each of the organizations is supported organizations.  1. Were a majority of the organization is directors or trustees during the tax year also a majority of the directors or trustees of each of the organizations is supported organizations. This controlled for pravagad the supported organization for the supported organizations is the supported organization is supported organizations. This controlled for pravagad the supported organizations is the supported organization is the part VI how organization is officers, directors, or trustees of				├	<del></del>
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax year? If "No," describe the Part VI how proposed organization's directors or trustees at all times during the tax year? If "No," describe the Part VI how providing electively operated, supported, or controlled the organization and more than one supported organization. describe the whe power to agont and/or remove directors or trustees were allocated among the supported organization(s) that operated, supervised, or controlled the supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organizations.  1 Were a majority of the organization's surported organization(s). If "No," discopte in Part VI how control or management of the supporting organization's in the same persons that controlled from management of the supporting organizations.  1 Did the organization provide to each of its supported organizations by the supported organization is tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a vorted organization supported organization is tax year, (ii) a vorted organization supported organization is decreated by the supported organization is overaning documents in effect on the date of natification, to the extent of the organization organization and in elected by the supported organization supported organization is supported o				-	<del></del>
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			3a	<u> </u>	<u> </u>
	b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		.	
			3b		<u> </u>

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Sche	dule A (Form 990 or 990-EZ) 2019 INDIANA, INC.			20-8762173 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying ti	rust or	Nov 20, 1970 (explain ii	n Part VI) See instructions. All
	other Type III non-functionally integrated supporting organizations must comp	olete S	ections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	,		
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		•	
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b, <b>∉</b>	<u> </u>	
с	Fair market value of other non-exempt-use assets	1c \	<u>\\ //</u>	
<u>d</u>	Total (add lines 1a, 1b, and 1c)	~1d	<u> </u>	
е	Discount claimed for blockage or other	~		1
	factors (explain in detail in Part VI)	<u>\\</u>	<u>~</u>	
_2	Acquisition indebtedness applicable to non-exempt-use assets	2	<b>.</b>	
_3_	Subtract line 2 from line 1d	×31	<i>*</i>	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally in	ntegra	ted Type III supporting or	ganization (see
	instructions)	-	•	

Schedule A (Form 990 or 990-EZ) 2019

	dule A (Form 990 or 990-EZ) 2019 INDIANA, INC.			20-8762173 Page 7
Par	t V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations (continued)	
<u>Secti</u>	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
_3_	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	<b>I</b>	
_4_	Amounts paid to acquire exempt-use assets			
_5_	Qualified set-aside amounts (prior IRS approval required)	····		
_6_	Other distributions (describe in Part VI) See instructions			<u> </u>
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
_1_	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2019	1	<u> </u>	]
a	From 2014	`	<u>\\ //                                 </u>	
b	From 2015	<b>\</b>	<u> </u>	
c	From 2016	10		
d	From 2017	, \\	/~	Į
е	From 2018	ノノン	<b>k</b>	J
f	Total of lines 3a through e		<i>f</i>	Į.
	Applied to underdistributions of prior years	\ \\		-
<u>h</u>	Applied to 2019 distributable amount			
<u>i</u>	Carryover from 2014 not applied (see instructions)	<b>^//</b> \		1
ـنــ	Remainder Subtract lines 3g, 3h, and 3i from 3f	// _ \ \		1
4	Distributions for 2019 from Section D,			1
	line 7 \$			İ
а	Applied to underdistributions of prior years	>		
b	Applied to 2019 distributable amount			
с	Remainder Subtract lines 4a and 4b from 4			]
5	Remaining underdistributions for years prior to 2019, if			1
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2019 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
а	Excess from 2015			
ь	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 INDIANA, INC.	20-8762173 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part	t II, line 17a or 17b. Part III. line 12
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Sec	ction B, lines 1 and 2, Part IV, Section C.
line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part IV	/, line 1, Part V, Section B, line 1e, Part V,
Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part f	or any additional information
(See instructions )	
SCHEDULE A, PART II, LINE 10:	······································
MISCELLANEOUS INCOME CONSISTS OF TENANT CHARGES, LAUN	DRY AND VENDING
	<u></u>
CHARGES, REIMBURSEMENTS RECEIVED, PROGRAM SERVICE REV	ENUE, AND OTHER
OHERODE HOLLING MODELLES THOUSENED THE	211027 1212 011121
INCOME ITEMS FOR SERVICES PROVIDED FOR THE CONVENIENC	E OF MUE MENANMO
INCOME TIEMS FOR SERVICES PROVIDED FOR THE CONVENTENC	E OF THE TENANTS.
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# RECEIVED IN CORRES IRS - OSC - 01

#### **SCHEDULE D**

(Form 990)

Department of the Treasury

Supplemental Financial Statements FEB 02

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

	e of the organization MENTAL HEALTH AMER INDIANA, INC.	ICA OF WEST CENTRAL	E	Employer identification number 20-8762173
Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Acco	unts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6		
		(a) Donor advised funds	(b) f	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advis	ed funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only	
`	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring	
	impermissible private benefit?			Yes No
Pa	t II Conservation Easements. Complete if the org	janization answered "Yes" on Form 990,	Part IV, line	e 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)		
	Preservation of land for public use (for example, recreat	tion or education) Preservation of	a historica	ally important land area
	Protection of natural habitat	Preservation of	a certified	historic structure
	Preservation of open space		7	
2	Complete lines 2a through 2d if the organization held a qualif	ed conservation contribution in the form	of a conse	rvation easement on the last
	day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2	a
b	Total acreage restricted by conservation easements		2	b
С	Number of conservation easements on a certified historic stru	icture included in (a)	_2	c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structu	ıre	
	listed in the National Register		_2	d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organizati	on during the tax
	year ▶	$// \wedge \vee$		
4	Number of states where property subject to conservation eas	ement is located >		
5	Does the organization have a written policy regarding the per	odic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it		1	L Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation ea	asements during the year
	<b></b>			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva-	tion easem	ents during the year
	<b>&gt;</b> \$			
8	Does each conservation easement reported on line 2(d) above	e 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	•		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial stateme	ents that d	escribes the
Da	organization's accounting for conservation easements  † III   Organizations Maintaining Collections of	Art Historical Transuras or Ot	har Simi	ilar Accata
Га			Her Silli	iidi Assets.
	Complete if the organization answered "Yes" on Form			<del></del>
та	If the organization elected, as permitted under FASB ASC 95			
	of art, historical treasures, or other similar assets held for pub			of public
	service, provide in Part XIII the text of the footnote to its finan			
Ь	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of	public service,
	provide the following amounts relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1			<b>\$</b>
	(ii) Assets included in Form 990 Part X			<b>\$</b>
2	If the organization received or held works of art, historical trea		gaın, prov	nde
	the following amounts required to be reported under FASB A	SC 958 relating to these items		•
	Revenue included on Form 990, Part VIII, line 1		•	<b>\$</b>
	Assets included in Form 990, Part X			<u>▶ \$</u>
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2019

932051 10-02-19

	dule D (Form 990) 2019 INDIANA					762173 Pa	age 2
Pai	t III   Organizations Maintaining C	collections of Art, Hist	orical Treasures, o	r Other S	imilar Asse	ts (continued)	
3	Using the organization's acquisition, accessi	on, and other records, check	any of the following that	t make signi	ficant use of it	s	
	collection items (check all that apply)						
а	Public exhibition	d 🔲	Loan or exchange progra	am			
b	Scholarly research	е 🔲	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explain how th	neý further the organizatio	on's exempt	purpose in Pa	ırt XIII	
5	During the year, did the organization solicit of	r receive donations of art, hi	storical treasures, or other	er sımılar ası	sets		
	to be sold to raise funds rather than to be ma				[	Yes	No
Pai	t IV Escrow and Custodial Arran			"Yes" on Fo	rm 990, Part I	√, line 9, or	
	reported an amount on Form 990, Pa		J				
1a	Is the organization an agent, trustee, custod	an or other intermediary for	contributions or other ass	sets not incl	uded		
	on Form 990, Part X?	,			ſ	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the following t	table		_		-
-						Amount	
c	Beginning balance				1c		
d	Additions during the year				1d		
	Distributions during the year				1e		
f	Ending balance				1f		
-	Did the organization include an amount on F	orm 990 Part Y line 21 for	ecrow or custodial acco	unt liability?		Yes	No
	If "Yes," explain the arrangement in Part XIII			•			ī
Pai							
	Composit		Prior year 🖍 (c) Two yea		Three years bad	ck (e) Four years	hack
1a	Beginning of year balance	(b)	1 (0) 7.100 3.50	v (u)	····oo yourb but	Six (G) Four Journ	- Cuon
_	Contributions		100				
b		<b></b>	~~ \~~		<u> </u>		
ر. د	Net investment earnings, gains, and losses						
d	Grants or scholarships	1					
е	Other expenditures for facilities	^`					
	and programs			<u> </u>			
f	Administrative expenses	1//					
g	End of year balance						
2	Provide the estimated percentage of the cur	rent year end balance (line 1)	g, column (a)) nelu as				
a	Board designated or quasi-endowment		<b>&gt;</b>				
b	Permanent endowment	%					
С	Term endowment	% 					
_	The percentages on lines 2a, 2b, and 2c sho	· · · · · · · · · · · · · · · · · · ·					
3a	Are there endowment funds not in the posses.	ession of the organization tha	it are neid and administer	rea for the a	rganization	[v]	
	by					Yes	No
	(i) Unrelated organizations					3a(ı)	<b></b>
	(ii) Related organizations					3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza	•				3b	
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		runds				
Га			/ line 11 - Can Faire 000	Deat V June	- 10		
	Complete if the organization answere						
	Description of property	(a) Cost or other	(b) Cost or other	, ,	imulated	(d) Book value	е
		basis (investment)	basis (other)	uepre	ciation	1 7	1 /
1a	Land		1,714.	E 0	0 604	1,7	
Ь	Buildings		947,694.	50	9,604.	438,09	<del>90.</del>
	Leasehold improvements		05 450	_	2 267	4 0	0.1
	Equipment		27,158.	2	2,267.	4,89	<u>ят.</u>
<u>e</u>	Other	<u> </u>				444 =	<u> </u>
Total	. Add lines 1a through 1e (Column (d) must e	egual Form 990. Part X. colur	nn (B). line 10c.)		<u> </u>	444,69	<u> </u>

Schedule D (Form 990) 2019

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.)	<b>&gt;</b>	

<sup>2.</sup> 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 FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

20-8762173 Page 4 INDIANA, INC. Schedule D (Form 990) 2019 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 486,656. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains (losses) on investments 2a 2b b Donated services and use of facilities c Recoveries of prior year grants 2c 23,832. d Other (Describe in Part XIII) 2ч 23,832. e Add lines 2a through 2d 2e 462,824. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII ) c Add lines 4a and 4b 4c 462,824 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12... 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 599,266. Total expenses and losses per audited financial statements 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 Žс. d Other (Describe in Part XIII) 0. e Add lines 2a through 2d 599,266. Subtract line 2e from line 1 3 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 40 Total expenses Add lines 3 and 4c. (This must equal Form 990. 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 XI, 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 X, LINE 2: THE CORPORATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND STATE INCOME TAX AND HAS BEEN CLASSIFIED AS AN OTHER THAN PRIVATE FOUNDATION. ACCORDINGLY, NO PROVISION FOR FEDERAL AND STATE TAXES ON REVENUE AND INCOME HAS BEEN RECOGNIZED IN THE ACCOMPANYING FINANCIAL STATEMENTS. GENERALLY, THE FEDERAL AND STATE TAX RETURNS WERE SUBJECT TO EXAMINATIONS FROM THE THREE YEARS AFTER THE LATER OF THE ORIGINAL OR EXTENDED DUE DATE OR THE DATE FILED WITH THE APPLICABLE TAX AUTHORITY. PART XI, LINE 2D - OTHER ADJUSTMENTS: UNREALIZED GAIN ON INVESTMENTS 23,832. Schedule D (Form 990) 2019 932054 10-02-19

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047 Open to Public

Inspection

► Go to www.irs.gov/Form990 for the latest information. MENTAL HEALTH AMERICA OF WEST CENTRAL

Employer identification number

Name of the organization INDIANA, INC. 20-8762173 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ILL AND TO WORK TOWARD PREVENTION OF MENTAL ILLNESS IN VIGO COUNTY, INDIANA. RECEIVED IN CORRES IRS - OSC - 01 FEB 02 2021 FORM 990, PART VI, SECTION B, LINE 11B: OGDEN, UTAH THE EXECUTIVE DIRECTOR REVIEWS THE FORM 990 BEFORE IT IS FILED. FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL CONFLICT OF INTEREST STATEMENTS ARE REVIEWED BY THE BOARD OF BOARD MEMBERS ARE PROHIBITED FROM VOTING ON MATTERS IN WHICH THEY HAVE A CONFLICT OF INTEREST. £19 FORM 990, PART VI, SECTION C, LINE THE ORGANIZATION'S GOVERNING DOCUMENTS CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE GOVERNING DOCUMENTS ARE ALSO AVAILABLE ON THE SECRETARY OF STATE'S WEBSITE. FORM 990, PART XII, LINE 2C THE FINANCIAL STATEMENTS ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. THERE ARE NO CHANGES TO THIS POLICY FROM PREVIOUS YEARS.

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

Schedule O (Form 990 or 990-EZ) (2019)

## RECEIVED IN CORRES IRS - OSC - 01 FEB 02 2021 OGDEN, UTAH

Schedule R (Form 990) 2019

OMB No 1545-0047 Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37 SCHEDULE R (Form 990) 2019 Attach to Form 990 Open to Public Inspection Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information
MENTAL HEALTH AMERICA OF WEST CENTRAL Employer identification number 20-8762173 Name of the organization INDIANA, INC. Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990 Part IV, line 33 (b) **(f)** (d) (e) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of year assets Direct controlling of disregarded entity foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete if the organization and organizations during the tax year on Form 990, Part IV, line 34 because it had one or more related tax-exempt (b) (c) (d) **(f)** (e) (g) Section 512(b)(13) Exempt Code Public chanty status (if section Name, address, and EIN Primary activity Legal domicile (state or Direct controlling controller entity? of related organization foreign country) section entity 501(c)(3)) Yes No

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

Schedule R (Form 990) 2019 INDIANA, INC. 20-8762173 Page 2 Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year (b) (c) (d) (e) ſŊ (a) (h) (1) m (k) Legal domicile (state or foreign country) Direct controlling Name, address, and EIN Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income Share of end-of-year assets Code V UBI amount in box 20 of Schedule K-1 (Form 1065) Primary activity Disproportiona rcentage of related organization entity managing partner? affocations? Yes No Yes No YOUNITY VILLAGE, LP -GL-YOUNITY 45-3734320 1460 SPRUCE ST OW INCOME VILLAGE TERRE TERRE HAUTE, IN 47807 HOUSING IN HAUTE LLC ' RELATED -24 97,413 N/A .01% LIBERTY VILLAGE, LP -GREAT LAKES 47-1923088, 1460 SPRUCE ST LOW INCOME CAP FUND FOR TERRE HAUTE, IN 47807 HOUSING IN HSG LP 29 115,494 RELATED -28 N/A .01% Identification of Related Organizations Taxable as a Corporation or Trust. Complète If the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year Part IV (c) (a) (b) (d) (e) (g) (h) Name, address, and EIN of related organization Primary activity Direct controlling entity Type of entity (C corp, S corp, Share of total income Share of end of-year Percentage ownership or trust) assets Yes No YOUNITY VILLAGE GP INC - 90-0772803 MENTAL HEALTH 1460 SPRUCE ST AMERICA OF TERRE HAUTE, IN 47807 INVESTMENT IN WEST CENTRAL CORP -24 -123 100% Х LIBERTY VILLAGE GP, LLC - 37-1765586 MENTAL HEALTH 1460 SPRUCE ST AMERICA OF TERRE HAUTE, IN 47807 INVESTMENT IN WEST CENTRAL CORP -28 -20 100% X

832162 09-10-19
SEE PART VII FOR CONTINUATIONS 32

Schedule R (Form 990) 2019

ė

# MENTAL HEALTH AMERICA OF WEST CENTRAL Schedule R (Form 990) 2019 INDIANA, INC.

20-8762173 Page 3

Not	e Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalities, or (iv) rent from a controlled entity	1a	X	
b	Gift, grant, or capital contribution to related organization(s)	1b		Х
c	Gift, grant, or capital contribution from related organization(s)	1c		Х
d	Loans or loan guarantees to or for related organization(s)	1d	X	
0	Loans or loan guarantees by related organization(s)	1e	<u> </u>	Х
f	Dividends from related organization(s)	1f		Х
9	Sale of assets to related organization(s)	1g		Х
h	Purchase of assets from related organization(s)	1h		X
1	Exchange of assets with related organization(s)	11		Х
J	Lease of facilities, equipment, or other assets to related organization(s)	11		Х
	^			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	1)	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
0	Sharing of paid employees with related organization(s)	10		<u> </u>
P	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		X

s Other transfer of cash or property from related organization(s)			ts X
2 If the answer to any of the above is "Yes," see the instructions for information of	on who must complete th	is line, including covered r	elationships and transaction thresholds
(a) Name of related organization	(b) Transaction type (a s)	(c) Amount involved	(d) Method of determining amount involved
(1) YOUNITY VILLAGE LP	D	400,000.	PROMISSORY NOTE
(2) YOUNITY VILLAGE LP	Q	101,931.	AMOUNTS RECEIVED
(3) LIBERTY VILLAGE LP	L	92,565.	CONTRACT
(4) LIBERTY VILLAGE LP	D	400,000.	PROMISSORY NOTE
(5) LIBERTY VILLAGE LP	Q	66,344.	AMOUNTS RECEIVED
(6) YOUNITY VILLAGE LP	L	70,447.	CONTRACT

932163 09-10-19

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 INDIANA, INC.

20-8762173 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Pnmary activity	(c) Legal domicile (state or foreign country)		(e) Are all partners s 501(c)(3 orgs ? Yes N	total	(g) Share of end-of year assets	(h) Disproportionals allocations? Yes No	(i)  Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes No	(k) Percentage ownership
			~							
				11	) W	-				
		-	1							
						-				

Schedule R (Form 990) 2019

832164 09-10-19

Schedule R (Form 990) 2019 INDIANA, INC.	20-8	3762173 <sub>Pa</sub>	ge 5
Part VII   Supplemental Information			
Provide additional information for responses to questions on Schedule R. See instructions			
PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE	AS CORP	OR TRUST:	
NAME OF RELATED ORGANIZATION:			
YOUNITY VILLAGE GP INC			
DIDECT COMPOSITIVE DUTTEL MENTAL MANAGEMENT AND ARREST	~=====================================	T110 T 1 111	
DIRECT CONTROLLING ENTITY: MENTAL HEALTH AMERICA OF WEST	CENTRAL	INDIANA,	
TNC			
INC.			—
NAME OF RELATED ORGANIZATION:			
THE OF TRANSPORTER OF THE PROPERTY OF THE PROP		• • • • • • • • • • • • • • • • • • • •	
LIBERTY VILLAGE GP, LLC			
DIRECT CONTROLLING ENTITY: MENTAL HEALTH AMERICA, OF WEST	CENTRAL	INDIANA,	
~ \\		-	
INC.			
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