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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

Open to Public Inspection

		/01 , 2008, and	d ending		06/30/2009
Check if applicat				D	Employer identification number
Address change	use IRS DISTRICT 3 HOSPITAL PREPAREDNESS PI	LANNI NG		Į	
Name chang	saber or 1			1 2	6-2247829
Initial return	type. Number and street (or P O box, if mail is not delivered to street ad	dress) Roo	m/suite		Telephone number
Termination	See 1316 E 7TH STREET			1 (260) 920-2512
Amended	City or town state or country and ZIP + 4			_	
X return Application pending	tions. DIRLIPN IN 46706			•	Group Exemption Number • • • ►
	AOBORN, IN 40700	t ottock	G Accoun	_	
• Section	n 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts mus a completed Schedule A (Form 990 or 990-EZ).	я апасл			nethod XCash Accrual
	a completed Schedule A (Form \$50 of \$50-L2).		Other (s		
			H Check I	_	if the organization is not
Website:			· '		tach Schedule B (Form 990,
Organization	n type (check only one) - X 501(c) (3)(1) or 527	990-EZ,	or 990	D-PF)
Check ►	lf the organization is not a section 509(a)(3) supporting organization if	and its gross recei	pts are norm	ally n	ot more than \$25,000. A return
is not requir	ed, but if the organization chooses to file a return, be sure to file a compl	ete retum			
Add lines 5b,	6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form	990 instead of Form	990-EZ	> \$	
art I Rev	venue, Expenses, and Changes in Net Assets or Fu	nd Balances	(See the	instru	uctions for Part I.)
	ntributions, gifts, grants, and similar amounts received			1	293,851.
	gram service revenue including government fees and contracts			2	
	mbership dues and assessments			3	
li .				4	
	estment income		• • • • •	-	
	oss amount from sale of assets other than inventory 5a				
1	s: cost or other basis and sales expenses				
c Ga	in or (loss) from sale of assets other than inventory (Subtract line 5b from	n line 5a) (attach so	ched <u>ule)</u> .	5 c	
6 Spe	cial events and activities (complete applicable parts of Schedule G). If any amount is from gamin	g, check here	· 📋 i		
	of contributi				
1					
h 100	orted-on-line-1) 6a s. direct expenses other than fundraising expenses 6b				
D Les	MAY 2.0 2010			C -	
_ C Ne	rincome of (loss) from special events and activities (Subtract line 6b from	m line 6a)		6c	
7 a Gr	oss[sales of inventory, less returns and allowances				
	s: cost or goods sold . U.T				
c Gr	oss profit or (loss) from sales of inventory (Subtract line 7b from line 7a).			7 c	
8 Oth	er revenue (describe >)	8	
9 To	tal revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		•	9	293,851.
	ants and similar amounts paid (attach schedule)			10	
				11	
12 Sal	nefits paid to or for members			12	NONE
	aries, other compensation, and employee benefits				NONE
	fessional fees and other payments to independent contractors			13	
	cupancy, rent, utilities, and maintenance			14	1,337.
15 Prii	nting, publications, postage, and shipping			15	
16 Oth	er expenses (describe ▶STM	T 1)	16	33,301.
17 To	tal expenses. Add lines 10 through 16		▶	17	34,638.
18 Exc	ess or (deficit) for the year (Subtract line 17 from line 9)			18	259, 213.
19 Net	assets or fund balances at beginning of year (from line 27, column (A))				203, 223.
10 100				40	NONE
enc	I-of-year figure reported on prior year's return)				NONE
20 Oth	er changes in net assets or fund balances (attach explanation)			20_	
21 Net	assets or fund balances at end of year. Combine lines 18 through 20 ,				259,213.
Title Ba	lance Sheets. If Total assets on line 25, column (B) are \$2,500,0	00 or more, file For	m 990 inste	ad of F	orm 990-EZ.
16 Oth 17 To 18 Exc 19 Net enc 20 Oth 21 Net art II Ba Cash, sa Land and	(See the instructions for Part II.)	(A) Beginni	ng of year	L	(B) End of year
Cash, sa	vings, and investments STMT 2		NON	22	259, 213.
Land and	buildings			23	
Other are	ets (describe >)			24	
			NON		250 212
			NON		259,213.
Total lia	bilities (describe) ets or fund balances (line 27 of column (B) must agree with line 21)			26	
		For Form 000	NON	. [27	259, 213.
1 000 For P	rivacy Act and Paperwork Reduction Act Notice, see the Instruction	for Form 990.			Form 990-EZ

Form 990-EZ (2008)			26.	-224782	9 Page	7
Part III Statement of Program Service Accomplishm	ents (See the instruct	ions for Part III.)		Ex (Required	penses I for 501(c)(3)	
What is the organization's primary exempt purpose? STMT 3 Describe what was achieved in carrying out the organization's ex- describe the services provided, the number of persons benefited, or				and (4) and 494	organizations 7(a)(1) trusts; for others.)	
28 SEE STATEMENT 4	other relevant information			1		-
						
(Grants \$) If this amount includ	es foreign grants, check he	re	282		29,721	_
· · · · · · · · · · · · · · · · · · ·	es foreign grants, check he	re	29a	1		
30						
(Grants \$) If this amount includ	es foreign grants, check he	re	30a			_
	es foreign grants, check he	re <u>.</u> . ▶ [31a			
32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Empl			► 32 (See the i		29, 721	_
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0)	(d) Con employee	tributions to benefit plans & compensation	(e) Expense account and other allowances	
SEE STATEMENT 5		0-	,	-o <i>-</i>	-0-	
						
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Part V Other Information (Note the statement requirements in the instructions for Part VI.) Yes No		990-EZ (2008) 26-224782	9		Page 3
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. 34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes 35 If the organization had income from business activities, such as those reported on lines 2, 6s and 7s (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T, and provy tax requirements? 36 If the organization had income from business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? 37 If "Yes," has if filed at ax return on Form 990-T for this year? 38 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," 38 Did the organization file Form 1120-POL for this year? 38 Did the organization file Form 1120-POL for this year? 38 Did the organization file Form 1120-POL for this year? 39 Section 501(c)(7) organizations are any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? 38 Did the organization of the organization of the period covered by this return? 38 Section 501(c)(7) organizations. Enter. 39 In this organization of the sum of the total amount involved. 39 Section 501(c)(7) organizations. Enter. 39 In the organization of the sum of the period covered by this return? 39 Section 501(c)(3) organizations. Did the organization engage in any section 4955 were so benefit transaction during the year of did the boome aware of an excess benefit transaction during the year of did the boome aware of an excess benefit transaction from a prior year? If "ves," complete Section 4912, 4955, and 4958 40a Section 501(c)(3) and (4) organizations. Did the or	Par	Other Information (Note the statement requirements in the instructions for Part VI.)			
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Were any changes made to the organizang or governing documents but not reported to the IRS? If "Yes," and tatch a conformed copy of the changes 35 If the organization had income from business activities, such as those reported on lines 2, 6a and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T, and on the organization had used in the reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. 36 If the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? 36 If "Yes," has if filled at sx return on Form 990-T for this year? 37 If If yes, "she if filled at sx return on Form 990-T for this year? 38 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," omplete shedule period expenditures, direct or indirect, as described in the instructions. ▶ [37a] NONE 37 If If the organization file Form 1120-POL for this year? 38 Did the organization file Form 1120-POL for this year? 38 Did the organization file Form 1120-POL for this year? 39 Section 501(c)(7) organizations expenditures, direct or indirect, as described in the instructions. 39 Section 501(c)(7) organizations Enter: 30 In the organization file Form 1120-POL for the total amount involved. 39 Section 501(c)(3) organizations included on line 9 39 Section 501(c)(3) organizations. Did the organization engage in any section 4955 he seems benefit transaction during the year under section 4911 № NONE; section 4951 № NONE 40 Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4955 he seems benefit transaction during the year of did become aware of an excess benefit transaction from a princy year? If "Yes," complete Sended L. Part I if NONE; section 4955 he seems benefit transaction from a princy year? If "Yes," complete Sended Part Yes, "complete Form 8866-T if	33		33		
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Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N No. 37a No. 37a No. 37b Did the organization file Form 1120-POL for this year? 13a No. 37b	_	If "You " has it filed a tay return on Form 900 T for this year?	ــــــــــــــــــــــــــــــــــــــ		<u> </u>
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b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the penod covered by this return? 38 bil "Yes," complete Schedule L, Part II and enter the total amount involved 38bil NONE 39 Section 501(c)(7) organizations Enter: 39ail 39ai				₹ \$#	
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any such loans made in a prior year and still unpaid at the start of the period covered by this return? 38			,	,	<u> </u>
b If "Yes," complete Schedule L, Part II and enter the total amount involved. 39 Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ NONE, section 4912 ▶ NONE; section 4955 ▶ NONE b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction during the year or did it become aware of an excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 6 Enter amount of tax on line 40c reimbursed by the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 4 I List the states with which a copy of this return is filed. ▶ INDIANA 41 List the states with which a copy of this return is filed. ▶ INDIANA 42 a The books are in care of ▶ RICHARD RING Located at ▶ 1,316. F. 7TH STREET AUBURN, IN b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42b X Yes No 42b X Form 990 must be calendar year, did the organization maintain an office outside of the U.S.? Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year. Form 990-EZ in lieu of Form 990-EZ in lieu of Form 1041 - Check h	3 B A		38a	<u> </u>	'
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44. Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ. 45 X	43			. •	ـــا
44. Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ. 45 X		and enter the amount of tax-exempt interest received of accided during the tax year			
44. Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ. 45 X				Yes	No
Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	Did the organization maintain any donor advised funds? If "Yes " Form 990 must be completed instead of	ζ.	. 55	 -
ls any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ			44		×
"Yes," Form 990 must be completed instead of Form 990-EZ	45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If		Ċ.	
			45		х
			m 990)-EZ	

Par	t VI	section 501(c)(3) organizations only. A and complete the tables for lines 50 and		ganizations mi	ust answer quest	ons 4	6-49	ļ
46	Did the	e organization engage in direct or indirect polit		n behalf of or in	opposition to		Yes	No
	candid	ates for public office? If "Yes," complete Scheo	dule C, Part I			46		Х
47		e organization engage in lobbying activities? If				47		Х
48	Is the	organization operating a school as described i	ın section 170(b)(1)(A)(ıi)?	If "Yes," complet	e Schedule E	48		X
49a	Did the	e organization make any transfers to an exem	pt non-charitable related or	ganization?		49a		Х
b	If "Yes	," was the related organization(s) a section 52	7 organization?			49b		
50	Comp	ete this table for the five highest compensate	ed employees (other than	officers, director	rs, trustees and key	emplo	yees)) who
	each r	eceived more than \$100,000 of compensation	n from the organization. If t	here is none, er	nter "None."			
	(a)	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expensionnt an allowa	nd
Total	numb	er of other employees paid over \$100,000	0					
51		ete this table for the five highest compensated insation from the organization. If there is none		who each rece	ived more than \$10			
		a) Name and address of each independent contractor paid	i more than \$100,000	(b) Typ	e of service	(c) Con	pensa	บอก
				. 🔟	Ti.			
		·						
]				
				<u> </u>				
				. –				
				-			-	
Total	numb	er of other independent contractors receiving	over \$100,000 ▶	• 0				
Ci		Under penalties of perjury, I declare that I have examine and belief, his true, correct, and complete Declaration	d this return, including accompa- of preparer (other than officer) i	nying schedules and s based on all infor	statements, and to the mation of which prepare	best of r er has ar	ny kno ny knov	wledge wledge
Sign Here		Signature of officer	501		Date Date		-	
		Type or print name and title	Chairmai					
Paid Pren	arer's	Preparer's signature	5-12-1	Check if self- employed	Preparer's Identifying to P00151	•	ee instru	ictions)
Use		Firm's name (or you's steff-employed), address, and ZIP + 4. 200 E MAIN ST. SUITE 700	FORT WAYNE, IN 46802		EIN ▶44-0160 Phone no ▶260-460		00	
May	the IRS	discuss this return with the preparer shown a				ΧYe		No
						orm 99		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization DISTRICT 3 HOSPITAL PREPAREDNESS PLANNING

Employer identification number

COMMI I	TEE								<u> 26-22</u>	<u> 47829</u>	
Part I	Reason fo	or Public Chari	ity Status (All organ	izations m	ust compl	lete this	oart.) (se	e instru	ctions)		_
The orga	inization is no	t a private found	dation because it is: (Pl	lease check	only one o	rganizatio	on.)				
1	A church, co	onvention of chu	rches, or association o	of churches	described	ın sectio	n 170(b)(1)(A)(i).			
2	A school de	scribed in section	on 170(b)(1)(A)(ii). (At	tach Sched	ule E.)						
3			hospital service organ		-	ction 170	(b)(1)(A)	(iii). (Atta	ch Sched	ule H.)	
4	•		zation operated in co							•	e
٠ ـــا		ame, city, and sta	·	.,		F				. , ,	
5			or the benefit of a col	lege or un	versity ow	ned or o	perated b	ov a gove	ernmental	unit described i	n
ـــا	•	(b)(1)(A)(iv). (C		10g0 01 u.1	ivolony ou	1100 01 0	poratou i	y a gove	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Cinc Goodingos i	••
• 🗀			vernment or governme	antal unit de	ecribed in s	eaction 1	70/5\/4\/	A\/\/\			
7 1			lly receives a substan						or from (the general nubl	
' LX	•		(1)(A)(vi). (Complete F	•	its support	i iioiii a ş	Jovernine	anai uini	Or HOILE	.ne general publi	,,,
• 🗀		• •		•	lote Dom	• # X					
<u>°</u> ⊢		-	d in section 170(b)(1)(6	
9	-		lly receives (1) more							•	
	•		ted to its exempt fun		-		-				
		-	ment income and un				-		511 tax)	from businesse	S
		-	after June 30, 1975.					•			
10	-	-	ind operated exclusive	-	•	-			•	•	
11			and operated exclusi								
			ublicly supported orga								n
			at describes the type o				-				
	a Typ	•	Type II c		e III - Fund		-			ype III - Other	
e [•	-	ertify that the organiz				-			-	
	persons oth	er than foundat	ion managers and oth	er than on	e or more	publicly s	supported	d organiz	ations de	scribed in sectio	η
		r section 509(a)(-								
f	If the organ	nization received	l a written determina	tion from	the IRS tha	atıtis a	Type I,	Туре II о	r Type III	supporting	
	•	n, check this box]
g	Since Augus	st 17, 2006, has	the organization acce	pted any g	ıft or contri	bution fro	m any of	the			
	following pe	rsons?							•		_
	(i) A pers	on who directly	or indirectly controls	, either ald	one or tog	ether wit	h person	s describ	oed in (ii)	Yes No	,
	and (ııi)	below, the gove	erning body of the supp	ported orga	anization?					11g(i)	
	(ii) A famıl	y member of a p	erson descnbed in (i) a	bove?						11g(ii)	
	(iii) A 35%	controlled entity	of a person described	l ın (i) or (ii)	above?					11g(iii)	_
h	Provide the	following inform	ation about the organi	zations the	organizati	on suppo	rts.				_
(i) Name	of supported	(ii) EIN	(iii) Type of organization				ou notify	(vi) !	ls the	(vii) Amount of	
org	anızatıon		described on lines 1-9 above or IRC section		sted in your document?	the organ	_		tion in col. ized in the	support	
			(see instructions))	governing	document,		of your cort?		S.?		
				Yes	No	Yes	No	Yes	No		
											_
]					
											_
						<u> </u>				<u> </u>	
					<u> </u>		<u> </u>	ļ			_
						<u> </u>			<u> </u>		_
Tatel					-		٠		-		
Total		1 .	i	I	j	I	1	l	1 1	1	

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

Schedule A (Form 990 or 990-EZ) 2008

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.) Section A. Public Support (a) 2004 (b) 2005 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not 293, 851 include any "unusual grants.") . . . 293.851. Tax revenues levied for the organization's benefit and either paid to or expended on 3 The value of services or facilities furnished by a governmental unit to the organization without charge 293,851. 293,851 Total Add lines 1-3 The portion of total contributions by each person (other than a governmental unit or ķ publicly supported organization) included on line 1 that exceeds 2% of the amount 200 Mg shown on line 11, column (f) Public support. Subtract line 5 from line 4 293,851. Section B. Total Support (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) 293,851. 293,851. Amounts from line 4. Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is 10 Other income. Do not include gain or loss from the sale of capital assets 293,851. Total support. Add lines 7 through 10 . . 12 12 Gross receipts from related activities, etc. (See instructions.) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) Section C. Computation of Public Support Percentage % 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) % 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ L 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2008

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

	(Complete only if you checke	ed the box on	line 9 of Part I	.)			
Sec	tion A. Public Support						
С	alendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include						
	any "unusual grants ")		l				
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an					-	
•	unrelated trade or business under section 513		[1	,
4	Tax revenues levied for the organization's				•	†	
	benefit and either paid to or expended on						
	its behalf					}	
5	The value of services or facilities						-
•	furnished by a governmental unit to the		<u> </u>				
	organization without charge					!	
6	Total Add lines 1-5				 	 	
	Amounts included on lines 1, 2, and 3					 	
ı a	received from disqualified persons		[ļ	
ь	Amounts included on lines 2 and 3						
_	received from other than disqualified					ŀ	
	persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the						
	year or \$5,000 • • • • • • • • • • • •						
	Add lines 7a and 7b		<u> </u>			 	
8	Public support (Subtract line 7c from				 -		
	line 6.)			L	<u> </u>	L	
	tion B. Total Support	(-) 000 <i>t</i>	410005	() 0000	(4) 0007	4-1-0000	(D. T. (.)
	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
ıva	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources					ļ	
b	Unrelated business taxable income (less					ļ	
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business				·		
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		- /		. 1		
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year a	s a section 501	(c)(3)
	organization, check this box and stop here.	· · · · · · · · ·		<u> </u>			▶
Sec	tion C. Computation of Public Sup	port Percenta	age				
15	Public support percentage for 2008 (line 8,	column (f) divide	ed by line 13, colur	nn (f))		15	%
16	Public support percentage from 2007 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2008 (lin			3, column (f))		17	 %
18	Investment income percentage from 2007 S					18	%
19a	33 1/3% support tests - 2008. If the orga						
	17 is not more than 33 1/3 %, check this box						▶ □
b	33 1/3% support tests - 2007. If the organ						and
-	line 18 is not more than 33 1/3 %, check this						_
20	Private foundation. If the organization did n						

orm 8868 (Rev 4-2009)	Page 2
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box	
lote. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed	
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)	
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no cop	ies needed).
Name of Exempt Organization, Discretized 2, UCSDITEST, DDEDARDING Final over identification	
ype or COMMITTEE 26-224782	9
Number, street, and room or suite no. If a P.O. box, see instructions. For IRS use only	
xtended 1316 F 7mu STRFFT	
ling the City, town or post office, state, and ZIP code For a foreign address, see instructions	
etum See Instructions. AUBURN, IN 46706	
Check type of return to be filed (File a separate application for each return):	
X Form 990 Form 990-PF Form 1041-A	Form 6069
Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 4720	Form 8870
Form 990-EZ Form 990-T (trust other than above) Form 5227	
TOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previo	usly filed Form 8868.
The books are in the care of ▶ RICHARD RING	
Telephone No ▶ _260 920-2512 FAX No ▶	
If the organization does not have an office or place of business in the United States, check this box	
	his is
or the whole group, check this box If it is for part of the group, check this box It and attack	th a
st with the names and EINs of all members the extension is for	
4 I request an additional 3-month extension of time until05/15/2010	
5 For calendar year, or other tax year beginning	009
6 If this tax year is for less than 12 months, check reason. X Initial return Final return Change	e in accounting period
7 State in detail why you need the extension	
ADDITIONAL TIME IS REQUIRED TO ACCUMULATE THE INFORMATION NECESSARY TO	
FILE A COMPLETE AND ACCURATE RETURN.	
	, , , , , , , , , , , , , , , , , , ,
Ba If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	
nonrefundable credits. See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid	
previously with Form 8868.	8Ь \$
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit	
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$
Signature and Verification	
Inder penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of its true, correct, and complete, and that I am authorized to prepare this form.	i my knowledge and belief,
- A The Control and Complete, and their an admitized to proper the form.	4 -
()	ulialna
ignature Title Date i	<u> </u>
BKD, LLP	Form 8868 (Rev. 4-2009)
200 E. MAIN ST. SUITE 700	
FORT WAYNE, IN 46802	

JSA

Form **88.68**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

 If you are fi 	ling for an Automatic 3-Month Extension, complete only Part I and check this box	. x
	iling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page te <i>Part II unless</i> you have already been granted an automatic 3-month extension on a prev	
Part Auto	matic 3-Month Extension of Time. Only submit original (no copies needed).	
	required to file Form 990-T and requesting an automatic 6-month extension - check this b	ox and complete
•		
	orations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 70 ome tax retums	04 to request an extension of
one of the ref electronically i returns, or a co	ng (e-file). Generally, you can electronically file Form 8868 if you want a 3-month auto- turns noted below (6 months for a corporation required to file Form 990-T). However, f (1) you want the additional (not automatic) 3-month extension or (2) you file Forms composite or consolidated From 990-T. Instead, you must submit the fully completed and de details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Ca	er, you cannot file Form 8868 990-BL, 6069, or 8870, group signed page 2 (Part II) of Form
Type or	Name of Exempt Organization DISTRICT 3 HOSPITAL PREPAREDNESS PLAN	Employer identification number
print	COMMITTEE	26-2247829
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	
due date for filing your	1316 E 7TH STREET	
return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	AUBURN, IN 46706	
Check type o	f return to be filed (file a separate application for each return)	
X Form 990	Form 990-T (corporation)	n 4720
Form 990	-BL Form 990-T (sec. 401(a) or 408(a) trust) Form	n 5227
Form 990	-EZ Form 990-T (trust other than above) Form	n 6069
Form 990	-PF Form 1041-A Form	n 8870
 If the organ If this is for for the whole gnames and Ell 1 I reques until for the organ 	Ns of all members the extension will cover st an automatic 3-month (6 months for a corporation required to file Form 02/15,2010, to file the exempt organization return for the organization ganization's return for:	. If this is d attach a list with the
► LX	calendar year or tax year beginning 07/01, 2008, and ending	
	year is for less than 12 months, check reason. X Initial return Final return	
•	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	*
	dable credits. See instructions.	3a \$
•	plication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax problems are sense as a second	· 1 1
	clude any prior year overpayment allowed as a credit.	3b \$
	Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	. 1 4
	O coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System	//). Oce
instructio		3c) \$
=	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EC	and Form 88/9-EU
for payment in:		
FOR PRIVACY AC	ct and Paperwork Reduction Act Notice, see Instructions.	Form 8868 (Rev 4-2009)

FORM 990EZ, PART I - OTHER EXPENSES

ADMINISTRATIVE OVERHEAD

TOTAL

33, 301.

33,301.

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
CASH SAVINGS	NONE NONE	259 , 188. 25.
TOTALS	NONE	259, 213.

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE MISSION OF THE DISTRICT 3 HOSPITAL PREPAREDNESS PLANNING COMMITTEE INC IS TO PROMOTE COOPERATION AND REGIONAL PLANNING FOR BIOTERRORISM AND MAJOR HEALTH HAZARD EVENTS AMONG THE HOSPITALS OF INDIANA DISTRICT 3 AS DESIGNATED BY THE INDIANA STATE DEPARTMENT OF HEALTH.

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE ACCOMPLISHMENT 1

REGIONAL PLANNING FOR BIOTERRORISM AND MAJOR HEALTH EVENTS INVOLVES THE PLANNING, COORDINATION AND SUBMISSION OF APPLICATIONS FOR GRANT FUNDING AND THE SUBSEQUENT DISTRIBUTION OF SUCH FUNDS FOR THE BENEFIT OF THE PARTICIPATING COMMUNITY HOSPITALS.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

EXPENSE ACCT. AND OTHER ALLOWANCES	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE	NONE	NONE	NONE	NONE	NONE	NONE
COMPENSATION	NONE	NONE	NONE	NONE	NONE	NONE	NONE
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DI RECTOR 5.	DIRECTOR 5.	DIRECTOR 5.	DIRECTOR 5.	DIRECTOR 5.	DIRECTOR 5.	DIRECTOR 5.
NAME AND ADDRESS	ED FORD 1316 E 7TH STREET AUBURN, IN 46706	BRAD POPER 1316 E 7TH STREET AUBURN, IN 46706	STEPHEN WOLFE 1316 E 7TH STREET AUBURN, IN 46706	RICHARD RING 1316 E 7TH STREET AUBURN, IN 46706	RAY DANIELS 1316 E 7TH STREET AUBURN, IN 46706	JULIE SORGEN 1316 E 7TH STREET AUBURN, IN 46706	BRUCE CONEY

Ŋ

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

EXPENSE ACCT. AND OTHER ALLOWANCES	NONE	NONE	NONE	NONE	NONE	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE	NONE	NONE	NONE	NONE	NONE
COMP ENS AT I ON	NONE	NONE	NONE	NONE	NONE	NONE
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIRECTOR 5.	DIRECTOR 5.	DIRECTOR 5.	DIRECTOR 5.	DIRECTOR 5.	DI RECTOR 5.
NAME AND ADDRESS 1316 E 7TH STREET AUBURN, IN 46706	TIM DAVIE 1316 E 7TH STREET AUBURN, IN 46706	GREG SPRINKLE 1316 E 7TH STREET AUBURN, IN 46706	ALYSSIA MICKEM 1316 E 7TH STREET AUBURN, IN 46706	ANNA MARSH 1316 E 7TH STREET AUBURN, IN 46706	TROY JESTER 1316 E 7TH STREET AUBURN, IN 46706	BILL WALLACE 1316 E 7TH STREET AUBURN, IN 46706

9

STATEMENT

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

EXPENSE ACCT. AND OTHER ALLOWANCES	NONE	NONE	NONE	NONE	NONE	NONE
CONTRIBUTIONS EX TO EMPLOYEE BENEFIT PLANS	NONE	NONE	NONE	NONE	NONE	NONE
COMPENSATION	NONE	NONE	NONE	NONE	NONE	NONE
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DI RECTOR 5.	DIRECTOR 5.	DIRECTOR 5.	DIRECTOR 5.	DIRECTOR 5.	DI RECTOR 5.
NAME AND ADDRESS	LAURA ZELLNER 1316 E 7TH STREET AUBURN, IN 46706	NORM SHIPLEY 1316 E 7TH STREET AUBURN, IN 46706	LORI GETTS 1316 E 7TH STREET AUBURN, IN 46706	ROGER DRUDGE 1316 E 7TH STREET AUBURN, IN 46706	SHALON JOHNSON-TAYLOR 1316 E 7TH STREET AUBURN, IN 46706	JERNICE WATSON 1316 E 7TH STREET AUBURN, IN 46706

STATEMENT

26-2247829

EMPLOYEES FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY

EXPENSE ACCT. AND OTHER ALLOWANCES	NONE	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE	NONE
COMPENSATION	NONE	NONE
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DI RECTOR 5.	DIRECTOR 5.
NAME AND ADDRESS	JAY COLE 1316 E 7TH STREET AUBURN, IN 46706	MIKE SAINT 1316 E 7TH STREET AUBURN, IN 46706

NONE

NONE

NONE

GRAND TOTALS

æ

STATEMENT