

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



Form **990**

Return o Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department	t of th	e Trea	sury
Internal Rev	/enue	Servic	

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

Open to Public Inspection

11110	III III I 10V	and service Print organization may have a dopy of this rotation and		· · · · · · · · · · · · · · · · · · ·		1.100001,011
A	For th	e 2010 calendar year, or tax year beginning and ending	g			
В	Check If	C Name of organization		D Employer ide	entifica	tion number
	applicat	le l				
Г	Addr	SUNMAN AREA LIFE SQUAD INC	- 1			
F	Name Chan			3.5	5-14	14575
F	Initia	No. 1 (1) D.C. berry and delivery December 1	suite	E Telephone nu		
F	Term			-	312)	623-2498
Η.	lated Amer	ided 0.		G Gross receipts \$, ,	238755.
μ-	return Appli tion	rati				
L	—Jtion pend			H(a) Is this a gro	-	Yes X No
		F Name and address of principal officer: ASHLEE THEISING	أمما	for affiliates		
						ied?YesNo
		empt status: 501(c)(3) X 501(c) (4) ◀ (insert no.) 4947(a)(1) or	527	•		t. (see instructions)
		te: ► N/A		H(c) Group exer		
			<u>Year o</u>	f formation: 197	4 M S	state of legal domicile: IN
LP.	art I	Summary				
Ð	1	Briefly describe the organization's mission or most significant activities: ANSWER A	MBI	ULANCE CA	LLS	IN
Juc.		SOUTHEASTERN INDIANA				
Ë	2	Check this box If the organization discontinued its operations or disposed of	more	than 25% of its r	et asse	ts.
ove	3	Number of voting members of the governing body (Part VI, line 1a)			3_	24
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	0
Activities & Governance	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)			5	4
itie	6	Total number of volunteers (estimate if necessary)			6	0
휹	7.2	Total unrelated business revenue from Part VIII, column (C), line 12			7a	7064.
ĕ	'a	Net unrelated business taxable income from Form 990-T, line 34			7b	0.
	 	THE UTIL ETALES TAXABLE INCOME HOM FORM 990-1, INTE 34	Τ	Prior Year	170	Current Year
C-Hevenue S		Contribution and annual (Double) (III the day of the first of the day of the	-	9974	3	0.
	8	Contributions and grants (Part VIII, line 1h)		21107		231691.
<u> </u>	9	Program service revenue (Part VIII, line 2g)	-			4473.
6	10	investment income (Fart vin, column (A), intes 5, 4, and 70)	-	548		
	11	Other revenue (Part VIII, column (A), lines 5,6d,86,9c,40c, and ide)		850		2591.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	 -	32479		238755.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1:3) 1:4			0.	0.
2	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u></u>		0.	0.
٦ %	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u></u>	4102	1.	47732.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	<u> </u>
3 g	b	Total fundraising expenses (Part IX, column (D), line 25)				
3 2 2	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		27912	9.	175509.
9	ł	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		32015	0.	223241.
		Revenue less expenses. Subtract line 18 from line 12		464		15514.
Ses			Beai	nning of Current Y		End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	100	68906		705909.
Ass	21			43		1765.
Eğ.	22	, , , , , , , , , , , , , , , , , , , ,		68863		704144.
	art II	Net assets or fund balances. Subtract line 21 from line 20	Щ.	00003	<u> </u>	104144.
		*		to and to the best	-f l	and helpf it in
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta			or my Kr	lowleage and bellet, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepared	arer n			
		Sonature of officer		Date	1,20	13
Sigr	า					5
Her	е		4.2	COTT M.COR	BIN	PRESIDENT
		Type or print name and title	15			T
	- 1	Print/Type preparer's narge // Preparer's signature	Da	te Chec	ٔ ا	PTIN
Paid	ł	Edward R. Collens, 4 Pft		self-e	mployed	<u></u> _
Ргер	arer	Firm's name COLLINS HEEB MILLER & CO., INC.		Firm's EIN	▶ 3	1-0897727
Use (Only [Firm's address 4903 VINE STREET				
		CINCINNATI, OH 45217-1252		Phone no.	513	-641-1900
Viav	the IR	S discuss this return with the preparer shown above? (see instructions)				X Yes No
	1 02-22		· · · · ·	· ··· · _ ·· _ ·· _ ·· _ ·· _ · · · _ ·		Form 990 (2010)
		— or r upor more reduction not notice; see the separate instructions.				(5010)

	1 990 (2010) SUNMAN AREA	LIFE SQUAD INC	35-1414575 Page 2
Pa	rt III Statement of Program Service Ac	complishments	
	·	any question in this Part III	7
1		ONE	· · · · · · · · · · · · · · · · · · ·
•	Briding describe the organization's mission.	ONE	
2	Did the organization undertake any significant pro-	gram services during the year which were not	listed on
_			
	****		Lites Laino
	If "Yes," describe these new services on Schedule		
3	Did the organization cease conducting, or make si	gnificant changes in how it conducts, any prog	gram services? Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for ea	ich of the organization's three largest program	services by expenses
•			
	Section 501(c)(3) and 501(c)(4) organizations and		
	allocations to others, the total expenses, and reve		
4a		23241. including grants of \$)(Revenue \$231691.)
	TO PROVIDE EMERGENCY SERV	ICE AND RESPOND TO EMER	GENCY CALLS WITHIN AN
	APPROXIMATE FIFTEEN MILE		
			OHIMI, INIDIMA.
	LOCATED IN RIPLEY COUNTY,	INDIANA.	
			
		<u></u>	
			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
			· · · · · · · · · · · · · · · · · · ·
			
			<u> </u>
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
			
			
			
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including gran	nts of \$) (Revenue \$	1
40	Total program service expenses ▶	223241.	
	Total program service expenses	00702T•	Form 990 (2010)
			Form 99U (2010)

Form 990 (2010) SUNMAN AREA LIFE SQUAD INC
Part IV Checklist of Required Schedules

Is the organization described in section 501(p(S) or 4647(a(1)) (other than a private (oundation)? If "Yes," complete Schedule A	<u> </u>			1	1
# "Yes," complete Schedule A. 2 Is the organization engage in their correct or indirect political campaign activities on behalf of or in opposition to candidates for public office? It "Yes," complete Schedule D, Part I. 3 S X 4 Section 501(p)(3) organizations. Did the organization engage in looblying activities, or have a section 501(p)(4) election in effect during the tax year? If "Yes," complete Schedule D, Part I. 5 Is the organization a section 501(p)(4), 501(p)(5), or 501(p)(6) organization that localwis membership diuss, assessments, or similar amounts as defined in Revenue Procedure 88-197 If "Yes," complete Schedule C, Part II. 5 Is the organization a section 501(p)(4), 501(p)(5), or 501(p)(6) organization that localwis membership diuss, assessments, or similar amounts as defined in Revenue Procedure 88-197 If "Yes," complete Schedule C, Part II. 5 Did the organization network in any donor advended funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II. 6 Did the organization members in ordical conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 Did the organization members in obligation services? If "Yes," complete Schedule D, Part IV. 8 Did the organization direction obligations of art, historical resisting assessed II II "Yes," complete Schedule D, Part IV. 9 Did the organization shall be subjected to organization, hold assests in term permanent, or quasiendownents? 17 "Yes," complete Schedule D, Part IV. 18 Did the organization shall be subjected to organization, shall assests reported in Part X, lin 21 II "Yes," complete Schedule D, Part IV. 19 Did the organization shall be subjected to organization, shall assests reported in Part X, lin 21 II "Yes," complete Schedule D, Part IV. 19 Did the organization report an amount for land, buildings, and equipment in Part X, lin 21 that is 5% or more of its total assests reported in Part X, lin 21 II "Ye	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Tes	No
2 Is the organization required to complete Schedule B. Schedule of Contributions? 3 Did the organization equal meter of uniforite political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C. Part I 4 Section 501(c)(3) organizations. Did the organization engage in bibbying activities, or have a section 501(h) election in effect during the tax year? If "Pis.," complete Schedule C. Part II 5 Is the organization section 501(c)(6), 501(c)(5), or 501(c)(6) organization that receives membership duss, assessments, or similar amounts as defined in Reviewe Procedule C. Part II 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonic land areas, or historic structures? If "Yes," complete Schedule D. Part II 8 Did the organization report an amount in Part X. Ins 21; series as a custodian for amounts not listed in Part X. or provide schedule D. Part II 9 Did the organization report an amount in Part X. Ins 21; series as a custodian for amounts not listed in Part X. or provide schedule O. Part II 10 If "Yes," complete Schedule D. Part II 11 "Yes," complete Schedule D. Part II 12 If "Yes," complete Schedule D. Part II 13 If the organization surveys or any of the following questions is "Yea," then complete Schedule D. Part IV 14 If the organization surveys or any of the following questions is "Yea," then complete Schedule D. Part X. II 15 Did the organization report an amount for investments - other securities in Part X, line 12 If at 3 is a septicable D. Part X. II 16 Did the organization report an amount for investments - other securities in Part X, line 12 If at 3 is a separation report an amount for investments - othe	•		1		×
3 Dut the organization engage in direct to indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Section 50 (Ic(S) organizations. Did the organization engage in lobbying activities, or have a section 50 (Ic) election in effect during the tax year? If "Yes," complete Schedule C, Part II Section 50 (Ic(S) organization section 50 (Ic(S), 50 10 (Ic(S) organization that receives membership dues, assessments, or smilar amounts as defined in Revenue Proceedure 98-19? If "Yes," complete Schedule C, Part II Section 50 (Ic(S) organization organization organization organization received and year organization organiz	2				
public office? If "Yes," complete Schedule C, Part I Section 501((5)) crganizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(n)(A), 501(n)(B) or 501(n)(B) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Proceedure 98:197 If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any semilar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts If If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, hatoric lead areas, or historic structures If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X or provide constitutions of the organization of report of through a netled organization, hold assets in term, permanent, or quase-endowments? If "Yes," complete Schedule D, Part IV Did the organization answer to any of the following questions is "Yes," then complete Schedule D, Part IV Did the organization report an amount for investments other securities in Part X, line 107 If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X XIII Did the organization report an amount for oth			<u> </u>		† <u></u> -
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect dump the tax year? If "Nes, "complete Schedule C, Part III 15 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 16 is the organization received in Pavenue Procedure 98 19? If "Yes," complete Schedule C, Part III 17 is a provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 17 Did the organization received no hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 18 Did the organization collections of works of art, instendant freasures, or rother similar assets? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endorments? If "Yes," the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 If 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 VI 11 If X 2 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 X 2 Did the organization report an amount for investments - other securities 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 X 2 Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complet			3		x
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6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I 7 Did the organization receive or hold a conservation assement, including easements to preserve open space, the environment, historic land areas, or historic structure? If "Yes," complete Schedule D, Part II 8 Did the organization receive of hold a conservation assement, including easements to preserve open space, the environment, historic land areas, or historic structure? If "Yes," complete Schedule D, Part III 8 Did the organization of people and an anount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, dieth management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization answer to any of the following questions is "Yes," then complete Schedule D, Part V 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 12 Did the organization report an amount for investments - compare related in Part X, line 15 and 15 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V 11 Did the organization report an amount for investments - program related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 12 Did the organization report an amount for their assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 12 Did the organization and amount for investments - program related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 12 Did the organization report an amount for loner assets in Part X, line 15 that is 5% or more	9		_	1	×
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7 Dd the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 7 S. 2 Did the organization mantain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 S. 3 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit courseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 D the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? 10 Did the organization amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 9 D the organization report an amount for rinvestments or their securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 If the organization report an amount for investments or 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 12 D the organization report an amount for their sesses in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 12 D the organization report an amount for other lassifies in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 12 D the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X X, III 14 X X 14 D the organization maintain an office, employees, or agents outside of the United States? If "Yes," complete Schedule D, Part X X, III and XII I I I I I I I I I I I I I I I I I	О				v
By Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt report and organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt report and organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes, 'complete Schedule D, Part V 10 Did the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Part V, II, VIII, X, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 11a X 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 X Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 11d X Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X 11b X Did the organization report an amount for other assets in Part X, line 125 if 'Yes,' complete Schedule D, Part X 11d X Did the organization stability for uncertant tax positions under FIN 48 (ASC 740)' If 'Yes,' complete Schedule D, Part X 11d X Did the organization beta in separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Part X 11d X Did the organization maintain an office, employees, or agents	_		-		
B Did the organization maintain collectons of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III B Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debit management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV D Did the organization, gleetictly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part VI 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VIII, VII, X, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI D Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII D Did the organization report an amount for investments - other securities 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 D Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X D Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X D Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X D Did the organization organization in separate, independent audited financial statements for the tax year if "Yes," complete Schedule D, Part X D D D D D D D D D D D D D D D D D	,		_	ļ	
Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V Pres," complete Schedule D, Part X Pres, Part V Pr	_		 ,		 ^ -
9 Dd the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide correlating, doth management, crodit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Dd the organization, provide an expectation provided and prov	8		_		•
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10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V. 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, V	9		_		~
# "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII d Did the organization report an amount for other lashidities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII d Did the organization report an amount for other lashidities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d			9_		_X_
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	20a		20a		<u> </u>
operate one or more hospitals must attach audited financial statements (see instructions) 20b	b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that		j	
		operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Form **990** (2010)

	Checklist of Nequired Schedules (continued)			
	Dalli de la constanta de la co		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			X
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		A
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	22		X
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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	23		х
	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	240		x
	Schedule K. If "No", go to line 25	24a 24b		21
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	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				v
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			-
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	_26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	1		
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	-0-		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b_		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			~-
	director, trustee, or direct or indirect owner? If "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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
	If "Yes," complete Schedule N, Part I	31_		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
	Schedule N, Part II	32_		Α.
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	_33_		
34	Was the organization related to any tax-exempt or taxable entity?	34		x
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	35		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes." complete Schedule R. Part V. line 2			ļ
]	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		
	If "Yes," complete Schedule R, Part V, line 2	30		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	-3/	 	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	x	1
	Note. All Form 990 filers are required to complete Schedule O		990	2010

Form 990 (2	2010)	SUNMAN	منظEA	LIFE	SOUAD	INC	
Part V	Statements	Regarding C	ther IR	S Filings	and Tax	Compliar	ice
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Is Enter the number reported in Box 3 of Form 1096, Enter 0- finot applicable 1s 0 of 15 b Enter the number of Forms W2G included in line 1s. Enter 0- if not applicable 1s 0 of 15 b Enter the number of Forms W2G included in line 1s. Enter 0- if not applicable yearments to vendors and reportable gamming gamming warming to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return. 3b Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return. 3b If if all least one is proported on line 2s, did the organization file all required to derive significant on the return of the significant of the significant on the return of the foreign country. 3b If Yes, This is filled a Form 990° for this year? If Y6°, "provide an explanation or Schndully 60°. 3c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. Such as a bank account, securities account, or other financial accounts? 3c At 2 and year and of the foreign country. 3c At 2 and year and of the foreign country. 3c At 3 and year and of the foreign country. 3c At 3 and year and of the foreign country. 3c At 3 and year and of the foreign country. 3c At 3 and year and of the foreign country. 3c At 3 and year and of the foreign country. 3c At 3 and year and of the foreign country. 3c At 3 and year and of the foreign country. 3c At 3 and year and of the foreign country. 3c At 3 and year and of the foreign country. 3c At 3 and year and of the foreign country. 3c At 3 and year and		Check if Schedule O contains a response to any question in this Part V	<u> </u>	<u> </u>		, ,	
tale Either the number reported in Box 3 of Form 1096. Enter 0- if not applicable be Either the number of Forms work of many with a select profit of the capital selection of the Committee of th						Yes	No
b Enter the number of Forms W-20 included in line 1a. Enter - 0. If not applicable	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	l 1a				-
c Did the organization comply with backup withholding rules for reportable gamments to vendron and reportable gamming (gamthing) winnings to prize winners? 2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, Ea 4 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) 3b If Yes, Thas if filed a Form 990-Ti for this year? If Yes, They rowle an explanation in Statement of United Statements of Statement o	b	• • • • • • • • • • • • • • • • • • • •	1b				
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b If "Yes," has it filled a Form 990-T for this year? If "No," provide an explanation in Schedule 0 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a toreign country (such as a bank account, securities account, or other financial account)? 5b If "Yes," enter the name of the foreign country, leading a security of the provided of the provided accounts or other such organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Ne in the say of the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5c Does the organization have annual gross receipts that are normally greater than \$10,000, and did the organization solicit any contributions that were not tax deductible? 6c Does the organization have annual gross receipts that are normally greater than \$10,000, and did the organization solicit any contributions that the ren tax deductible? 6c Does the organization have annual gross receipts that are normally greater than \$10,000, and did the organization solicit any contributions that the contributions that the such contributions or gifts were not tax deductible? 6c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Does the organization that may receive deductible contributions under section 170(c). a Did the organization that may receive deductible contributions under section 170(c). b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 De Does the organization self the provided with every solicitation and partly for goods and services provided? 7 De Does the organization self the policy of the provided provided to the provided t		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction	s)				
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10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 15b b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 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 organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b	•			9b		X
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a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	а	Initiation fees and capital contributions included on Part VIII, line 12	10a		J		
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b		10b		}		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	11	Section 501(c)(12) organizations. Enter:	ı				
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	а	Gross income from members or shareholders	11a				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b	Gross income from other sources (Do not net amounts due or paid to other sources against	ŀ			ļ	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year						j	
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			1041?		12a	$-\!\!+$	
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	13					-+	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	а				13a		
organization is licensed to issue qualified health plans						ŀ	
c Enter the amount of reserves on hand			1			-	
14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					ļ	l	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					44=		y
						+	
	0	ii res, rias it liled a Form /20 to report these payments? If "No," provide an explanation in Schedule	<u> </u>	<u> </u>		990 (2	חוח)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 24 1a Enter the number of voting members of the governing body at the end of the tax year 1a b Enter the number of voting members included in 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 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X 3 of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? X **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? . . . X а X Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 . . **b** Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this is done X 13 13 Does the organization have a written whistleblower policy? X Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a a The organization's CEO, Executive Director, or top management official 15b 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 16a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for 18 public inspection. Indicate how you make these available. Check all that apply. Another's website X Upon request Own website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ASHLEY THEISING - 812 623-2498 47041-0055 403 N MERIDIAN STREET, SUNMAN, IN

032006

4724

SUNMAN AREA LIFE SOUAD INC

Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per	(c		Pos		app	ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуев	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
KATHY BASS	0.00				_			0.	0.	0	
RACHEL BUTT	0.00							0.	0.	0	
TINA BUTT	0.00							0.	0.	0	
EUGENE CAPPEL	0.00							0.	0.	0	
MELINDA CORBIN	0.00							0.	0.	0	
SCOTT CORBIN PRESIDENT	0.00							0.	0.	0	
JOE CRUISE	0.00							0.	0.	0	
DAVID KRAUS	0.00							0.	0.	_ 0	
AMBER KNUEVEN	0.00							0.	0.	0	
BERT LUERS	0.00							0.	0.	0	
LORI MCREYNOLDS	0.00							0.	0.	0	
TIM REDER	0.00							0.	0.	0	
DANNY SMITH	0.00							0.	0.	0 .	
STEPH SMITH	0.00							0.	0.	0	
SHLEE THEISING PREASURER	0.00							0.	0.	0.	
PAUL TYRER	0.00							0.	0.	0.	
ATRINA YAUGER	0.00		1					0.	0.	0.	

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Part VII Section A. Officers, Directors, Tru (A)	(B)	npic	уее		<u>na r</u> C)	ngn	est	(D)	(E)		(F)
Name and title	Average			Pos	ition			Reportable	Reportable		imated
	hours per	(c	neck	all 1	that	app	ly)	compensation	compensation		ount of
	week (describe	ig:						from the	from related organizations		ther ensation
	hours for	or director				Ē		organization	(W-2/1099-MISC)		m the
	related	stee (truste			beuza		(W-2/1099-MISC)	,	1 -	nızation
	organizations	ual tri	tional		ploye	yee yee					related
	in Schedule O)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			orgar	nizations
WANDA ZINS	0.00							0.	0.		0.
SECRETARY	0.00					-		0.			
DEREK MILLS	0.00							0.	0.	<u>, </u>	0.
DAN BAAS											
VICE PRESIDENT	0.00							0.			0.
									<u> </u>		
						_					<u> </u>
										}	
1b Sub-total						▶		0.	0.		0.
c Total from continuation sheets to Part VI	I, Section A					\blacktriangleright		0.	0.		0.
d Total (add lines 1b and 1c)						>		0.	0.	·L	0.
 Total number of individuals (including but n compensation from the organization 	ot limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100	,000 in reportable		_ 0
			•							,	Yes No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		stee	, key	em/	ploy	yee,	or h	nighest compensated en	nployee on	3	x
4 For any individual listed on line 1a, is the su		le co	mn	 ensa	Ition	and	 ioth		the organization		
and related organizations greater than \$150										4	X
5 Did any person listed on line 1a receive or a									dual for services		-
rendered to the organization? If "Yes," com	plete Schedul	e <i>J f</i>	or su	ıch j	oers	on				5	X_
Section B. Independent Contractors 1 Complete this table for your five highest co.	mpensated inc	depe	nde	nt c	ontr	acto	rs ti	hat received more than	\$100,000 of compen	sation fro	om
the organization. NONE							<u> </u>	······································			
(A) Name and business	address							(B) Description of s	ervices	(C) Compen	
							\dashv	· · · · · · · · · · · · · · · · · · ·			
			-				\uparrow				
2 Total number of independent contractors (i	ncluding but n	ot in	nite	d to	tho	se lis	L sted	above) who received m	ore than		
\$100,000 in compensation from the organiz	zation				()					90 (2010)

Form **990** (2010)

•	art v	III Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts st	1:	a Federated campaigns 1a					[
Contributions, gifts, grants and other similar amounts	1	b Membership dues					
s, g	,	c Fundraising events1c					ı
gitt		d Related organizations 1d					
ξĒ		e Government grants (contributions)					
ario S	1	f All other contributions, gifts, grants, and			}		
ijĘ		sımılar amounts not included above 1f				-	
a p		Noncash contributions included in lines 1a-1f \$			1		
<u>ي ب</u>		h Total. Add lines 1a-1f	▶ .				
	ļ		Business Code				
မွ	2 8	BILLINGS	621910	117706.	117706.		
و <u>چ</u>	1	TOWNSHIP CONTRACTS	621910	74685.	74685.		
Program Service Revenue	(INSURANCE AND REIMBURS	621910	39300.	39300.		
ev a		d					
5		•					
Ω.	1	All other program service revenue					
		Total. Add lines 2a-2f		231691.			
	3	Investment income (including dividends, inter	1			4450	
		other similar amounts)	1	4473.		4473.	
	4	Income from investment of tax-exempt bond p	· -				
	5	Royalties	>				
		(i) Real	(ii) Personal				
		g Gross Rents	ļ				
		Less: rental expenses					
		Rental income or (loss)					
	1	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
		Less: cost or other basis					
		and sales expenses	 				
		Gain or (loss)					
		Net gain or (loss)	· ····· •				
Other Revenue	8 a	Gross income from fundraising events (not including \$ of					
Re		contributions reported on line 1c) See	0501		ļ		
je		Part IV, line 18 a	2591.		İ		
8		Less: direct expenses b	0.	2501		2501	
- 1		Net income or (loss) from fundraising events	<u></u>	2591.		2591.	
	9 a	Gross income from gaming activities. See					
	_	Part IV, line 19	<u> </u>	1			
		Less: direct expenses b					
ĺ		Net income or (loss) from gaming activities .					
,	io a	Gross sales of inventory, less returns					
ı	h	and allowances a Less: cost of goods sold b					
		Less: cost of goods sold b Net income or (loss) from sales of inventory					
t			Business Code				
t	11 a		Business Code			ľ	
	b						
1	c						
	_	All other revenue					
1	- A	Total. Add lines 11a-11d	•				
	12	Total revenue, See instructions.		238755.	231691.	7064.	0.
032009	,			230,330		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Form 990 (2010)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp				D)
	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	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
_	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	47036.	47036.		
_	trustees, and key employees	47030.	47030.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)		andi		
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	696.	696.		
11	Fees for services (non-employees):		- 0,000		
'' a	Management				
b	Legal				
c	Accounting	3100.	3100.		
ď	Lobbying	31001			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g g	Other				
12	Advertising and promotion				
13	Office expenses	4207.	4207.		
14	Information Academy Inc.				
15	Royalties				
16	Occupancy				
17	Travel				
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	37533.	37533.		
23	Insurance	14561.	14561.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	INCENTIVE FEES	31198.	31198.		
b	MEDICAL EXPENSES AND OX	25825.	25825.		
С	MEDIC REIMBURSEMENTS -	22650.	22650.		
d	BILLING EXPENSE	9328.	9328.		
е	AMBULANCE REPAIRS AND M	8238.	8238.		
f	All other expenses	18869.	18869.		
25_	Total functional expenses. Add lines 1 through 24f	223241.	223241.	0.	0 <u>.</u>
26	Joint costs. Check here ▶ ☐ If following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	0 10 21 10				Form 990 (2010)

		(2010) SUNMAN AREA LIFE SQUAD INC			<u> 35-</u>	1414575 Page 1			
Pa	rt X	Balance Sheet			,				
				(A) Beginning of year		(B) End of year			
	1	Cash - non-interest-bearing	L	44287.		27086.			
	2	Savings and temporary cash investments		308930.	2	378720.			
	3	Pledges and grants receivable, net			3				
	4	Accounts receivable, net			4				
	5	Receivables from current and former officers, directors, trustees, key	1		1 1				
		employees, and highest compensated employees. Complete Part II							
		of Schedule L	L		5				
	6	Receivables from other disqualified persons (as defined under section							
	1	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing							
		employers and sponsoring organizations of section 501(c)(9) voluntary		-					
	-	employees' beneficiary organizations (see instructions)	[_		6				
Assets	7	Notes and loans receivable, net			7				
Ass	8	Inventories for sale or use			8				
	9	Prepaid expenses and deferred charges			9				
	10a	Land, buildings, and equipment: cost or other							
		basis. Complete Part VI of Schedule D 10a 4886	587.						
	b	Less: accumulated depreciation 10b 2376	592.	286744.	10c	250995.			
	11	Investments - publicly traded securities			11				
	12	Investments - other securities. See Part IV, line 11		49108.	12	49108.			
	13	Investments - program-related. See Part IV, line 11			13	·			
	14	Intangible assets	L		14				
	15	Other assets. See Part IV, line 11	· L		15				
	16	Total assets. Add lines 1 through 15 (must equal line 34)		<u>689069.</u>	16	705909.			
	17	Accounts payable and accrued expenses			17				
	18	Grants payable			18				
	19	Deferred revenue			19				
	20	Tax-exempt bond liabilities			20				
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21				
#	22	Payables to current and former officers, directors, trustees, key employee	s,						
Liabilities		highest compensated employees, and disqualified persons. Complete Par	rt II						
-		of Schedule L			22				
	23	Secured mortgages and notes payable to unrelated third parties	f		23				
į	24	Unsecured notes and loans payable to unrelated third parties			24				
	25	Other liabilities. Complete Part X of Schedule D	_	439.	25	1765.			
	26	Total liabilities. Add lines 17 through 25		439.	26	1765.			
1		Organizations that follow SFAS 117, check here and complete	ete		ŀ				
Ses		lines 27 through 29, and lines 33 and 34.		ì	}				
ia i	27	Unrestricted net assets	· ····		27				
29	28	Temporarily restricted net assets	I		28				
Assets or Fund Balances	29	Permanently restricted net assets			29				
E		Organizations that do not follow SFAS 117, check here	i						
2	20	complete lines 30 through 34.		0.	00	^			
ğ [30	Capital stock or trust principal, or current funds		688630.	30	704144.			
ξ	31	Paid-in or capital surplus, or land, building, or equipment fund	····	000030.	31	104144.			

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704144.

0. 32

688630.

689069.

0.

32

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form	1990 (2010) SUNMAN AREA LIFE SQUAD INC	35-1	414575	Pa	_{ge} 12
Part XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u> 387</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2		<u>41.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		<u> 155</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6	<u>886</u>	<u> 30.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			<u>0.</u>
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	_6	7	041	<u>44.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	<u>.</u>	<u></u>		ـــــــــــــــــــــــــــــــــــــــ
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_		ĺ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			ĺ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2a</u>	_X_	<u> </u>
b	Were the organization's financial statements audited by an independent accountant?		<u>2b</u>		X
C	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,				
	review, or compilation of its financial statements and selection of an independent accountant?				X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
d	d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a				İ
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis		1		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit	t		
	Act and OMB Circular A-133?		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 audit	1		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b_	000	
			Form	990 (2010)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2010 Open to Public Inspection

Name of the organization

SUNMAN AREA LIFE SOUAD INC.

Employer identification number 35-1414575

Pa	art I Organizations Maintaining Donor Advised F	Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
	Signification districted 100 to 10111 cost at 14, iii o.	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate greats from (during used)		
4	Aggregate grants from (during year) Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing		unde
9	are the organization's property, subject to the organization's excl	_	
6	Did the organization inform all grantees, donors, and donor advis	-	
O	for charitable purposes and not for the benefit of the donor or do		
Pa	art II Conservation Easements. Complete if the organiz	ration answered "Ves" to Form 990, Part I	
1	Purpose(s) of conservation easements held by the organization (c		(1)
•	Preservation of land for public use (e.g., recreation or education)		eally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space	[] reservation of a defailed	Thistorio di dotaro
2	Complete lines 2a through 2d if the organization held a qualified of	concentation contribution in the form of a	conservation easement on the last
~	day of the tax year.	Conservation contribution in the form of a	COMBET VALIDIT CASCITICITE OF LIJO 1440
	day of the tax year.		Held at the End of the Tax Year
9	Total number of conservation easements		
b			
	Number of conservation easements on a certified historic structu		·
4	Number of conservation easements included in (c) acquired after		
•	to be a long of the long of th		2d
3	Number of conservation easements modified, transferred, release		
•	year >	,	•
4	Number of states where property subject to conservation easeme	ent is located >	
5	Does the organization have a written policy regarding the periodic		
	violations, and enforcement of the conservation easements it hold		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and	****	
7	Amount of expenses incurred in monitoring, inspecting, and enfor		
8	Does each conservation easement reported on line 2(d) above sa		
9	In Part XIV, describe how the organization reports conservation e		
	include, if applicable, the text of the footnote to the organization's		
	conservation easements.		
Pai	rt III Organizations Maintaining Collections of Ar	t, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" to Form 990,	Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 95	58), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition	on, education, or research in furtherance o	of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes t	hese items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 95	8), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educat	tion, or research in furtherance of public s	ervice, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treasure		
	the following amounts required to be reported under SFAS 116 (A	SC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1 1		
	Assets included in Form 990, Part X		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. $^{032051}_{12\cdot20\cdot10}$

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010

(a) Description of security or category (including name of security)	(b) Book value		thod of valuation: d-of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
(A) OPPENHEIMER LIMITED-TERM	49108.	COST	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
al. (Col (b) must equal Form 990, Part X, col (B) line 12.)	49108.		
art VIII Investments - Program Related. See			
	-		hod of valuation:
(a) Description of investment type	(b) Book value		-of-year market value
(1)	·		
(2)			
			
(3)			
(5)			
(6)			
(7)		 	
(8)			
(9)			
0)			
I. (Col (b) must equal Form 990, Part X, col (B) line 13.)		 	
art IX Other Assets. See Form 990, Part X, line 1			(b) Book value
	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
7)			
			· ·
8)			
8)			
8) 9) 0) al. (Column (b) must equal Form 990, Part X, col (B) line 1	15.)		
8) 9) 0)	<i>15.)</i>		.,,. 📐
8) 9) 0) al. (Column (b) must equal Form 990, Part X, col (B) line 1	ne 25.	b) Amount	
8) 9) 0) al. <i>(Column (b) must equal Form 990, Part X, col (B) line 1</i> i rt X Other Liabilities. See Form 990, Part X, lir	ne 25.	b) Amount	
8) 9) 0) al. (Column (b) must equal Form 990, Part X, col (B) line 1 irt X Other Liabilities. See Form 990, Part X, lin (a) Description of liability	ne 25.	b) Amount	
8) 9) 0) al. (Column (b) must equal Form 990, Part X, col (B) line 1 art X Other Liabilities. See Form 990, Part X, lin (a) Description of liability 1) Federal income taxes	ne 25.		
8) 9) 10) 11. (Column (b) must equal Form 990, Part X, col (B) line 1 11	ne 25.		
8) 9) 10) 11. (Column (b) must equal Form 990, Part X, col (B) line in int X Other Liabilities. See Form 990, Part X, line (a) Description of liability 1) Federal income taxes 2) PAYROLL LIABILITIES 3)	ne 25.		
8) 9) 10) 11. (Column (b) must equal Form 990, Part X, col (B) line in the X Other Liabilities. See Form 990, Part X, line (a) Description of liability 1) Federal income taxes 2) PAYROLL LIABILITIES 3) 4)	ne 25.		
8) 9) 10) 11. (Column (b) must equal Form 990, Part X, col (B) line 1 11	ne 25.		
8) 9) 10) 11. (Column (b) must equal Form 990, Part X, col (B) line in the time of the tim	ne 25.		
8) 9) 10) 11. (Column (b) must equal Form 990, Part X, col (B) line in to the trians of the trians of the trians of the trians of the trians of the trians of the trians of the trians of the trians of the trians of the trians of the trians of the trians of trians of the trians of trians	ne 25.		
8) 9) 10) 11. (Column (b) must equal Form 990, Part X, col (B) line in int X Other Liabilities. See Form 990, Part X, line (a) Description of liability 1) Federal income taxes 2) PAYROLL LIABILITIES 3) 4) 5) 6) 6)	ne 25.		
8) 9) 10) 11. (Column (b) must equal Form 990, Part X, col (B) line in int X Other Liabilities. See Form 990, Part X, line (a) Description of liability 1) Federal income taxes 2) PAYROLL LIABILITIES 3) 4) 5) 6) 7) 8) 9)	ne 25.		
8) 9) 10) 11. (Column (b) must equal Form 990, Part X, col (B) line in int X Other Liabilities. See Form 990, Part X, line (a) Description of liability 1) Federal income taxes 2) PAYROLL LIABILITIES 3) 4) 5) 6) 6)	ne 25.	1765.	

	edule D (Form 990) 2010 SUNMAN AREA LIFE SQUAD INC rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Finan	cial S		14575 Page 4
	· · · · · · · · · · · · · · · · · · ·	T	tatements	238755.
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		223241.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		<u> 15514.</u>
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV.)	8		
9	Total adjustments (net). Add lines 4 through 8	9		0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		<u> 15514.</u>
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Rever	nue pe	er Return	
1	Total revenue, gains, and other support per audited financial statements		. 1	238755.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a			1 1	
b	Donated services and use of facilities 2b			
c	Barrier in		_	
d				
e			2e	0.
3			3	238755.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	••	.	2307334
•	1 I			
a			 	
b	A.11		 	0.
_	Add lines 4a and 4b		<u>4c</u>	238755.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) rt XIII Reconciliation of Expenses per Audited Financial Statements With Expe	neac		230733.
		11363		223241.
1	Total expenses and losses per audited financial statements		. 1	443441.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities		<u> </u>	
b	Prior year adjustments			
С	Other losses		I	
d	Other (Describe in Part XIV.) 2d			
е	Add lines 2a through 2d		. 2e	0.
3	Subtract line 2e from line 1		. 3	223241.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV.) 4b			
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u></u>	5	223241.
Pa	rt XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa e 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to pro			

SCHEDULE O

Supplemental Information to Form 990 or 990-EZ

(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

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.

2010
Open to Public Inspection

Name of the organization SUNMAN AREA LIFE SOUAD INC	Employer identification number 35-1414575
FORM 990, PART I, ITEM K, OTHER ORGANIZATION TYPE:	
NOT FOR PROFIT ORGANIZATION	
NOT FOR PROFIT ORGANIZATION	
FORM 990, PART VI, SECTION B, LINE 11: AT THE FIRST BOARD	
FOLLOWING THE COMPLETION OF FORM 990, A COPY OF THE FORM	IS DISTRIBUTE TO
ALL BOARD MEMBERS FOR THEIR REVIEW.	
FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS ARE	ON FILE AND CAN
BE REQUESTED FOR REVIEW.	
	
	

Form **8868**(Rev. January 2011) 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

	<u> </u>							
	filing for an Automatic 3-Month Extension, o					► 🔯		
• If you are t	filing for an Additional (Not Automatic) 3-Mo <i>aplete Part II unles</i> s you have already been g	onth Exten	sion, complete only Part II (on page	ge 2 of this previously	torm). filed For	m 8868		
	-							
Electronic 1	filing (e-file). You can electronically file Form on required to file Form 990-T), or an addition	8868 if yo	u need a 3-month automatic extens	sion of time You can el	ectronic:	o months for		
8868 to rea	uest an extension of time to file any of the f	orms lister	d in Part I or Part II with the excep	tion of Fo	m 8870.	Information		
Return for	Transfers Associated With Certain Personal	Benefit C	Contracts, which must be sent to	the IRS in	n paper	format (see		
instructions)). For more details on the electronic filing of th	is form, vi	sit www.irs.gov/efile and click on e-	file for Cha	rities & N	lonprofits.		
Part I	Automatic 3-Month Extension of Time	. Only sul	omit original (no copies needed)					
A corporation	on required to file Form 990-T and reques	sting an a	utomatic 6-month extension-che	ck this bo	x and c	complete		
Part I only								
	rporations (including 1120-C filers), partnersh	ips, REMIC	s, and trusts must use Form 7004	to request	an exten	ision of time		
	ne tax returns.					 		
Type or	Name of exempt organization	~~~	1		oyer identification number			
print 	SUNMAN AREA LIFE SQUAD,			35-14	145/5	<u> </u>		
File by the due date for	Number, street, and room or suite no. If a P.O. bo							
filing your	403 N. MERIDIAN STREET City, town or post office, state, and ZIP code. For							
retum. See instructions.	SUNMAN, IN 47041-0055	a loreign a	daress, see histocooks.					
	BONMAN, IN 4/041-0055							
Enter the Re	eturn code for the return that this application is	s for (file a	separate application for each return	n)		01		
Application	n	Return	Application			Return		
Is For		Code	Is For			Code		
Form 990		01	Form 990-T (corporation)		07			
Form 990-I	BL	02	Form 1041-A		08			
Form 990-E	Z	03	Form 4720		09			
Form 990-	PF	04	Form 5227		10			
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990-	T (trust other than above)	06	Form 8870			12		
	a a o mm	3055 T37						
 The books 	s are in the care of ► SCOTT (OKRIN			- -			
-		_						
-	No. > 812-623-2763		AX No. > 812-623-5100		-	▶□		
	nization does not have an office or place of be					··►⊔ nis is		
	r a Group Return, enter the organization's fou e group, check this box							
	e names and EINs of all members the extensi	-	to the group, check this box			itaori		
	uest an automatic 3-month (6 months for a co		required to file Form 990-T) extension	on of time				
	AUGUST 15 , 20 11 , to file the exem				. The ex	tension is		
	ne organization's return for:							
	calendar year 20 10 or							
	tax year beginning	, 20	, and ending		, 20			

2 If the	tax year entered in line 1 is for less than 12 n	nonths, ch	eck reason: 🗌 Initial return 🔃 Fi	inal return				
□ Cł	nange in accounting period							
	s application is for Form 990-BL, 990-PF, 990)-T, 4720,	or 6069, enter the tentative tax, less					
	efundable credits. See instructions.			3a	\$			
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and								
	nated tax payments made. Include any prior y			3b	\$			
(Elect	nce due. Subtract line 3b from line 3a. Include yo tronic Federal Tax Payment System). See instruct	tions.		3с		/A		
Caution. If	you are going to make an electronic fund w	vithdrawal	with this Form 8868, see Form 84	453-EO an	d Form	8879-EO for		
	ayment instructions.							

,							
Form 8868	3 (Rev. 1-2011)				Page 2		
	are filing for an Additional (Not Automatic) 3-Ma	onth Exter	sion complete only Part II and c	heck this box			
	nly complete Part II if you have already been grar						
• If you a	are filing for an Automatic 3-Month Extension,	complete	only Part I (on page 1).				
Part II				no copies needed).			
Type or							
print	SUNMAN AREA LIFE SQUA	D, INC	Z.	35-1414	<u> 575 </u>		
File by the extended	Number, street, and room or suite no. If a P.O. bo	ox, see instr	uctions.	_ _			
due date fo							
filing your return. See	City, town or post office, state, and ZIP code. For		ddress, see instructions.				
instructions	s. SUNMAN, IN 47041=005	5					
Applica	e Return code for the return that this application i	s for (file a	separate application for each retur	n)	0 1		
Is For		Code	is For		Code		
Form 99		01					
Form 99		02	Form 1041-A		08		
Form 99		03	Form 4720		09		
Form 99		04	Form 5227		10		
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11		
	90-T (trust other than above)	90	Form 8870	arianaly filed Form 9	12		
	not complete Part II if you were not already gra		nomatic 3-month extension on a p	reviously filed Porfit o			
	oks are in the care of SCOTT CO		N- 5 (2) 1 22 C - 4				
	one No. ► 812-623-2763 rganization does not have an office or place of but		No. ► 812-623-5100		►□		
	s for a Group Return, enter the organization's fou						
	hole group, check this box						
	he names and EINs of all members the extension	-	to the group, check this box	P and a	2011 4		
	equest an additional 3-month extension of time u		v. 15	20 11 .			
5 Fc	or calendar year 201, Or other tax year beginning	a	, 20 , and ending		, 20 .		
	the tax year entered in line 5 is for less than 12 m			☐ Final return			
	Change in accounting period	,					
	ate फॉ detail why you need the extension Or	ganiza	ation is waiting fo	r informatio	an		
f	rom outside sources in ord	er to	file a complete an	d accurate	caturn		
from outside sources in order to file a complete and accurate return. As soon as this information is received the return will be filed.							
	this application is for Form 990-BL, 990-PF, 990 onrefundable credits. See instructions.	-T, 4720, c	or 6069, enter the tentative tax, les	s any 8a \$	-0		
est	this application is for Form 990-PF, 990-T, 4 timated tax payments made. Include any prior nount paid previously with Form 8868.				-0		
	lance due. Subtract line 8b from line 8a. Include you ectronic Federal Tax Payment System). See instructi		with this form, if required, by using E		-0-		
<u>_</u>							

Signature and Verification

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

Signature & Edward R. Oflins

Title ▶

CPA

Date > Aug. 11, 2011

Form 8868 (Rev. 1-2011)