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"EXTENSION THED"

Form **990-PF**

Department of the Treasury Internal Revenue Service

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2011

Fo	r cale	endar year 2011 or tax year beginning	, aı	nd ending			
Na	me of	foundation			A E	mployer identification nu	mber
INS	STITL	JTE FOR DYNAMIC LIVING, INC. dba EASTERN	INDIANA EYE CARE	_	.	01-0585	106
Nu	mber a	and street (or P O box number if mail is not delivered to street add	dress)	Room/suite	ВТ	elephone number (see insti	ructions)
485	52 W	OLFE ROAD			l	765-966-5	5722
Cit	y or to	wn, state, and ZIP code			C If	exemption application is pe	nding, check here
RIC	HM	DND	IN	47374	١ ٠		
G	Che	ck all that apply 🔲 Initial return 🔲 Initia	I return of a former p	oublic charity	D 1.	Foreign organizations, che	ck here
		Final return Ame	ended return		2.	Foreign organizations mee	ting the 85% test.
		Address change Nam	ne change		[check here and attach con	nputation
H	Che	ck type of organization X Section 501(c)(3) exe	mpt private foundation	on	E IF	private foundation status wa	as terminated
	Sec	tion 4947(a)(1) nonexempt charitable trust C	Other taxable private	foundation		nder section 507(b)(1)(A), cl	
\exists	Fair	market value of all assets at end J Accounting r	nethod. X Cash	Accrual	Fif	the foundation is in a 60-mo	onth termination
·		ear (from Part II, col (c), Other (sp			ı ·	nder section 507(b)(1)(B), c	_
		16) ▶\$ 196,129 (Part I, column (c	d) must be on cash bas	is)	<u> </u>		
Pa	rt I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net investm	ont	(a) Adjusted not	(d) Disbursements for chantable
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	income	CIIL	(c) Adjusted net income	purposes
		the amounts in column (a) (see instructions))	books				(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)					ř
	2	Check ►X if the foundation is not required to attach Sch B				, , , , , , , , , , , , , , , , , , ,	· · ·
	3	Interest on savings and temporary cash investments	1,945	1	,945	1,945	
	4	Dividends and interest from securities					<u> </u>
		Gross rents	41,772	41	,772		~
e		Net rental income or (loss) 41,772	004	· · · · · · · · · · · · · · · · · · ·		, ,-	* 1, 2
Revenue		Net gain or (loss) from sale of assets not on line 10	-294			,	
Š		Gross sales price for all assets on line 6a 3,280					
Ř	7	Capital gain net income (from Part IV, line 2)	\$				1
	8	Net short-term capital gain Income modifications					······································
		I Gross sales less returns and allowances					,
		D Less Cost of goods sold					
		Gross profit or (loss) (attach schedule)		7 .			
	11	Other income (attach schedule)	76,473			76,473	
ത	12	Total. Add lines 1 through 11	119,896	43	,717	120,190	
(3)	13	Compensation of officers, directors, trustees, etc					
S	14	Other employee salaries and wages	24,304				24,304
Person	15	Pension plans, employee benefits	2,655				2,655
E C	16 a	Legal fees (attach schedule)	9,389			9,389	
سے	t	Accounting lees (affect) schedule)	3,070	1	<u>,535</u>		
ુ		Other professional tees (attach schedule)	775			775	
	17	interest					
⊒is	18	Taxes (attach schedule) (see instructions)	00.404			00.404	
ζĒ	19	Depreciation (attach scharule and depletion	20,134 12,435			20,134	12,435
₽ ₽	20	Occupancy	7,704				7,704
ֻקַ ק	21 22	Printing and publication SC	981			331	650
ğ	23	Other expenses (attach schedule)	33,527	-		001	33,527
아니스 및 이 기계의 Operating and Administrative	24	Total operating and administrative expenses.	00,027				00,021
ati		Add lines 13 through 23	114,974	1	,535	32,164	81,275
ĕ	25	Contributions, gifts, grants paid	4,381	25 1	, , , , ,		4,381
ō	26	Total expenses and disbursements. Add lines 24 and 25	119,355	1	,535	32,164	85,656
_	27	Subtract line 26 from line 12	,300		,		
	l	Excess of revenue over expenses and disbursements	541		٠.		,
	1	Net investment income (if negative, enter -0-)		42	,182		
	(Adjusted net income (if negative, enter -0-)				88,026	

Da	- n	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year
ra	rt II	should be for end-of-year amounts only. (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cashnon-interest-bearing	100		
	2	Savings and temporary cash investments	14,300	30,298	30,298
	3	Accounts receivable	,	j	
		Less allowance for doubtful accounts			
	4	Pledges receivable	,		
	1	Less allowance for doubtful accounts			
	5	Grants receivable		_	
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) 24,454	2; * ° .	-	i d
		Less allowance for doubtful accounts	35,627	24,454	24,454
ŝ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10 :	a investments—U S and state government obligations (attach schedule)			
-	1	b Investments—corporate stock (attach schedule)			
	(c Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis	*"	<u>-</u>	,
		Less accumulated depreciation (attach schedule)			
	12	Investmentsmortgage loans			
	13	investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶ 102,134			
		Less accumulated depreciation (attach schedule) ► 43,577	81,561	58,557	58,557
	15	Other assets (describe ► See Attached Statement)	76,859	82,820	82,820
	16	Total assets (to be completed by all filers—see the			
	'	instructions Also, see page 1, item I)	208,447	196,129	196,129
	17	Accounts payable and accrued expenses	1,677		
4.5	18	Grants payable			
ē	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	34,577	36,801	· · · · · · · · · · · · · · · · · · ·
ab	21	Mortgages and other notes payable (attach schedule)	64,808	51,402	* * * * * * * * * * * * * * * * * * * *
	22	Other liabilities (describe)			*
	23	Total liabilities (add lines 17 through 22)	101,062	88,203	, '
			101,002	00,200	·
S]	Foundations that follow SFAS 117, check here			100
lances	24	and complete lines 24 through 26 and lines 30 and 31.			23 (p em.
	24	Unrestricted			,
ã	25 26	Temporarily restricted			
힏	26	Permanently restricted Foundations that do not follow SFAS 117, check here		-	
Net Assets or Fund Ba	1	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
7	27	Capital stock, trust principal, or current funds	ļ		,
S	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
set	29	· · · · · · · · · · · · · · · · · · ·	107,385	107,926	
Š	30	Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances (see instructions)	107,385	107,926	
et /	31	Total liabilities and net assets/fund balances (see	107,000	107,020	
ž	"	instructions)	208,447	196,129	
Pэ	rt III	Analysis of Changes in Net Assets or Fund Balances	200,777]	130,123	
		net assets or fund balances at beginning of year—Part II, column (a), line	30 (must agree with		
'			50 (must agree with	1	107,385
•		of-year figure reported on prior year's return)		2	541
		r amount from Part I, line 27a		3	<u> </u>
				4	107,926
		lines 1, 2, and 3	•	5	107,320
		eases not included in line 2 (itemize)		6	107 926
0	11111111	nerasses in monopalables areno in veatimine 4 minus inte Offerfall III C		, ,	117

Part IV Capital Gains and	Losses for Tax on Inve	<u>estment inco</u>	me		· · · · · · · · · · · · · · · · · · ·
(a) List and describe the l	kınd(s) of property sold (e g , real es e, or common stock, 200 shs MLC C	tate, co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a	 -				
b					
C					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale	1	n or (loss) f) minus (g)
a					•
_b					
С					
d					
e	<u>. </u>	L			
Complete only for assets shown	ng gain in column (h) and owne	d by the foundat	on on 12/31/69	(I) Gains (Col	(h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ess of col (i) ol (j), if any	1 '''	less than -0-) or rom col (h))
a					
b					
С					
d					
<u>e</u>					
2 Capital gain net income or (also enter in Pa , enter -0- in Pa		2	
3 Net short-term capital gain of	or (loss) as defined in sectio	ns 1222(5) and	l (6):		
If gain, also enter in Part I, Ii in Part I, line 8	ne 8, column (c) (see instru), enter -0-	3	
Part V Qualification Unde			n Net Investm		
(For optional use by domestic p	rivate foundations subject to	the section 49	40(a) tax on net	nvestment income.	.)
If section 4940(d)(2) applies, lea	eve this part blank				
		-4-6-4-61		the been seried?	□Vaa □Na
Was the foundation liable for the If "Yes," the foundation does no	t qualify under section 4940	(e). Do not con	nplete this part.		
1 Enter the appropriate amo	unt in each column for each	year, see the	nstructions before	e making any entrie	es
(a)	(b)		(c)	5	(d)
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distribute	ons Net value	of nonchantable-use a	I 21922	tribution ratio divided by col (c))
2010			·	(40.10)	S.V.GGG By GG. (G)/
2009					
2008		 			
2007	-				
2006					
2000					
2 Total of line 1, column (d)				. 2	
3 Average distribution ratio for	r the 5-vear base period—di	vide the total o	n line 2 by 5, or b		
the number of years the four	ndation has been in existen	ce if less than	years	´ 3	
4 Enter the net value of nonch	nantable-use assets for 201	1 from Part X, I	ine 5	. 4	
				1 1	
5 Multiply line 4 by line 3				. 5	
6 Enter 1% of net investment	income (1% of Part I, line 2	7b)		. 6	
7 Add lines 5 and 6			. •	. 7	
8 Enter qualifying distributions	s from Part YII line 4			8	
If line 8 is equal to or greate the Part VI instructions	er than line 7, check the box	in Part VI, line			% tax rate. See

om	m 990-PF (2011) INSTITUTE FOR DYNAMIC LIVING, INC. dba EASTERN INDIANA EYE CARE		01-05	85106	Pa	age 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	-se	e instr	uction	s)	
	a Exempt operating foundations described in section 4940(d)(2), check here ► X and enter "N/A" on line 1 Date of ruling or determination letter (attach copy of letter if necessary—see instructions) b Domestic foundations that meet the section 4940(e) requirements in Part V, check	1	N/A	المن الأراض وي	· · ·	,
(here and enter 1% of Part I, line 27b C All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2	of Part I, line 12, col. (b) Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				ľ
3	Add lines 1 and 2	3	 			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-).	4				
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5				_
6	Credits/Payments.			چي پور		
4	a 2011 estimated tax payments and 2010 overpayment credited to 2011			**-, *		1
_	b Exempt foreign organizations—tax withheld at source 6b			12 k .	gar.	
•	c Tax paid with application for extension of time to file (Form 8868)	7	ľ	~		
(d Backup withholding erroneously withheld	j .	,			
7	Total credits and payments Add lines 6a through 6d	7				<u> </u>
8	Enter any penalty for underpayment of estimated tax. Check here	8_				<u> </u>
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	<u> </u>			
0		10	ļ			<u> </u>
1		11				<u> </u>
-a	rt VII-A Statements Regarding Activities					
1 :	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			 	Yes	
	participate or intervene in any political campaign?			1a		X
ŧ	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the			1		
	instructions for definition)?			1b		<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities				٠	
	C Did the foundation file Form 1120-POL for this year?		_	1c		Χ.
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			2		
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$			125.7 4		
•	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	-		1 ₃ × 2	* -	
	on foundation managers \$. '.		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities				4975	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles					
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	•		4a 4b	N/A	X
, 5	b If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	IN/A	X
•	If "Yes," attach the statement required by General Instruction T		•			 ^-
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					ĺ
•	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions			١, ١		
	that conflict with the state law remain in the governing instrument?			6	Χ	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), a	and Pa	art XV	7	Х	
8 8	a Enter the states to which the foundation reports or with which it is registered (see instructions)				9	
	IN			1		
I	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney					
_	General (or designate) of each state as required by General Instruction G? If "No," attach explanation .			8b	<u> </u>	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)			•	•	
	or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV			9	Х	
0	and the second s					
. •	their names and addresses			10		x

om	990-PF (2011) INSTITUTE FOR DYNAMIC LIVING, INC dba EASTERN INDIANA EYE CARE 01-058	<u>5106</u>	P	age 5
Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		×
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► www dynamic-living.org			
14	The books are in care of ► MARGERY STOLLER Telephone no ► (765) 962-5	722		
	Located at ► 4852 WOLFE ROAD RICHMOND IN ZIP+4 ► 47374		. .	<u></u> -
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here		•	▶ □
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority	۱	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	L	<u> </u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of			1
Da	the foreign country	<u>!</u>		L
Γd	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		.	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	ļ		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		•	
	a disqualified person? Yes X No		.^	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	[
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No	,-		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	ŀ		
	if the foundation agreed to make a grant to or to employ the official for a period	ŀ		
	after termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			ĺ
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	N/A	
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?	1c		х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d	,		
	and 6e, Part XIII) for tax year(s) beginning before 2011?			
_	If "Yes," list the years 20 , 20 , 20 , 20			
þ	11, 0	, ,		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)	26	N/A	
_	to all years listed, answer "No" and attach statement—see instructions) If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	2b	14/14	
С				
3a	20			
	enterprise at any time during the year?		/ \	
b				
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year penod (or longer penod approved	4.5		
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)		<u> </u>	
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	if the foundation had excess business holdings in 2011)	3b	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable			
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b		<u> </u>

Form	990-PF (2011) INSTITUTE FOR DYNAMIC	LIVING, INC dba EA	STERN INDIANA	EYE CARE	01-058510)6 <u> </u>	age 6
Pa	rt VII-B Statements Regarding Activiti	es for Which Form	n 4720 May Be R	equired (continued)			
5a	During the year did the foundation pay or incur an	y amount to				Ţ	
	(1) Carry on propaganda, or otherwise attempt	o influence legislation (section 4945(e))?	. Yes	X No	}	i
	(2) Influence the outcome of any specific public	election (see section 4	955), or to carry				
	on, directly or indirectly, any voter registration	n drive?		Yes	X No		İ
	(3) Provide a grant to an individual for travel, sti	idy or other similar nur	noses?	Yes	X No '.	: I	
	(4) Provide a grant to an organization other than		•		<u></u> , ,		
	in section 509(a)(1), (2), or (3), or section 49	_		Yes	X No	1	i
	(5) Provide for any purpose other than religious		•		<u></u>		
	educational purposes, or for the prevention		• '	Yes	X No	. The	
h	If any answer is "Yes" to 5a(1)-(5), did any of the	-				4 、	
_	Regulations section 53 4945 or in a current notice				5	b N/A	
	Organizations relying on a current notice regarding					-	<u> </u>
_	If the answer is "Yes" to question 5a(4), does the	=			_	1	
•	tax because it maintained expenditure responsibilities		otton from the	Yes	No		
	If "Yes," attach the statement required by Regulat		 (d)	163 (1
60	Did the foundation, during the year, receive any fu		-			ı	
va	premiums on a personal benefit contract?	nas, allectly of manect	ly, to pay	Yes	X No	1	
h	Did the foundation, during the year, pay premiums	directly or indirectly of	n a nemonal benefit i		6	.	х
U	If "Yes" to 6b. file Form 8870	i, directly of manectly, c	ni a personai benenii i	Somiaci.	 0	-	 ^-
70			l tay abaltar transactiv	on? Yes	X No	1	
	At any time during the tax year, was the foundation			ا سے		_	
_	If "Yes," did the foundation receive any proceeds						!
۲	art VIII Information About Officers	, Directors, Truste	es, roundation	Managers, rignly r	alu Empio	yees,	
	and Contractors List all officers, directors, trustees, found	ation managem an	d their company	ion (coo instructions)	<u> </u>		
<u> </u>	List all Officers, directors, trustees, round	(b) Title, and average	(c) Compensation	(d) Contributions to		 	
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	othor	ense acco allowance	
Sec	Attached Statement				·		
		<u> </u>					
2	Compensation of five highest-paid emplo	yees (other than the	ose included on li	ne 1—see instruction	s). If none,		
	enter "NONE."						
		(b) Title, and avera	• 1	(d) Contributions to employee benefit	(e) Exp	ense acco	unt
			(a) Campanania	a l ciripioyee benefit	1 (0) -~	ci.oc acce	
(a	Name and address of each employee paid more than \$50		1 ''	plans and deferred	other	allowance	
		000 hours per week devoted to position	1 ''	plans and deferred compensation	other	allowance	
(a			1 ''	plans and deferred	other	allowance	
			1 ''	plans and deferred	other	allowance	
			1 ''	plans and deferred	other	allowance	
			1 ''	plans and deferred	other	allowance	
			1 ''	plans and deferred	other	allowance	
			1 ''	plans and deferred	other	allowance	
			1 ''	plans and deferred	other	allowance	
			1 ''	plans and deferred	other	allowance	
			1 ''	plans and deferred	other	allowance	

Form 990-PF (2011)	INSTITUTE FOR DYNAMIC LIVING, INC. dba EASTI		01-0585106 Page /
	iformation About Officers, Directors, Trustees nd Contractors (continued)	, Foundation Managers, Highly Paid	d Employees,
	aid independent contractors for professional services (se	e instructions). If none, enter "NONE."	
	e and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
Total number of of	thers receiving over \$50,000 for professional services	<u> </u>	
Part IX-A S	ummary of Direct Charitable Activities		
	our largest direct chantable activities during the tax year. Include relevant ations and other beneficiaries served, conferences convened, research		Expenses
OFFER TOP Q	AS A NON-PROFIT ORGANIZATION OVERSEEN BY UALITY MEDICAL AND SURGICAL EYE CARE AND T	O SUPPORT NON-PROFITS	04.075
	MEDICAL AND SOCIAL NEEDS. ESTIMATED 300 IND	IVIDUALS SERVED.	81,275
2			
3			
4			· · · · · · · · · · · · · · · · · · ·
Part IX-B S	ummary of Program-Related Investments (see	instructions)	
Describe the two larges	st program-related investments made by the foundation during the tax ye	ear on lines 1 and 2	Amount
1			
2			
	ed investments. See instructions		
3			
Total. Add lines 1	through 3		

Form **990-PF** (2011)

Form 990-PF (2011) INSTITUTE FOR DYNAMIC LIVING, INC. dba EASTERN INDIANA EYE CARE 01-0585106 Minimum Investment Return (All domestic foundations must complete this part Foreign foundations, Part X see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes Average monthly fair market value of securities а 1a 1b Average of monthly cash balances 22,349 Fair market value of all other assets (see instructions) 1c 165,831 1d 188,180 Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and 1e 1c (attach detailed explanation) 2 Acquisition indebtedness applicable to line 1 assets 51,402 3 3 Subtract line 2 from line 1d 136,778 Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see instructions) 2,052 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. 5 134,726 Minimum investment return. Enter 5% of line 5 6 6.736 Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here $\blacktriangleright X$ and do not complete this part.) 1 Minimum investment return from Part X, line 6 Tax on investment income for 2011 from Part VI, line 5 2a 2a 2b b Income tax for 2011 (This does not include the tax from Part VI) 2c C Add lines 2a and 2b Distributable amount before adjustments. Subtract line 2c from line 1 4 Recoveries of amounts treated as qualifying distributions 5 Add lines 3 and 4 5 6 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 -Part XII-Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes Expenses, contributions, gifts, etc —total from Part I, column (d), line 26 1a 85,656 а 1b Program-related investments—total from Part IX-B 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 purposes 3 Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 85.656

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

income Enter 1% of Part I, line 27b (see instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

6

85,656

5

6

INSTITUTE FOR DYNAMIC LIVING, INC dba EASTERN INDIANA EYE CARE

Form 990-PF (2011)

01-0585106

Page 9

	t XIV Private Operating Foundations (s				01-0585	106 Page 10
_	If the foundation has received a ruling or determin			3511011 9)		
1 a	foundation, and the ruling is effective for 2011, en			▶		
b	Check box to indicate whether the foundation is a		=	ection	X 4942(J)(3) or	4942(j)(5)
	Enter the lesser of the adjusted net			Prior 3 years	<u> </u>	10 120)(0)
	income from Part I or the minimum	Tax year (a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
	investment return from Part X for each year listed	6,736	7,620			10.272
_	•	· · · · · · · · · · · · · · · · · · ·		3,363	1,653	19,372
	85% of line 2a Qualifying distributions from Part XII,	5,726	6,477	2,859	1,405	16,467
·	line 4 for each year listed	85,656	182,108	334,721	356,895	050 380
d	Amounts included in line 2c not used directly	85,050	102,100	334,721	330,693	959,380
u	for active conduct of exempt activities	į				
е	Qualifying distributions made directly	-				
	for active conduct of exempt activities					
_	Subtract line 2d from line 2c	85,656	182,108	334,721	356,895	959,380
3	Complete 3a, b, or c for the				1	
а	alternative test relied upon "Assets" alternative test—enter	}				
	(1) Value of all assets					
	(2) Value of assets qualifying					
	under section 4942(j)(3)(B)(i)]				
b	"Endowment" alternative test—enter 2/3					
	of minimum investment return shown in Part X, line 6 for each year listed			2010		
_	-	4,491	5,080	2,242	1,102	12,915
С	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest.					
	dividends, rents, payments	,	-			
	on securities loans (section 512(a)(5)), or royalties)		l			
	(2) Support from general public			_		
	and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					
	• •••••	<u> </u>				
	(3) Largest amount of support from an exempt organization			1		
	(4) Gross investment income					************
Pa	rt XV Supplementary Information (Co	mplete this part o	nly if the found	lation had \$5.0	00 or more in	
	assets at any time during the ye	•	_			
1	Information Regarding Foundation Manag					
a	List any managers of the foundation who have cor		of the total contribu	itions received by th	ne foundation	
	before the close of any tax year (but only if they ha	ave contributed more th	nan \$5,000) (See se	ection 507(d)(2))		
	EVEN STOLLER					
þ	List any managers of the foundation who own 10%				tion of the	
	ownership of a partnership or other entity) of which	the foundation has a	10% or greater inter	est.		
non	· · · · · · · · · · · · · · · · · · ·	4 Ciff Lana Cale 1	lambin etc. Des			
2	Information Regarding Contribution, Gran			-		
	Check here X if the foundation only makes unsolicited requests for funds. If the foundation makes					
	other conditions, complete items 2a, b, c, and d	inoo giito, graiito, oto	(000 1110110110) 10	memorale or organ		
a	The name, address, and telephone number of the	person to whom applic	ations should be ad	dressed		
	•	. •				
				Id als. 4-		
þ	The form in which applications should be submitted	d and information and	matenals they shou	ia include		
	Any submission deadlines					
•	,					
d	Any restrictions or limitations on awards, such as	by geographical areas,	chantable fields, kir	nds of institutions, o	r other	
	factors					

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During to		for Future	Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid dunng the year RICHMOND CIVIC THEATER 1003 E MAIN STREET		PUBLIC	SIGNAGE	64
RICHMOND IN 47374 OPEN DOOR MINISTRIES		PUBLIC	GENERAL	200
AFRICA MERCY MISSION		PUBLIC	GENERAL	4,117
				1
•		,		
Total			▶ 3a	4,381
b Approved for future payment	· · · · · · · · · · · · · · · · · · ·	1	► 3a	4,301
B Approved for future payment				
Total			▶ 3b	
i Ulai	<u></u>	<u></u>		

	THOUSE ON DITHER TO THE TOTAL THE TENT OF	
		
4 3/3 /1 4	Augustus of the common Propolitical Augustus Augustus and	
	Analysis of Income-Producing Activities	

Enter gross amounts unless otherwise indicated	Unrelated bus	siness income	Excluded by section	n 512, 513, or 514	(e)
4.0	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1 Program service revenue			<u> </u>		76 472
a EYE CARE CENTER					76,473
b					
c			 		
					
e		····			
S Food and contracts from solvenment accounts		<u> </u>	 		
g Fees and contracts from government agencies 2 Membership dues and assessments .			-		
3 Interest on savings and temporary cash investments			14	1,945	
4 Dividends and interest from securities			1	1,540	
5 Net rental income or (loss) from real estate		· · · · · · · · · · · · · · · · · · ·	<u> </u>	·	
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property			16	41,772	
7 Other investment income	-			71,772	
8 Gain or (loss) from sales of assets other than inventory			26	-294	
9 Net income or (loss) from special events			20	-204	
10 Gross profit or (loss) from sales of inventory				-	
1 Other revenue a					
					
b					
c	<u> </u>				
e					
2 Subtotal Add columns (b), (d), and (e)				43,423	76,473
3 Total. Add line 12, columns (b), (d), and (e)		<u></u>	<u> </u>	13	119,896
See worksheet in line 13 instructions to verify calculations)					
Part XVI-B Relationship of Activities to the Acc	complishment	of Exempt P	urposes		
Line No. Explain below how each activity for which income				nportantly to	
the accomplishment of the foundation's exempt p	ourposes (other tha	n by providing fu			ctions)
1A & B EYE CARE SERVICES OFFERED TO UNINSU					
10 SALE OF EDUCATIONAL MATERIAL CONTAI					
REGAINING SEXUAL INTEGRITY INCLUDING	S HOW-TO-MAN	IUAL WITH VIE	DEO, CURRICUL	LUM, SERMON	
OUTLINES, ARTICLES, TAPES, ETC.				····	
 					
-			<u>-</u>	-	
					
					
					
	·				
		.			
	· · · · · · · · · · · · · · · · · · ·		 		
	<u> </u>				
					
			· · · · · · · · · · · · · · · · · · ·		_
	·				

Dest VVIII	Information Deposition	Transform To and	Transposiiona and	Polotionobino	Aliah Alamaharitahi
Part XVIII	Information Regarding	ransiers to and	i ransactions and	Relationships	AAITU MOUCUSLITADIE
	E			-	
	Exempt Organizations				

1	ın secti	organization direction 501(c) of the Co					-		i) - "	Yes	NO_
а	-	ations? ers from the reportin	a foundation to	a noncharitab	le exempt	organization of				,	
_		sh							1a(1)		Х
	- •	er assets		-		- •			1a(2)		X
b	· •	ransactions:							15 1 7 11		
	(1) Sal	es of assets to a no	nchantable exe	empt organizat	tion .				1b(1)		_X_
	(2) Pur	chases of assets fro	om a noncharit	able exempt or	rganization				1b(2)		X
	(3) Rei	ntal of facilities, equ	ipment, or othe	er assets .					1b(3)		X
	(4) Rei	mbursement arrang	ements						1b(4)		X
	(5) Loa	ns or loan guarante	es .						1b(5)		X
	(6) Per	formance of service	es or membersl	hip or fundraisi	ing solicitat	ions			1b(6)		X
С	Sharing	of facilities, equipn	nent, mailing lis	sts, other asset	ts, or paid e	employees	. <i>.</i>		1c		X
	value o	nswer to any of the f the goods, other a n any transaction or	ssets, or service sharing arrang	es given by the ement, show it	e reporting n column (d	foundation If the things of th	he foundation red he goods, other a	eived less that issets, or servi	n fair ma ces rec	arket eived	
(a)	Line no	(b) Amount involved	(c) Name	of noncharitable ex	empt organiza	ition (d) De	scription of transfers, t	ransactions, and s	hanng arra	angeme	ents
			ļ.,,	··········							
											
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			<u> </u>			 					
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		···········									
											
											
			<u> </u>								
											
			<u> </u>								
	describ	oundation directly or ed in section 501(c) " complete the follow	of the Code (c						res X	No	
		(a) Name of organization	on	(b)	Type of organi	zation	(c) D	escription of relation	onship		
	_										
	Unc	der penalties of perjury, I declar	e that I have examined	this return, including ac	companying sche	dules and statements, a	nd to the best of my knowle	dge and belief, it is true	 e,		
e:	1 000	rect, and complete Declaration						May the IRS		o robin	\Box
	gn 🏻	M	1 1	اه	د ما	1		with the prepa			
He	ere 🕨	Meall -	stolla	1 8114	117	TYPISU	10 R	instructions)?			No
	3	Signature of officer or trus	tee	Date	1 -	litle -		,	۰۰۰		
_		Print/Type preparer's	name	Preparer's signati	ure		Date		PTIN		
Pa	id			¥7/ \	Ω	POA] 1	Check if			
	eparer	Dawn D. James,	CPA /	1 Bun	N/an	nes (AH	8/6/2012	self-employed	P0071	<u>5957</u>	
	-	Francis name N	Vebb & Associ	ates	7.				5-18389	992	
US	e Only		6 South 12th S		nd, IN 4737	4 CORPIN W	· Khuston · 1 A		5) 962-3	_	
			· · · · · · · · · · · · · · · · · · ·			1	,		om 990	-PF	(2011)

Form **8868**

(Rev January 2012)

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 filing for an Automatic 3-Month Extension, complete only Part I and check this box ... If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Chanties & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of INDI ANA ID# 0113890052 time to file income tax returns Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions Employer identification number (EIN) or Type or X 01-0585106 print INSTITUTE FOR DYNAMIC LIVING. INC dba EASTERN INDIANA EYE CARE Number, street, and room or suite no. If a P.O. box, see instructions File by the Social security number (SSN) due date for 4852 WOLFE ROAD filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions return See RICHMOND instructions IN 47374 Enter the Return code for the return that this application is for (file a separate application for each return) . . . 04 **Application** Return **Application** Return Is For Code Is For Code Form 990 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 990-EZ 01 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) Form 8870 12 The books are in the care of ► MARGERY STOLLER Telephone No. ► (765) 962-5722 FAX No ▶ If the organization does not have an office or place of business in the United States, check this box. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is and attach a for the whole group, check this box If it is for part of the group, check this box. . . list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 8/15/2012 , to file the exempt organization return for the organization named above. The extension is for the organization's return for ► X calendar year 2011 or tax year beginning , and ending Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason. Change in accounting period 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. За 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 3b Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

12/31/11 2011 FEDERAL SUMMARY DEPRECIATION SCHEDULE PAGE 1

IEN	T SMSTONP		D.	YNAMIC LIV	ING					
1/12										03 34P
<u>.04</u>	DESCRIPTION	DATE _ACQUIRED_	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR	_METHOD_	LIFE	CURRENT DEPR
FORM	1 4562 ONLY									
AU'	TO / TRANSPORT EQUIPMENT									
3	06 CHEVY SILVERSTONE	7/01/06		30,855			14,160	S/L HY	5 ~	1,77
	TOTAL AUTO / TRANSPORT EQUI			30,855		0	14,160			1,77
CAI	PITAL EX - FURNISHINGS									
1	OFFICE FURNITURE	12/02/05	8/24/11	9,038			7,559	200DB MQ	7	49
2	OFFICE FURNITURE	12/26/05	8/24/11	2,647			2,214	200DB MQ	7 -	14
	TOTAL CAPITAL EX - FURNISHING			11,685		0	9,773			6
CO	MPUTERS									
4	COMPUTERS	7/07/10	8/24/11	2,171			310	200DB HY		2
12	COMPUTER	7/01/11	8/24/11					200DB HY	5 -	
	TOTAL COMPUTERS			2,875		0	310			2
ME	DICAL EQUIPMENT									
5	FLORIDA EYE EQUIPMENT	7/02/10		5,215			745	200DB HY		1,2
6	NIKON CAMERA	7/31/10		180			26	200DB HY		
7	STAR OPHTHALMIC	7/31/10		950			136	200DB HY		Ž.
8	KEVIN KNOCK OPHTHMALIC	8/13/10		540			77	200DB HY		1
9	ERAY MEDICAL AARON	9/10/10		836			119	200DB HY		2
	EQUIPMENT WEC	6/01/10		42,418			6,062	200DB HY		10,3
11	EQUIPMENT WSC	6/01/10		21,140			3,021	200DB HY	7 -	5,
	TOTAL MEDICAL EQUIPMENT			71,279		0	10,186			17,4
	TOTAL DEPRECIATION			116,694		0	34,429		-	20,1
	GRAND TOTAL DEPRECIATION			116,694		0	34,429			20,1
	DEPRECIATION ASSETS SOLD			14,560		0	10,083			ç
	DEPR REMAINING ASSETS			102,134		0	24,346			19,2

INSTITUTE FOR DYNAMIC LIVING, INC. dba EASTERN INUIANA ETE CARE

Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

닱	SS		-294			Net Gain	or Loss	-1,595	-704	2 005		!	1	!		1	1	1	•
Net Gain	or Loss					_	Depreciation	576		10 410		 		: :		: :	<u>;</u> 		
Cost, Other	Basis and Expenses		3,574	Expense	of Sale and Cost of	Improve-	ments	1		!		1			1			T	
Cost	Basis and					Valuation	- 1			-		1			1	-			
Gross	Sales		3,280			Cost or	Other Basis	2,171	704		-								
	Sal					Gross Sales	Price			000	007'6					1			
Totals		Securities	Other sales			Date	Sold	8/24/2011	8/24/2011	7,007,000	0/24/2011							- - -	
						Acquisition	Method	a.	.c	 c	-	!		 					
						Date	Acquired	7/7/2010	7/1/2011	200000	C007/07/71	-							
					Check "X" if	200	Business						! 		 		!		
							Purchaser												
	Amount						CUSIP#		!		 								
		Tanoti dirtaid Of most one	Short Term CG Distributions	STORE			Description	COMPLITEDS		COMPOIER	OFFICE FURNITURE						1		
						Check "X"									-				
							Index	•	-	7	m	4	2	æ	1	~	6	2]

INSTITUTE FOR DYNAMIC LIVING, INC. doa EASTERN INUIANA ETE CARE

Line 11 (990-PF) - Other Income

Revenue and Expenses N Description per Books CONSULTATION	Net Investment Income	Adjusted Net Income 76,473
and Expenses per Books 76,473	lincome lincome	Adjustec Net Incon
otion per Books 76,473	Income	Net Incon
76,473		
	!	
	 	1

INSTITUTE FOR DYNAMIC LIVING, INC. 008 EASTERN INDIANA ETE CARE

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Revenue and Name of Organization or Expenses per Person Providing Service Books Income Income (Cash Basis Only) HAYES, COPENHAVER, CRIVER 1,000 LEWISWAGNER LLP 5,599 BINGHAM & MCHALE 5,599 BOSTON, BEVER, KLINGE, CROSS & C 1,687			686'6		686,6	
Expenses per Net Investment Adjusted Net Purposes Books 1,000 1,000 1,103 1,103 5,599 5,599 1,687	I		Revenie and			Disbursements for Charitable
Books Income (Cash Basis Only 1,000 1,103 1,103 5,599 5,599 1,687 1,687		Name of Organization or	Expenses per	Net Investment	Adjusted Net	Purposes
1,000 1,103 5,599 1,687		Person Providing Service	Books	Income	Income	(Cash Basis Only)
1,103 5,599 1,687	•	HAYES, COPENHAVER, CRIVER	1,000		1,000	
5,599		LEWISWAGNER LLP		1	1,103	!!
1,687		BINGHAM & MCHALE			5,599	:
	. 1	BOSTON, BEVER, KLINGE, CROSS & C	_		1,687	

Line 16b (990-PF) - Accounting Fees

Name of Organization or Person Providing Service WEBB & ASSOCIATES	3,070 1,535 1,535	Revenue and for Charitable	Net Investment Adjusted Net	Income Income (Ca	3,070 1,535 1,535	ļ	- 1	 		
			Name of Organization or	Person Providing Service		;				

INSTITUTE FOR DYNAMIC LIVING, INC. 008 EASTERN INDIANA ETE CARE

Line 16c (990-PF) - Other Fees

775	Disbursements for Charitable	Adjusted Net Purposes	Income (Cash Basis Only)	577									
		Net Investment	Income										
775	Revenue and	Expenses per	Books	275									
		Name of Organization or	Person Providing Service	HEALTH CARE ECONOMISTS						3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			
				-	2	က	4	2	9	7	8	6	10

INSTITUTE FOR DYNAMIC LIVING INC &BB EASTERN INDIANA EYE CARE

Amount of depreciation included in cost of goods sold .

Line 19 (990-PF) - Depreciation and Depletion

Line 19 (990-PF) - Depreciation and Depletion						20,134		20,134
	500	Mothody	10000	Coator	Beginning	Revenue and Expenses	Net	Adjusted Net
Description	Acquired	Computation	Life	Other Basis	Depreciation	per Books	псоте	Income
1 SEE ATTACHED SCHEDULE				102,134	34,429	20,134		107
					!	-		
						Ţ ;	1 1 1 1 1 1 1	!
		1		; ;		 - - -		
9	:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		:	: ! !	1		!
9		1			: :: : : :			
<u></u>	-		-	1	!			
	!			1				
			1				1	-: : : !
1	1 ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !							

Line 23 (990-PF) - Other Expenses

	120,00			120,00
	Revenue and			Disbursements
	Expenses	Net Investment	Adjusted Net	for Charitable
Description	per Books	Income	Income	Purposes
1	O8			8
Janitorial Services	796			367
Bank and Credit Card Fees	700		: : :	7007
Marketing and Promotion	4,034		: : : : : : : : : : : : : : : : : : : :	100't
Phone and Internet Services	5,630			0000
Postage and Delivery	288			987
	1,400		1 1 1	1,400
7 Contracted Labor	1,696		 	1,696
Computer Support	2,524			2,524
A source/Contrata Conico	130			130
Answer/Security Service	0 307	1		198.6
10 Insurance	100,0			568
11 Repairs and Maintenance	896			
License/Govt. Fees	436			0.24
Medical Supplies	3,312			3,312
Miscellaneous	200			200
15 Organizational Dues	1,089			1,089
Transcripton Services			!	297
	787			1,78

1140111011-1 ON 011401110 ELVILAG, 1140, 408 EAGLENN 1140101147 E.L. CANAL

Part II, Line 7 (990-PF) - Other Notes

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Par	Part II. Line 14 (990-PF) - Land, Build	Buildings, and Equipment	quipment				
	J	102,134	34,429	43,577	81,561	58,557	58,557
				Accumulated	:		1
		Cost or	_	Depreciation	Book Value	Book Value	ا کو: ا
	Item or Category	Other Basis		End of Year	Beg. of Year	End of Year	End of Year
-	VEHICLES	30,855	\overline{a}	15,935	16,695	14,920	14,920
7	COMPUTERS		310	1	1,861		
က			:		19	1	
4	FURNISHINGS		9,773	1	1,912		
2	MEDICAL EQUIPMENT	71,279		27,642	61,093	43,637	43,637
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Part II, Line 15 (990-PF) - Other Assets

Description Begint			76,859	82,820	82,820
ACCRUED INTEREST OCT SECURITY DEPOSIT			Beginning	Ending	Fair Market
OCT SECURITY DEPOSIT			Balance	Balance	Value
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Part II, Line 20 (990-PF) - Loans from Officers, Directors, Trustees, Other Disqualified Persons

		Repayment	Terms	3/1/2008 MONIHLY	1	1 1			-		1 : :	1	
			-	<u> </u>	- -	1	- -	+	 !	+	-		
		Maturity	Date	3/1/200	!	:	1		:	1	Í	1	1
		Date of	Note	8/30/2005	:							+	
		Security	۱	36,801 NONE									
36,801	Balance	Due	End of Year	36,801									
34,577	Balance	Due	Beg of Year	34,577			1 ::: -	1 1	-				
114.000		Original	Amount	114,000		::		1				1	
			Title	EXECUTIVE (i		1					
			Name of Lender	STEVEN STOLLER									
				-	7	က	4	2	9	7	®	6	10

Part

	_									
Fair Market Value of Consideration		; ; ;								
Consideration Description	CASH					i	4			
Purpose of Loan	6.25% OPERATING FUNDS						T			
Interest Rate	6.25%			 		,				
	1	2	ဗ	4	2	9	7	8	6	10

Part II, Line 21 (990-PF) - Mortgages and Other Notes Payable

					64.808	51.402		
					Balance	Balance		·
			Check "X"	Original	Due	Due	Security	Date of
	Name of Lender	Title	if Business	Amount	Beg. of Year	End of	Provided	Note
-	GMAC		×		2,383	-		-
,	GMAC		1				06 CHEVY SILVERSTONE	-
4 6	STOLLER REALTY LLC	!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	×		54,282		46,019	1/1/2006
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Relationship	-		-			:				
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Fair Market Value of Consideration			-							
Description			:		1					
Purpose of Loan		BUY VEHICLE		:	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Interest Rate			8 50%	ļ						
Maturity Repayment Date Terms										
Maturity Date					ļ	!				
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Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

Average	L	1	1	5 6	5	10		:	!	_	1 1			
Title	UTIVE DIRE	DIRECTO		DIRECTO	PRESIDE	DIRECTOR		!	-		!	•		:
Foreign			1	:					:		: : : : : : : : : : : : : : : : : : : :	: :		
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Check "X"	IT BUSINESS	i	:	!	:		:	;					1 1	
	Name	STEVEN STOLLER	DAVID LAYMAN	RON CHAPPELL	CI EN THORNRING	10000		9		1]	

_			Expense	
	Compensation	Benefits	Account	Explanation
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