Indiana Department of Revenue Indiana Nonprofit Organization's Annual Report

Amended Report
Final Report: Indicate Date
Closed

Check if: X Change of Address

NP-20

State Form 51062 (R3 / 3-10) $\begin{array}{c} \text{For the Calendar Year or Fiscal Year} \\ \underline{12/01/2010}_{\text{MM/DD/YYYY}} \text{ and Ending } \underline{11/30/2011}_{\text{MM/DD/YYYY}} \end{array}$

Due on the 15th day of the 5th month following the end of the tax year.

NO FEE REQUIRED.

Name of Organization		Telephone Number	
		1 alaphasia (taliiba)	
Wish For Our Heroes Inc.		317-877-5249	
Address	County	Indiana Taxpayer Identification Number	
4979 East 216th Street	Johnson		
City State		Federal Identification Number	
Noblesville, IN 46062		27-0483869	
Printed Name of Person to Contact		Contact's Telephone Number	
Jeff Wells		317-965-3232	
If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 99			
Note: If your organization has unrelated business income of more than \$1,000 as de	fined under Section 513	of the Internal Revenue Code, you	
must also file Form IT-20NP.			
Current Information			
1. Have any changes not previously reported to the Department been made in yo	ur governing inetrumente	(o.g.) articles of incorporation. Indexes	
or other instruments of similar importance? If yes, attach a detailed description		(e.g.) articles of incorporation, bylaws,	
Indicate number of years your organization has been in continuous existence.	-		
Attach a schedule, listing the names, titles and addresses of your current office.		tatement 2	
3. Attach a schedule, listing the names, titles and addresses of your current officers. See Statement 2 4. Briefly describe the purpose or mission of your organization below.			
See Statement 1			
Dee Deacement 1		-	
Email Address:			
I declare under the penalties of perjury that I have examined this return, including all	i attachments, and to the i	heat of my knowledge and helief it is	
true, complete, and correct.	attachments, and to the t	Dest of thy knowledge and belief, it is	
		_/ /	
Presid	ent	7/12/12	
Signature of Office of Trustee Title		Date	
Name of Person(s) to Contact Daytime Tel	lephone Number		
Important: Please submit this completed fo Indiana Department of Revenue, Ta P.O. Box 7147	orm and/or extension to: x Administration		
Indianapolis, IN 46207-7	7147		
Telephone: (317) 233-4			
Extensions of Time to File			
The Department recognizes the Internal Revenue Service application for automatic e	extension of time to file. Fo	orm 8868. Please forward a conv	

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption. Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 7147, Indianapolis, IN 46207-7147, (317) 233-4015.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.

050981 12-01-10 1019

NP-20

Statement

1

The organization grants wishes for active duty Military personnel and their families. The organization strives to relieve the burdens of family separation, marital challenges, reintegration for deployed soldiers, hardship circumstances, medical bills, college tuition assistance, financial hardships, and job placement for spouses. In addition to these extreme circumstances, the organization will also focus on assisting average, hardworking soldiers and their families.

Noblesville, IN 46062

Form NP-20

2

Statement

Name and Address	Title		
Jeffrey A. Wells 4979 East 216th Street Noblesville, IN 46062	President		
Alton Z. Brister 4979 East 216th Street Noblesville, IN 46062	Vice President & Treasurer		
Erich Von Orrick 4979 East 216th Street	Secretary		

List of Officers, Directors and Trustees