

**NP-20**

State Form 51062  
(R7 / 8-13)

**Indiana Department of Revenue**  
**Indiana Nonprofit Organization's Annual Report**  
**For the Calendar Year or Fiscal Year**  
**Beginning** 01 / 01 / 2015 **and Ending** 12 / 31 / 2015  
MM/DD/YYYY MM/DD/YYYY

Check if:  Change of Address  
 Amended Report  
 Final Report: Indicate  
Date Closed \_\_\_\_\_

Due on the 15th day of the 5th month following the end of the tax year.  
**NO FEE REQUIRED.**

Name of Organization <b>Adult Life Training, Inc.</b>			Telephone Number <b>260-432-0014</b>
Address <b>3301 E Coliseum Blvd</b>		County <b>Allen</b>	Indiana Taxpayer Identification Number <b>001181095290010</b>
City <b>Fort Wayne</b>	State <b>IN</b>	Zip Code <b>46805</b>	Federal Identification Number <b>59-3782924</b>
Printed Name of Person to Contact <b>Philip Lock</b>		Contact's Telephone Number <b>260-432-0014</b>	

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

**Note:** If your organization has unrelated business income of more than \$1,000 as defined 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 your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes.
2. Indicate number of years your organization has been in continuous existence. 11
3. Attach a schedule, listing the names, titles and addresses of your current officers.
4. Briefly describe the purpose or mission of your organization below.

To holistically improve the lives of our community through training, mentorship, and example.

*I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.*

Signature of Officer or Trustee	Treasurer	05/14/2016
<b>Philip Lock</b>	Title <b>260-432-0014</b>	Date
Name of Person(s) to Contact		Daytime Telephone Number

**Important:** Please submit this completed form and/or extension to:  
Indiana Department of Revenue, Tax Administration  
P.O. Box 6481  
Indianapolis, IN 46206-6481  
Telephone: (317) 232-0129

**Extensions of Time to File**

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 6481, Indianapolis, IN 46206-6481, (317) 232-0129.

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.



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