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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of 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)

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

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

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 11/1/2008 , and ending 10/31/2009

B Check if applicable
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
40&8 GEORGE B. BOLAND NURSES TRAINING FUND TA

Number and street (or P O box, if mail is not delivered to street address) Room/suite
55 MONUMENT CIRCLE 800

City, town, or country State ZIP + 4
INDIANAPOLIS IN 46204

D Employer identification number
35-6317037

E Telephone number
317-816-4288

F Group Exemption Number ▶

- ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting method: [X] Cash [ ] Accrual Other (specify) ▶

H Check ▶ [ ] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I **Website:** ▶ NA

J **Organization type** (check only one)— [X] 501(c) (3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check ▶ [ ] if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 395,434

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	45,078
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	34,831
	5a	Gross amount from sale of assets other than inventory	5a 315,525		
	b	Less cost or other basis and sales expenses	5b 385,845		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	-70,320
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ [ ]			
	a	Gross revenue (not including $ 0 of contributions reported on line 1)	6a 0		
	b	Less: direct expenses other than fundraising expenses	6b 0		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	0
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe ▶)		8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	9,589
Expenses	10	Grants and similar amounts paid (attach schedule)		10	22,780
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	6,962
	13	Professional fees and other payments to independent contractors		13	2,256
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe ▶ See attached statement)		16	26,052
	17	**Total expenses.** Add lines 10 through 16 ▶		17	58,050
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-48,461
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	953,223
	20	Other changes in net assets or fund balances (attach explanation)		20	68
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	904,830

Part II **Balance Sheets.** If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	953,223	22	904,830
23 Land and buildings		23	
24 Other assets (describe ▶)	0	24	0
25 **Total assets**	953,223	25	904,830
26 **Total liabilities** (describe ▶)	0	26	0
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	953,223	27	904,830

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? PROVIDING NURSING SCHOLARSHIPS

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

			Expenses
28	31 APPLICANT'S RECEIVED NURSING SCHOLARSHIPS SCHEDULE ATTACHED (Grants $ 22,780) If this amount includes foreign grants, check here ☐	28a	22,780
29	(Grants $ 0) If this amount includes foreign grants, check here ☐	29a	0
30	(Grants $ 0) If this amount includes foreign grants, check here ☐	30a	0
31	Other program services (attach schedule) (Grants $ 0) If this amount includes foreign grants, check here ☐	31a	0
32	**Total program service expenses.** (add lines 28a through 31a) ▶	32	22,780

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name HOOSIER TRUST CC Str 55 MONUMENT CIRC City INDIANAPOLIS ST IN ZIP 46204	Title TRUSTEE Hr/WK 2.00	6,962	0	0
Name Str 1430 MANOR LANE City BAY SHORE ST NY ZIP 11706	Title ADVISOR Hr/WK 1.00	0	0	0
Name ROBERT H. KASEMA Str 2158 OAKWOOD DR City WEST BRANCH ST MI ZIP 48661	Title ADVISOR Hr/WK 1.00	0	0	0
Name TERRY G. SIMS Str 795 LANE 101, LAKE City HUDSON ST MI ZIP 46747	Title ADVISOR Hr/WK 1.00	0	0	0
Name WILLIAM JAMNCK Str 7835 MUNGER ROAI City YPSILANIT ST MI ZIP 48197	Title ADVISOR Hr/WK 1.00	0	0	0
Name THOMAS A. STOCKN Str PO BOX 190305 City ANCHORAGE ST AKK ZIP 99519	Title ADVISOR Hr/WK 1.00	0	0	0
Name RUSSELL McCARTH Str 355 LaROCHE COUF City MERRITT ISLAND ST FL ZIP 32953	Title ADVISOR Hr/WK 1.00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. ▶ IN			
42 a	The books are in care of ▶ Name HOOSIER TRUST COMPANY Telephone no. ▶ 317-816-4288 Located at ▶ 55 MONUMENT CIRCLE STE ! City INDIANAPOLIS ST IN ZIP + 4 ▶ 46204			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Total number of other employees paid over $100,000 ▶	0	0	0	0

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Name None Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Total number of other independent contractors each receiving over $100,000 . ▶	0	0

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

▶ Signature of officer — Date 1/29/2010

▶ Connie S. Allman, President
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Stephen K Miller	Date 1/29/2010	Check if self-employed ▶ X	Preparer's Identifying Number (See instructions)	
Firm's name (or yours if self-employed), address, and ZIP +4 ▶ Stephen K. Miller 401 W. 63rd. St., Indianapolis, IN 46260-4719			EIN ▶ P00176210 Phone no ▶ 317-257-2376	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ X Yes ☐ No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
40&8 GEORGE B. BOLAND NURSES TRAINING FUND TA	35-6317037

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	X
(ii)	A family member of a person described in (i) above?	11g(ii)	X
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	X

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col.(i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
									0
									0
									0
									0
									0
Total									0

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	38,002	21,940	19,225	15,533	45,078	139,778
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
4 **Total** Add lines 1-3	38,002	21,940	19,225	15,533	45,078	139,778
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						139,778

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	38,002	21,940	19,225	15,533	45,078	139,778
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	23,867	33,086	33,523	34,129	34,831	159,436
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0			0
11 **Total support.** Add lines 7 through 10						299,214

12 Gross receipts from related activities, etc. (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	46.72%
15	Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	53.84%

16a **33 1/3% support test–2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► [X]

b **33 1/3% support test–2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances-test–2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test–2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization. ► ☐

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

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	45,078
2	NonCash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	0
7	Associated organization contributions	7	
8		8	
9		9	
10		10	
11	Total	11	45,078

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	31,788
2	Dividends and interest from securities	2	3,043
3	Gross rents	3	
4	Other investment income	4	
5	Total	5	34,831

Part I, Line 5 (990-EZ) - Gain/Loss From Sale Of Assets Other Than Inventory

Totals	Gross sales	Cost, other basis and expenses
Public Securities	315,525	385,845
Non-Public Securities	0	0
Other sales	0	0

Index	Description	Check if gain/loss is from sale of public securities	Check if gain/loss is from sale of non public securities	Check if purchaser is a business	Purchaser	Date acquired	Acquisition method	Date sold	Gross sales price	Cost or other basis (Enter one field only) Cost	Donated value	Expense of sale and cost of improvements	Depreciation	Description of Basis Method
1	SCHEDULE ATTACHED	X				VARIOUS		VARIOUS	40,000	40,106				
2	SCHEDULE ATACHED	X				VARIOUS		VARIOUS	275,525	345,739				
3														
4														
5														
6														
7														
8														
9														
10														

0878

TAX LEDGER

PREPARED FOR ACCOUNT # 23 01 2896 2 02 - 40 & 8 GEORGE BOLAND NURSES TRANINGING FD INC

ACCOUNT SITUS =
TAX ID# = 356317037
STATE TAX ID# =

PROCESS DATE 11/02/2009

FOR TAX YEAR ENDED 10/31/2009

SECTION A - CAPITAL GAINS & LOSSES

LONG TERM SALES & MATURITIES

SHARES/PAR	SECURITY	REG	DATE ACQUIRED	DATE SOLD	CAPITAL PROCEEDS TO INCOME CASH	CAPITAL PROCEEDS TO PRINCIPAL CASH	COST BASIS	LONG TERM GAIN OR LOSS
15000.0000	CITIGROUP INC 4.250% DUE 07/29/09 (172967CN9)	0	09/19/05	07/29/09		15000.00	-14944.50	55.50
25000.0000	FNMA 5.250% DUE 01/15/09 (31359MEK5)	0	04/12/06	01/15/09		25000.00	-25161.50	-161.50
	TOTAL LONG TERM SALES & MATURITIES					40000.00	40106.00	-106.00
	TOTAL LONG TERM GAIN & LOSSES							-106.00
	TOTAL CAPITAL GAINS & LOSSES							-106.00

----------*CDI* TAXL OFFICER 02

PREPARED FOR ACCOUNT # 23 00 2896 2 02 - 40 & 8 GEORGE BOLAND NURSE TRAINING DTD 11/16/76

ACCOUNT SITUS =
TAX ID# = 356317037
STATE TAX ID# =

PROCESS DATE 11/02/2009

FOR TAX YEAR ENDED 10/31/2009

SECTION A - CAPITAL GAINS & LOSSES

LONG TERM SALES & MATURITIES

SHARES/PAR	SECURITY	REG	DATE ACQUIRED	DATE SOLD	CAPITAL PROCEEDS TO INCOME CASH	CAPITAL PROCEEDS TO PRINCIPAL CASH	COST BASIS	LONG TERM GAIN OR LOSS
100.0000	AMGEN INC (031162100)	0	10/05/00	12/24/08		5738.32	-6637.50	-899.18
360.0000	AUTOMATIC DATA PROCESSING (053015103)	0	11/03/99	12/24/08		13766.97	-11152.32	2614.65
294.0000	BANK OF AMERICA CORPORATION COM (060505104)	0	11/03/99	12/24/08		3842.55	-11569.30	-7726.75
150.0000	BEST BUY COMPANY INC COM (086516101)	0	04/12/06	12/24/08		3962.24	-8599.69	-4637.45
821.6430	WILLAIM BLAIR INTL GROWTH CL N (093001402)	1	09/19/05	04/22/09		10286.97	-20500.00	-10213.03
159.3150	WILLAIM BLAIR INTL GROWTH CL N (093001402)	1	12/19/05	04/22/09		1994.62	-4209.25	-2214.63
175.0000	CAPITAL ONE FINL CORP COM (14040H105)	0	06/13/07	12/24/08		5113.79	-14100.46	-8986.67
100.0000	CHEVRON CORPORATION (166764100)	0	07/18/06	12/24/08		6934.14	-6616.13	318.01
50.0000	CISCO SYSTEMS INC (17275R102)	0	09/20/07	12/24/08		800.99	-1641.48	-840.49
25000.0000	CITIGROUP INC 4.250% DUE 07/29/09 (172967CN9)	0	09/19/05	07/29/09		25000.00	-24907.50	92.50
150.0000	CONOCO PHILLIPS (20825C104)	0	07/18/06	12/24/08		7223.22	-9972.67	-2749.45
125.0000	DEVON ENERGY CORPORATION (25179M103)	0	07/18/06	12/24/08		7877.45	-7654.82	222.63
125.0000	E I DU PONT DE NEMOURS & CO (263534109)	0	06/19/02	12/24/08		3101.46	-5612.50	-2511.04
50000.0000	FHLB 5.000% DUE 09/18/09 (3133XGNJ9)	0	12/05/06	09/18/09		50000.00	-50741.50	-741.50
274.7780	HEARTLAND VALUE FUND (422359109)	1	09/16/05	04/22/09		6751.29	-13824.07	-7072.78
109.9270	HEARTLAND VALUE FUND (422359109)	1	12/29/05	04/22/09		2700.91	-5303.63	-2602.72
150.0000	INTERNATIONAL BUSINESS MACHINES CORP IBM (459200101)	0	06/06/03	12/24/08		11999.47	-12288.00	-288.53
150.0000	JOHNSON & JOHNSON COM (478160104)	0	11/03/99	12/24/08		8800.72	-5725.50	3075.22
75.0000	JOHNSON & JOHNSON COM (478160104)	0	06/13/07	12/24/08		4400.36	-4699.52	-299.16
200.0000	ELI LILLY & CO (532457108)	0	05/27/03	12/24/08		7568.67	-11452.00	-3883.33
400.0000	LOWES COMPANIES INC COM (548661107)	0	08/30/00	12/24/08		8500.67	-4785.00	3715.67
100.0000	ORACLE CORP COM (68389X105)	0	09/20/07	12/24/08		1719.17	-2142.58	-423.41
200.0000	PITNEY BOWES INCORPORATED (724479100)	0	11/03/99	12/24/08		4790.33	-4157.17	633.16

PREPARED FOR ACCOUNT # 23 00 2896 2 02 - 40 & 8 GEORGE BOLAND NURSE TRAINING DTD 11/16/76

ACCOUNT SITUS =
TAX ID# = 356317037
STATE TAX ID# =

PROCESS DATE 11/02/2009

FOR TAX YEAR ENDED 10/31/2009

SECTION A - CAPITAL GAINS & LOSSES

LONG TERM SALES & MATURITIES

SHARES/PAR	SECURITY	REG	DATE ACQUIRED	DATE SOLD	CAPITAL PROCEEDS TO INCOME CASH	CAPITAL PROCEEDS TO PRINCIPAL CASH	COST BASIS	LONG TERM GAIN OR LOSS
115.0000	PROCTER & GAMBLE CO COM (742718109)	0	11/03/99	12/24/08		6938.47	-6084.97	853.50
275.0000	SECTOR SPDR TR - UTILITIES (81369Y886)	0	06/13/07	12/24/08		7700.45	-11107.59	-3407.14
0.3400	JM SMUCKER COMPANY COM (832696405)	0	11/03/99	12/24/08		14.05	-11.01	3.04
16.0000	JM SMUCKER COMPANY COM (832696405)	0	11/03/99	12/24/08		657.03	-518.12	138.91
225.0000	STARBUCKS CORPORATION (855244109)	0	04/12/06	12/24/08		2072.64	-8629.45	-6556.81
100.0000	TEXAS INSTRUMENTS INC (882508104)	0	08/30/00	12/24/08		1423.17	-6610.00	-5186.83
200.0000	TEXAS INSTRUMENTS INC (882508104)	0	10/05/00	12/24/08		2846.34	-9720.00	-6873.66
200.0000	3M COMPANY (88579Y101)	0	08/30/00	12/24/08		11152.65	-9466.25	1686.40
175.0000	TIME WARNER INC NEW COM (887317105)	0	06/20/02	12/24/08		1636.56	-2882.25	-1245.69
250.0000	US BANCORP (902973304)	0	04/12/06	12/24/08		5935.41	-7659.00	-1723.59
150.0000	UNITED PARCEL SERVICE INC CL B (911312106)	0	06/20/02	12/24/08		7917.72	-9360.00	-1442.28
125.0000	VANGUARD TELECOMMUNICATIONS SVCS ETF (92204A884)	0	06/13/07	12/24/08		5362.56	-10425.43	-5062.87
150.0000	WAL MART STORES INC COM (931142103)	0	11/03/99	12/24/08		8309.22	-971.81	7337.41
75.0000	WALGREEN COMPANY COM (931422109)	0	11/26/02	12/24/08		1795.23	-2142.00	-346.77
325.0000	WELLS FARGO & CO NEW (949746101)	0	12/26/06	12/24/08		8889.29	-11858.80	-2969.51
	TOTAL LONG TERM SALES & MATURITIES					275525.10	345739.27	-70214.17

LONG TERM CAPITAL GAIN DIVIDENDS

SECURITY		DATE	CODE	AMOUNT	
WILLAIM BLAIR INTL GROWTH CL N (093001402)	1	12/19/08	60	737.16	
TOTAL LONG TERM CAPITAL GAIN DIVIDENDS					737.16
TOTAL LONG TERM GAIN & LOSSES					-69477.01
TOTAL CAPITAL GAINS & LOSSES					-69477.01

investment income

Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid

	Class of activity	Grantee's name	Check (X) if grantee is a business	Address	City	State	Zip code	Foreign Country
1	SCHOLARSHIP	SEE ATTACHED						
2								
3								
4								
5								
6								
7								
8								
9								
10								

22,780 0 0

Amount of cash grant	Relationship	Description of the property	Purpose of payment to affiliate	Book value	How book value determined	Fair market value	Method used to determine FMV	Date received
22,780								

BOLAND REPORT (11/1/08 TO 10/31/09)

Application or Inquiry		Applicant's Name			Mailing					Scholarship Amount	Date Check	
#	Date	First	MI	Last	Address	City	ST	Zip	SSN	Approved	Req'd	Rec'vd
00055	10/22/08	Lauren		Knecht	6 Pebble Circle	Sellersville	PA	18960		$1,000.00	11/25/08	12/1/08
00065	12/10/08	Lisa	M.	Monson	14468 Autumn Chase	Gulfport	MS	39503		$1,000.00	1/5/09	1/7/09
00070	12/19/08	Vincent	J.	Keen	6118 48th Ave. Drive East	Bradenton	FL	34203		$1,000.00	1/30/09	2/3/09
00102	2/19/09	Jamie	C.	Edwards	1645 Bradley Road	Pinnacle	NC	27043		$1,000.00	3/9/09	3/11/09
00103	2/19/09	Tina	M.	Peralta	29334 Little Mack	Roseville	MI	48066		$700.00	3/9/09	3/11/09
00104	2/23/09	Adrian	N.	Anglin	155 Main P.O. Box 393	Touchet	WA	99360		$500.00	3/12/09	3/16/09
		Morgan	A.	Mayer	1005 Laurel Woods Drive	Gastonia	NC	28052		$700.00	3/20/09	3/23/09
		Morgan	A.	Mayer	(VOID ck #14617-wrong amount requested)					($700.00)	3/23/09	
00107	2/27/09	Morgan	A.	Mayer	1005 Laurel Woods Drive	Gastonia	NC	28052		$500.00	3/23/09	3/24/09
00108	3/3/09	Dena	R.	Aden	14113 New Genesses Road	Tickfaw	LA	70466		$500.00	3/31/09	4/1/09
		Tina	M.	Peralta	(CHECK RETURNED FOR DEPOSIT)					($700.00)	4/8/09	
00138	4/22/09	Magdaline		Massante	8410 Coral Lake Way	Coral Springs	FL	33065		$980.00	5/15/09	5/18/09
00144	4/22/09	Keesha		Reid	P.O. Box 7686	Jacksonville	TN	38301		$1,000.00	5/15/09	5/18/09
00145	4/23/09	Caleb	J.	Juval	230 Juanita Street	Eunice	LA	70535		$1,000.00	5/12/09	5/14/09
00149	5/1/09	Cassie		Gifford	17686 West 160th Terr.	Olathe	KS	66062		$1,000.00	5/27/09	5/29/09
00156	5/13/09	Deborah	J.	Klein	2436 Los Olivos Lane	La Crescenta	CA	91214		$1,000.00	6/8/09	9/10/09
00180	6/29/09	Christian	T.	Kocmick	10008 Chapel Rock Drive	Ft. Worth	TX	76116		$500.00	7/20/09	7/25/09
00003	7/7/09	MacKenzie	A.	McIlrath	93 Liberty Street	Milan	OH	44846		$1,000.00	7/28/09	7/29/09
00006	7/8/09	Sharon	M.	Ware	919 Halesworth Drive	Cincinnati	OH	45240		$500.00	7/28/09	7/29/09
00008	7/9/09	April	L.	Aquavivia	901 Meadowbrook Drive	King	NC	27021		$700.00	8/17/09	8/18/09
00015	7/31/09	Kristen		Klop	48770 Brittany Parc Drive	Macomb	MI	48044		$700.00	8/28/09	8/31/09
00022	8/17/09	Mollie	M.	Kennedy	3510 North 55th Street	Kansas city	KS	66104		$500.00	9/14/09	9/16/09
00023	8/17/09	Terry	A.	Myers	8434 Allman Road	Lenexa	KS	66219		$500.00	9/14/09	9/16/09
00024	8/19/09	John	E.	Shaer	412 Lake forest	Bonner Springs	KS	66012		$1,000.00	9/14/09	9/16/09
00028	8/28/09	Andrea	B.	Allison	22504 West 53rd Street	Shawnee	KS	66226		$500.00	10/8/09	10/9/09
00029	8/28/09	Jessica	E.	Secrist	5716 Ash Street	Roeland Park	KS	66205		$500.00	10/8/09	10/9/09
00030	8/31/09	Karen	M.	Bushman	3226 East Whiteside	Springfield	MO	65802		$1,000.00	10/8/09	10/9/09
00033	9/4/09	Seth	M.	Tossell	1196 Miramar Drive	Vista	CA	92081		$550.00	10/8/09	10/9/09
00042	9/15/09	Kristen	L.	Kent	2424 Lone Jack Road	Encinitas	CA	92024		$1,000.00	10/8/09	10/9/09
00044	9/23/09	Jaclyn	K.	Lucas	1313 Susan Ave.	Macomb	IL	61455		$600.00	10/8/09	10/9/09
	9/30/09	Joseph	A.	Roof	253 Montrose Ave. N.W.	Canton	OH	44708		$750.00	10/19/09	10/21/09
	10/9/09	Deanna	M.	Hauk	9303 West 95th Street	Overland Park	KS	66212		$1,000.00	10/27/09	10/29/09
	10/9/09	Sarah	M.	Magnuson-Whyte	3422 Hollywood Drive NE	Olympia	WA	98516		$1,000.00	10/27/09	10/29/09
										$22,780.00		

Part I, Line 16 (990-EZ) - Other Expenses

26,052

1	Travel, Meals and Entertainment		
	a Travel	1a	
	b Total meals and entertainment	1b	
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	
5	Depreciation, depletion, etc.	5	
6	Equipment rental and maintenance	6	
7	Interest	7	
8	Supplies	8	
9	Telephone	9	
10	Unrelated business income taxes	10	0
11	SUB ACCOUNTING FEES	11	51
12	CLERICAL ASSISTANCE	12	20,000
13	MEETING EXPENSE	13	6,001
14		14	
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

Part I, Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances

68

	Description		Amount
1	ADJUSTMENT PAR VALUE GNMA	1	68
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	