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Open to Public Inspection

Form **990-EZ****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 \$500,000 and total assets less than \$1,250,000 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

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning

, 2009, and ending

, 20

B Check if applicable

☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

**Please
use IRS
label or
print or
type
See
Specific
Instruc-
tions**

C	Name of organization
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Trilogy Foundation, Inc.

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

1650 Lyndon Farm Court

201

City or town, state or country, and ZIP + 4

Louisville, KY 40223

D Employer identification number

20-5755082

E Telephone number

502-213-1717

F Group Exemption Number ▶	
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• **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. ☐ Cash ☒ Accrual
Other (specify) ▶

I Website: ►

J Tax-exempt status (check only one) — ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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

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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

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

Part II		Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.
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(See the instructions for Part II.)

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	24,408.64	22 105,833.81
23	Land and buildings	0.00	23 0.00
24	Other assets (describe ► _____)	0.00	24 0.00
25	Total assets	24,408.64	25 105,833.81
26	Total liabilities (describe ► _____)	(22,832.15)	26 (120,244.37)
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,576.49	27 (14,410.56)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2009)

99 6

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

	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		✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		✓
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 why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		✓
b If "Yes," has it filed a tax return on Form 990-T for this year?		✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____		
b Did the organization file Form 1120-POL for this year?		✓
38a 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 outstanding at the end of the period covered by this return?		✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____		
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 _____		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		✓
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.00		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.00		
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.		✓
41 List the states with which a copy of this return is filed. ▶ KY, IN, MI, OH, IL		
42a The organization's books are in care of ▶ Leigh Ann Barney Telephone no. ▶ 502-412-5847 Located at ▶ 1650 Lyndon Farm Court, Louisville, KY ZIP + 4 ▶ 40223		
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)?	Yes	No
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 .		✓
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: ▶ _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 0.00		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
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		✓

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b 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	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b	<input checked="" type="checkbox"/>

50 Complete this table for the organization's 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."

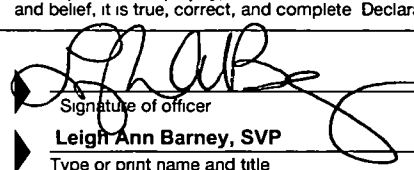
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's 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
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶

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 Leigh Ann Barney, SVP Type or print name and title		Date 3-30-10	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no	

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

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Trilogy Foundation, Inc.

Employer identification number

20

5755082

Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 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).**

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 33⅓ % 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 33⅓ % 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).**

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?

(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?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					166,767.45	166,767.45
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						166,767.45
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.						166,767.45

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4					166,767.45	166,767.45
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					25.07	25.07
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						166,792.52
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 <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33⅓% support test—2009. If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33⅓% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. 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 <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. 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 <input type="checkbox"/>		
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 ► <input type="checkbox"/>		

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33⅓ % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33⅓ % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

This image shows a full page of white paper with horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Donations to Charities

Year	Name	Address	City, State, Zip	Amount of Grant
2009	Home of the Innocents	1100 E Market Street	Louisville, KY 40206	\$ 4,740 04
2009	Brooklawn Child & Family	2125 Goldsmith Lane	Louisville, KY 40218	\$ 4,081 04
2009	Salvation Army	911 S Brook Street	Louisville, KY 40201	\$ 3,179 96
2009	Kosair	231 East Chestnut Street	Louisville, KY 40202	\$ 6,703 80
2009	Hendersonville Samantan Assoc	126 Commerce Dr	Hendersonville, TN 37075	\$ 633 42
2009	Dare to Care	PO Box 35458	Louisville, KY 40232	\$ 2,799 63
2009	The Alzheimers Association Great Indiana Chapter	50 E 91st Street	Indianapolis, IN 46240	\$ 1,408 07
2009	Trilogy Health Services	1650 Lyndon Farm Court	Louisville, KY 40223	\$ 21,375 00
2009	Vibrant	2040 Washington Ave	Evansville, IN 47714	\$ 500 00
Total Charities				\$ 45,420.96

Disaster Relief/Employee Assistance

2009	Employee Assistance	50 Employees	\$ 29,462 79
Total Disaster Relief/Employee Assistance			\$ 29,462.79

Scholarships Paid

Year	School	Address	City, State, Zip	Amount of Grant
2009	Auburn University	373 Thach Ave Petrie Annex	Auburn, AL 36849	\$ 655 00
2009	Brown Mackie College	1200 N Meridian St Ste 100	Indianapolis, IN 46204	\$ 4,000 00
2009	Brown Mackie College	1200 N Meridian St Ste 100	Indianapolis, IN 46204	\$ 4,000 00
2009	Clark State Community College	PO Box 570	Springfield, OH 45501	\$ 2,500 00
2009	Clark State Community College	PO Box 570	Springfield, OH 45501	\$ 4,000 00
2009	Excelsior College	7 Columbia Circle	Albany, NY 12203	\$ 3,000 00
2009	Excelsior College	7 Columbia Circle	Albany, NY 12203	\$ 4,000 00
2009	G Renee Kelley	2578 Franks Dr	Madison, IN 47250	\$ 155 08
2009	Galen College of Nursing	1031 Zorn Ave, Suite 400	Louisville, KY 40207	\$ 4,000 00
2009	Galen College of Nursing	1031 Zorn Ave, Suite 400	Louisville, KY 40207	\$ 2,500 00
2009	Galen College of Nursing	1031 Zorn Ave, Suite 400	Louisville, KY 40207	\$ 2,500 00
2009	Indiana State University	749 Chestnut St Room 307	Terre Haute, IN 47809	\$ 1,200 00
2009	Ivy Tech College Bookstore	4301 S Cowan Rd	Muncie, IN 47302	\$ 680 52
2009	Ivy Tech Community College	1034 31st St	Tell City, IN 47586	\$ 963 00
2009	Ivy Tech Community College	3101 S Creasy Ln	Lafayette, IN 47903	\$ 318 25
2009	Ivy Tech Community College	104 W 53rd St	Anderson, IN 46012	\$ 705 00
2009	Ivy Tech Community College	104 W 53rd St	Anderson, IN 46012	\$ 325 00
2009	Ivy Tech Community College	104 W 53rd St	Anderson, IN 46012	\$ 325 00
2009	Ivy Tech Community College	104 W 53rd St	Anderson, IN 46012	\$ 240 25
2009	Ivy Tech Community College	3501 First Ave	Evansville, IN 47710	\$ 500 00
2009	Ivy Tech Community College	200 Daniels Way	Bloomington, IN 47404	\$ 2,800 00
2009	Ivy Tech Community College	3501 First Ave	Evansville, IN 47710	\$ 550 00
2009	Ivy Tech Community College	4475 Central Ave	Columbus, IN 47203	\$ 2,500 00
2009	Ivy Tech Community College	1440 E 35th Ave	Gary, IN 46409	\$ 2,500 00
2009	Ivy Tech Community College	3101 S Creasy Ln	Lafayette, IN 47903	\$ 680 52
2009	Ivy Tech Community College	104 W 53rd St	Anderson, IN 46012	\$ 971 85
2009	Ivy Tech Community College	4475 Central Ave	Columbus, IN 47203	\$ 946 85
2009	Ivy Tech Community College	3101 S Creasy Ln	Lafayette, IN 47903	\$ (680 52)
2009	Ivy Tech Community College	9301 E 59th Street	Indianapolis, IN 46173	\$ 1,500 00
2009	Ivy Tech Community College	50 W Fall Creek Pkwy N Dr	Indianapolis, IN 46060	\$ 600 00
2009	Ivy Tech Community College	4475 Central Ave	Columbus, IN 47203	\$ 218 00
2009	Ivy Tech Community College	1815 E Morgan St	Kokomo, IN 46903	\$ 373 95
2009	Ivy Tech Community College	4475 Central Ave	Columbus, IN 47203	\$ 1,270 80
2009	Jefferson Community College	1000 Community College Dr	Louisville, KY 40272	\$ 2,500 00
2009	Monroe County Community College	1555 S Raisinville Rd	Monroe, MI 48161	\$ 2,500 00
2009	Mott Community College	1401 E Court St	Flint, MI 48503	\$ 2,500 00
2009	Oakland Community College	2480 Opdyke Rd	Bloomfield Hills, MI 48304	\$ 1,700 00
2009	Owens Community College	3200 Bright Rd	Findlay, OH 45840	\$ 2,500 00
2009	Owens Community College	PO Box 10000	Toledo, OH 43699	\$ 2,500 00
2009	Owens Community College	3200 Bright Rd	Findlay, OH 45840	\$ 2,348 00
2009	Owens Community College	30335 Oregon Rd	Perrysburg, OH 43551	\$ 2,500 00
2009	Owens Community College	3200 Bright Rd	Findlay, OH 45840	\$ 1,335 15
2009	Owens Community College	3200 Bright Rd	Findlay, OH 45840	\$ 1,652 00
2009	Owensboro Community and Technical College	4800 New Hartford Rd	Owensboro, KY 42348	\$ 2,500 00
2009	Rue Education	150 McMullen Booth Rd S	Clearwater, FL 33759	\$ 1,000 00
2009	The College Network	4625 Lincoln Way East	Mishawaka, IN 46544	\$ 4,000 00
2009	Tucker Career and Technology	107 S Pennsylvania Ave	Mario, IN 46952	\$ 2,500 00
2009	University of Findlay	1000 N Main St	Findlay, OH 45840	\$ 2,000 00
2009	University of Findlay	1000 N Main St	Findlay, OH 45840	\$ 4,000 00
2009	Vincennes University	1002 N First St	Vincennes, IN 47591	\$ 550 00
2009	Wound Care Education Institute	1700 Park St Suite 100	Naperville, IL 60563	\$ 2,500 00
Total Scholarships Paid				\$ 91,883.70