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Form

Department of the Treasury

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)

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

OMB No 1545-0047 2009

Open to Public Inspection

A For the 2009 calenda	r year, or tax year beginning and ending								
B Check if applicable Plea	ino i	of	D Employ	er identification number					
Address change label	Valparaiso, IN Poing Business As 20-8926696								
typ	e. Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephor						
Spec	olfic 3001 M. Campbell Screet			476-2936					
Instr	uc- City or town, state or country, and ZIP + 4		G Gross receipt	48,374					
Amended return tion			H/a) le this e	aroup roturn for					
Application pending F N	ame and address of principal officer		H(a) Is this a g						
			H(b) Are all af	filiates					
				ttach a list (see instructions)					
I Tax-exempt status	X 501(c) (3) ◀ (Insert no) 4947(a)(1) or 527								
J Website ► N/A			H(c) Group ex	emption number					
		Year of formation	N	State of legal domicile					
Part I Sumn									
	the organization's mission or most significant activities	mote							
To secu	re funding, gifts, and bequests to support, pro ance educational opportunities for students of	mote,							
and adv Valpara Check this box Number of vot	aiso Community Schools; grant scholarships to he	elp							
2 Check this ho	x \rightarrow if the organization discontinued its operations or disposed of more than 2		s						
To secure and advectors of the control of the contr	ting members of the governing body (Part VI, line 1a)		3						
4 Number of Ind	dependent voting members of the governing body (Part VI, line 1b)		4						
4 Number of Ind	of employees (Part V, line 2a)		5						
6 Total number	of volunteers (estimate if necessary)		6						
7a Total gross un	nrelated business revenue from Part VIII, column (C), line 12		7a						
b Net unrelated	business taxable income from Form 990-T, line 34	Prior Ye	7b	Current Year					
b Net unrelated 8 Contributions	and grants (Part VIII, line 1h)		9,311	15,168					
9 Program servi	ice revenue (Part VIII, line 2g)		5,181	33,206					
6 l	come (Part VIII, column (A), lines 3, 4, and 7d)	-1	8,536						
11 Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								
12 Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,956	48,374					
	milar amounts paid (Part IX, column (A), lines 1–3)	3	7,200	21,300					
	to or for members (Part IX, column (A), line 4)	<u> </u>							
15 Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5–10)		-						
<u>≒</u>	undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) ▶ 14,471								
× Drotal tallaraio	es (Part IX, column (A), lines 11a–11d, 11f–24f)	2	0,625	27,117					
	es Add lines 13–17 (must equal Part IX, column (A), line 25)		7,825	48,417					
1	expenses Subtract line 18 from line 12	-2	1,869	-43					
S 0 C S S C S S C S S C S S C S S C S S C S S C S S C S S C S C S S C	I TILOLI V LD	Beginning of Cu		End of Year 319,846					
र्धि <u>व</u> 20 Total assets (।	Part X, line 16) (Part X, line 26) MAY 1 8 2010	31	9,889	319,640					
동원		31	9,889	319,846					
	Aura Black	32	<u> </u>	3237010					
Under pe	enalties of penury. I declare that I have examined this return, including accompanying schedule:	and statements, and	to the best of r	ny knowledge					
and belie	of it is true, correct, and complete Declaration of preparer (other than officer) is based on all inf	ormation of which pre	parer has any l	knowledge					
Sign 📗 🦼	Ma W Maler Graft								
	nature of officer		Date	5-13-10					
		surer		5.75.70					
Тур	e or print name and title			Preparer's identifying number					
Paid Preparer		Check self-		(see instructions)					
Preparer's signature	05/	11/10 employ		315-48-7204 35-2067285					
Use Only Firm's na	DONALD L. HARVEY, CPA P.C. 602 EAST LINCOLNWAY		EIN D	33-2001263					
if self-em	and ZIP+4 VALPARAISO, IN 46383-5728		Phone no	219-465-3968					
	s return with the preparer shown above? (see instructions)		1 110	Yes No					
	sperwork Reduction Act Notice, see the separate instructions.		·	Form 990 (2009)					

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

				Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				
	complete Schedule A		1	<u> </u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		<u>2</u>		<u> </u>
3	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		_3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete				٠,,
_	Schedule C, Part II		_4	-	<u> </u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)		۔ ا		
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		5		┿
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"		l		
	complete Schedule D, Part I		6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		-	_	+
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				1
•	complete Schedule D, Part III		8	1	x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part				1
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"				
	complete Schedule D, Part IV		9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or				T
	quasi-endowments? If "Yes," complete Schedule D, Part V		10	<u> </u>	X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,				1
	VII, VIII, IX, or X as applicable			Ц	X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete				
	Schedule D, Part VI				
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			1	1 1
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII				
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII				
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets		1		1 1
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X				
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
•	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X				
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
_	Schedule D, Parts XI, XII, and XIII		1:	2	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No		1
	if "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	X		1
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		1;	3	X
l4a	Did the organization maintain an office, employees, or agents outside of the United States?		14	а	<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,				
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		14	<u>b</u> [<u> </u>
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any				
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		1.	-	<u> </u>
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance				.
_	to individuals located outside the United States? If "Yes," complete Schedule F, Part III		10	`	 x
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			, [x
Ω	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		17	+	+~
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		11		x
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		├ -''	+	+
	If "Yes," complete Schedule G, Part III		119		х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		20		X
			F	orm 99	0 (2009)

Checklist of Required Schedules (continued) Part IV Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations X in the United States on Part IX, column (A), line 12 if "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the X United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 employees? If "Yes." complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines X 24a 24b through 24d and complete Schedule K. If "No," go to line 25 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction Х 25a with a disqualified person during the year? If "Yes," complete Schedule L, Part I b is the organization 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 X 25b 990-EZ? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? X 27 If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) X 28a a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Х 28c Part IV X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N. Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 X 34 III, IV, and V, line 1 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Х 35 Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 36 X organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 38 X 19? Note. All Form 990 filers are required to complete Schedule O

ra	it v Statements Regarding Other IRS Filings and Tax Compilance					
			F		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
_	U.S. Information Returns. Enter -0- if not applicable. Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1a 1b				ĺ
b c	Did the organization comply with backup withholding rules for reportable payments to vendors and report					ĺ
C	gaming (gambling) winnings to prize winners?	labic		1c		x
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1				_ _
	Statements, filed for the calendar year ending with or within the year covered by this return	2a				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	1	İ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
	instructions)					Ė
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	у				ĺ
	this return?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	hority				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	cial				
	account)?			4a		X
b	If "Yes," enter the name of the foreign country					É
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bar	nk				Ė
_	and Financial Accounts			_	1	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_	}	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		}	5b		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	ng		_		
6a	Prohibited Tax Shelter Transaction? Pees the ergographic have appropriate that are permethy greater than \$100,000, and did the		-	5c		
va	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or	ļ	-		_
_	gifts were not tax deductible?	•		6b		l
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds			-	į
	and services provided to the payor?		<u> </u>	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		ļ	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					l
	required to file Form 8282?	1 1	ļ	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				į
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person	onal		_	1	İ
	benefit contract?	,	ŀ	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	•	 	7f		
g h	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as		<u> </u>	7g		
••	required?	,		7h		l
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			1		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			- 1	I	ĺ
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter				- 1	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			I	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		- 1	I	
11	Section 501(c)(12) organizations. Enter	1 1				
a	Gross income from members or shareholders	11a			I	
b	Gross income from other sources (Do not net amounts due or paid to other sources against	11		- 1	1	:
12-	amounts due or received from them)	11b	-	40-	ŧ	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	1	}	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u></u>	i	200	

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Schedule O. See instructions.				
<u>Sec</u>	tion A. Governing Body and Management		 		
	•		·	Yes	No
1a	Enter the number of voting members of the governing body	1a			Ė
b	Enter the number of voting members that are independent	1b			į
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				Ė
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed	?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members				
	of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				Ė
	the year by the following				ĺ
а	The governing body?		8a	X	L
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached				
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Int	ernal			
	enue Code.)				
				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,		i		
	affiliates, and branches to ensure their operations are consistent with those of the organization?		10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the				
	form?		11_		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give				
	rise to conflicts?		12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
_	describe in Schedule O how this is done		12c		
13	Does the organization have a written whistleblower policy?		13		X
14	Does the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				ĺ
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?		16a		Х
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate				
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard				
	the organization's exempt status with respect to such arrangements?		16b		ĺ
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ IN		-		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s online to the states with which is section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s online to the states with which is section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s online to the states with which is section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s online to the states with the sta	v)			
	available for public inspection. Indicate how you make these available. Check all that apply	• •			
	Own website Another's website Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interes	t			
13	policy, and financial statements available to the public	•			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the				
	organization				
	TO THE PROPERTY OF				

Form 990 (2009)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."

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- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average	Pos	ition ((Chec	C) k all t	hat a	(vigo	(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per week	Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Nancy Kickbush President								0	0	(
Scott Wagenblast Vice Pres								0	0	(
Luann Kenworthy Secretary								0	0	(
Rita D. Molengraf Treasurer	t							0	0	(

Form 990 (2009)

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Pa	rt V	III Staten	nent of Reve	nue						
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
s s	12	Federated carr	anawas	1a	••••••			1000110		0.2, 0.0, 0.0, 0.
In the		Membership di		1b						
흔		Fundraising ev		1c						
ig g		Related organi		1d						
2,5 1,5 1,5 1,5 1,5 1,5 1,5 1,5 1,5 1,5 1		Government grants		1e						
Sig	⊕	All other contribution		'						
돌	•	and similar amounts	- •	_{1f}		15,168				
	~	Moneach contribution	ns included in lines 1a-		 _					
Contributions, gifts, grants and other similar amounts	g	Total. Add line		" 4	•	•	15,168			
		Total: 7 do into	.5 14 11			Busn. Code				
Program Service Revenue	2a	Fundrai	sina				33,206			33,206
Re	b		9				<u> </u>			
8	c									
ē	d									
E	e									
g	f	All other progra	am service rever	nue						
4	g	Total. Add line	s 2a–2f			•	33,206			
	3		ome (including d	ividend	s, interes	t, and				
		other similar ai	mounts)			•				
	4	Income from in	vestment of tax-	exempt	bond pro	ceeds 🕨				
	5	Royalties				•				
			(ı) Real		(II) F	Personal				
	6a	Gross Rents								
	þ	Less rental exps								
	C	Rental inc or (loss)								
	d	Net rental inco	me or (loss)			<u> </u>	,			
	7a	Gross amount from sales of assets	(i) Securities	5	(11)	Other				
		other than inventory								
	b	Less cost or other								
		basis & sales exps								
		Gain or (loss)	L						:	
		Net gain or (los		_						
e e	8a		om fundraising ever	nts						
Jue		(not including \$								
Re			eported on line 1c)	_						
Other Revenue	_	See Part IV, line		a						
5		Less direct ex	penses (loss) from fundr	jd Server	wonte		-			
			om gaming activities	٠,٠	- verita					
	Ja	See Part IV, line		a						
	h	Less direct ex		ь						
			(loss) from gami	٠.	rities	•		· · · · · · · · · · · · · · · · · · ·		
		Gross sales of	=							
		returns and alle	=	а						v.
	b	Less cost of g		ь						
			(loss) from sales	of inve	ntory	•				
			ellaneous Revenue			Busn Code				, , , , , , , , , , , , , , , , , , , ,
- 1	11a									
	b									
	С									<u> </u>
	d	All other reven	ue							
	е	Total. Add line				•				
	12	Total Revenue	e. See instruction	าร			48,374	0	0	33,206

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			g	
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in	-			
_	the U.S. See Part IV, line 22	21,300	21,300		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	12,646		12,646	
b	Legal				
C	Accounting				
d	Lobbying				
9	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion			 	·
13	Office expenses				
14	Information technology				
15	Royalties				~
16	Occupancy			·····	
17	Travel				<u> </u>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	· · · · · · · · · · · · · · · · · · ·			
19	Conferences, conventions, and meetings				
20	Interest	····			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		···-		
23	Insurance				
24	Other expenses Itemize expenses not				
24	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	Project	14,471			14,471
b					· _
c					
d					
9					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	48,417	21,300	12,646	14,471
26	Joint costs. Check here ▶ ☐ If following	-			
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				
AA			•		Form 990 (2009)

Part			(A)		(B)
			Beginning of year		End of year
1	Cash—non-interest bearing		210-000	1	210 04
2	Savings and temporary cash investments		319,889	2	319,84
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net			4	
5	Receivables from current and former officers, directors, trus	stees, key		1	
	employees, and highest compensated employees. Complet	te Part II of		-	
	Schedule L		.,	5	
6	Receivables from other disqualified persons (as defined un	der section		1	
	4958(f)(1)) and persons described in section 4958(c)(3)(B)	Complete		Ī	
.	Part II of Schedule L			6	
7 8	Notes and loans receivable, net			7	
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges			9	
10	a Land, buildings, and equipment cost or			1	
	other basis Complete Part VI of Schedule D	10a		1	
1	Less accumulated depreciation	10b		10c	
11	Investments—publicly traded securities			11	
12	Investments—other securities See Part IV, line 11			12	
13	Investments—program-related See Part IV, line 11			13	
14	Intangible assets			14	
15	Other assets See Part IV, line 11			15	
16	Total assets. Add lines 1 through 15 (must equal line 34)		319,889	16	319,84
17	Accounts payable and accrued expenses			17	
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability Complete Part IV of So	chedule D		21	
21	-				
	employees, highest compensated employees, and disqualif			1	
	persons Complete Part II of Schedule L			22	
ˈ ₂₃	·	irties		23	
24	Unsecured notes and loans payable to unrelated third partie			24	
25	Other liabilities Complete Part X of Schedule D			25	
26	Total liabilities. Add lines 17 through 25			26	
	Organizations that follow SFAS 117, check here ▶	and			
	complete lines 27 through 29, and lines 33 and 34.				
27	Unrestricted net assets		[27	
28				28	
29				29	
	Organizations that do not follow SFAS 117, check here	▶ X			
:	and complete lines 30 through 34.	• (22)			
30			ſ	30	
31		nd		31	
32			319,889	32	319,846
27 28 29 30 31 32 33	Total net assets or fund balances	nor lands	319,889		319,846
133	Total liabilities and net assets/fund balances		319,889		319,846

Form **990** (2009)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2009)

3b

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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.

zation or a section

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

The Public Education Foundation of Valparaiso, IN

Employer identification number 20-8926696

P	art I	Reas	on for Public Charity	Status (All organizations	must co	omplete	this p	<u>art.) S</u>	ee ins	truction	ons.		
The	orga	nization is not a	a private foundation because	it is (For lines 1 through 11, che	ck only or	ne box)							
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2	П	A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	П	A hospital or a	a cooperative hospital service	e organization described in secti	on 170(b)	(1)(A)(iii)							
4	П			in conjunction with a hospital de				(A)(iii).	Enter th	e hospi	tal's name,		
	_	city, and state		•									
5		•		a college or university owned or	operated	by a gove	ernmenta	ıl unıt de	scribed	ın			
	ب		b)(1)(A)(iv). (Complete Part I		•								
6				vernmental unit described in sec	tion 170(b)(1)(A)(v	·).						
7	П		-	ubstantial part of its support from				n the ge	neral pu	blic			
		•	section 170(b)(1)(A)(vi). (Co		Ū			•	•				
8	X			0(b)(1)(A)(vi). (Complete Part II)								
9			rganization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross										
_	ب			t functions—subject to certain e									
				unrelated business taxable inco									
			=	1975 See section 509(a)(2). (
10				clusively to test for public safety			a)(4).						
11	П	An organization	on organized and operated ex	clusively for the benefit of, to pe	rform the	functions	of, or to	carry ou	t the				
				d organizations described in sec						tion			
		509(a)(3). Ch	eck the box that describes the	e type of supporting organization	and com	plete lines	11e thre	ough 11	h				
		a Type	I b Type II	c Type III–Functiona	ally integra	ited	d	Тур	e III–Otl	ner			
е		By checking ti	his box, I certify that the orga	nization is not controlled directly	or indirect	lly by one	or more	disquali	fied				
	persons other than foundation managers and other than one or more publicly supported organizations described in section												
		509(a)(1) or s	section 509(a)(2)										
f		If the organiza	ation received a written deteri	mination from the IRS that it is a	Type I, Ty	/pe II, or T	ype III s	upportin	g				
		organization,	check this box										
g		Since August	17, 2006, has the organization	on accepted any gift or contributi	on from a	ny of the							
_		following per	sons?										
		(i) A persor	who directly or indirectly cor	itrols, either alone or together wi	th persons	s describe	d in (ii)					Yes	No
		and (III) b	below, the governing body of	the supported organization?							11g(i)	↓	<u> </u>
		(ii) A family	member of a person describe	ed in (i) above?							11g(ıı	<u> </u>	ļ
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?							11g(iii	<u> </u>	<u> </u>
h		Provide the f	ollowing information about the	e supported organization(s)					,				
(1)	Nam	e of supported	(ii) EIN	(iii) Type of organization		organization		ou notify		s the	(vii) Am		
	org	anization		(described on lines 1–9 above or IRC section	1 ''	sted in your document?	col (i)	nization in of your	organizat (i) organi	zed in the	sup	port	
				(see instructions))	go 10111111g		sup	oort?	 	S ?			
					Yes	No	Yes	No	Yes	No			
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_	_		1	t e e e e e e e e e e e e e e e e e e e	I	1	t	ł	1	. 1	ı		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

The Public Education Foundation of 20-8926696 Schedule A (Form 990 or 990-EZ) 2009 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 (d) 2008 (e) 2009 (c) 2007 (f) Total Gifts, grants, contributions, and membership fees received (Do not 29,311 include any "unusual grants") 69,559 15,168 114,038 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 69,559 29,311 15,168 114,038 Total. Add lines 1 through 3 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 84.859 shown on line 11, column (f) Public support. Subtract line 5 from line 4 29,179 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (b) 2006 (d) 2008 (e) 2009 (f) Total (a) 2005 (c) 2007 69,559 29,311 15,168 114,038 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 4,193 4,068 125 sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets 33.206 33.206 (Explain in Part IV) Total support. Add lines 7 through 10 151,437 11 Gross receipts from related activities, etc. (see instructions) 12 12 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) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage <u>19.</u>27% 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2008 Schedule A, Part II, line 14 15 12.66% 15 33 1/3 % support test-2009. 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 b 33 1/3 % support test-2008. 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—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 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

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

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

(b) 2006

(c) 2007

(d) 2008

(e) 2009

(f) Total

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.)

(a) 2005

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶

1	Gifts, grants, contribution's, 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		ļ	ļ					
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		<u> </u>	<u> </u>	 				
8	Public support (Subtract line 7c from line 6)								
$\overline{}$	tion B. Total Support	,			·	1			
Ca	lendar 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								
С	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		second, third, four	th, or fifth tax year	as a section 501(c)	(3)			
	organization, check this box and stop here			_					<u>. </u>
Sec	tion C. Computation of Public Su								
15	Public support percentage for 2009 (line 8,			(f))		-	15		<u>%</u>
16	Public support percentage from 2008 Sche						16		<u>%</u>
	tion D. Computation of Investme		•			 · · · · · · · · · · · · · · · · · 	47	·	
17	Investment income percentage for 2009 (lii			column (f))		}	17		<u>%</u> %
18	Investment income percentage from 2008			44 audh 45	nero than 22 4/2 0/	and line	18	- -	
19a	33 1/3 % support tests—2009. If the orga							_	
	17 is not more than 33 1/3 %, check this be 33 1/3 % support tests—2008. If the orga								
b	line 18 is not more than 33 1/3 %, check the							•	. \Box
20	Private foundation. If the organization did							·	·
DAA	1 1174 to troute du train de organization dio	Gricon a Box Of		,		hedule A (For	m 990	or 990-EZ) 2	2009
~.~~								•	

Page 4

Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations,

Open to Public Inspection OMB No 1545-0047 2009 **Employer identification number** 20-8926696 Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States ▶ Attach to Form 990. of The Public Education Foundation Valparaiso,

ջ □

Yes ×

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

General Information on Grants and Assistance

Part !

S N												
X Yes	d "Yes" to nan \$5,000. Use ▶	(h) Purpose of grant or assistance										
	nization answere received more th	(g) Description of non-cash assistance		-								
	elete if the orga o one recipient	(f) Method of valuation (book, FMV, appraisal, other)										
	Organizations in the United States. Complete if the organization answered "Yes" to ived more than \$5,000. Check this box if no one recipient received more than \$5,000 ice is needed	(e) Amount of non-cash assistance										
he United States	tations in the Uni ore than \$5,000. C eeded	(d) Amount of cash grant										
t funds in t	Organiz sived mo ace is ne	(c) IRC section if applicable										
ء oring the use of grar	rernments and cipient that receif additional spain	(b) EiN										ganizations
the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	l res	(a) Name and address of organization or government										 Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations
- •	l	l	I	l	Ī	I	l	l	i I	l	l	i

Schedule I (Form 990) 2009

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1	ı.

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 20-8926696 Schedule I (Form 990) 2009 The Public Education Foundation of Part III

	Use Part IV and Schedule I-1 (Form 990) if additional space is needed	(Form 990) if addition	nal space is needed.			
<u>ئ</u> ا	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	Š,	(f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
Schola	Scholarship Awards	31	21,300			•
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	rovide the information	n required in Part I, Ii	ne 2, and any other addition	nal information.

SCHEDULE 0

Supplemental Information to Form 990

2009

(Form 990)

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

The Public Education Foundation of Valparaiso, IN

Employer identification number 20 - 8926696

Form 990 - Organization's Mission or Most Significant Activities
To secure funding, gifts, and bequests to support, promote,
and advance educational opportunities for students of
Valparaiso Community Schools; grant scholarships to help
graduates of Valparaiso High School attain their higher
education goals; and provide funds for the development
and implementation of academic classroom projects.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

20-8926696

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

	 Total	 Excess
Endowment Gifts	\$ 87,888	\$ 84,859
Total	\$ 87,888	\$ 84,859