

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



0 1 2010 SCANNED JUL

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 recepts 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

2009

OMB No 1545-1150

Open to Public Inspection

Α	For the	e 2009 calend <u>a</u>	ar year,	or tax year beginning ,	and ending						
B ত		heck if applicable Please C Name of organization						D	Empl	loyer identification number	
M	Address Name cl	cnange	label or	 Hoosier Christian Fou	ndation.	In	ıc.			20	-8964581
H	Initial rei	-	print or type.	Number and street (or P O box, if mail is not delive				Room/suite	Е		phone number
	Termina	ation	See	70 East 91st Street, Suite 101							7-570-5850
Ħ	Amende		Specific Instruc-	City or town, state or country, and ZIP + 4					F		p Exemption
Ħ	Applicate	8	tions	Indianapolis	IN 462	40				Num	0.00
			organi	zations and 4947(a)(1) nonexempt charitable	trusts must at	tach		G Accountin	g meth	nod	X Cash Accrual
			_	mpleted Schedule A (Form 990 or 990-EZ).				Other (specify)	•		
$\overline{}$	Websit	te: ► WW	w.Ho	oosierChristian.com				H Check ▶	X	ıf the	organization is not edule B (Form 990,
J	Tax-exe	empt status (che	ck only on	e) – X 501(c) (3) ◄ (insert no)	4947(a)(1) or	. [527	required to 990-EZ, o	o áttác r 990-f	h Schi PF)	edule B (Form 990,
ĸ	Check	•	if the or	ganization is not a section 509(a)(3) supporting	organization an	d its g	ross rece				
	Form 9	990-EZ or Form	990 re	turn is not required, but if the organization choo	ses to file a retur	n, be	sure to fi	le a complete	return)	
L	Add line	es 5b, 6b, and 7b,	to line 9	to determine gross receipts, if \$500,000 or more, file if	Form 990 instead o	f Form	990-EZ			▶ \$	215,245
F	art l	Reven	ue, Ex	penses, and Changes in Net Asset	ts or Fund B	alan	ces (Se	ee the instr	uctio	ns f	or Part I.)
	1	Contributions, o	ıfts, grar	nts, and similar amounts received						1	154,800
	2	Program serv	ice reve	enue including government fees and contracts						2	60,445
	3	Membership	dues an	nd assessments						3	-
	4	Investment in	come							4	
	5a	Gross amoun	it from s	sale of assets other than inventory	1	5a					
	Ь	Less cost or	other ba	asis and sales expenses	[5b					
	c	Gain or (loss) fi	om sale	of assets other than inventory (Subtract line 5b from li	ne 5a)					5c	
Ð	6	Special events	and activ	vities (complete applicable parts of Schedule G) If any	amount is from ga	ming,	check her	e ▶ □	ı Г		
Revenue	a	Gross revenu	ie (not ii	ncluding \$ of co	ntributions	-		L	,	ļ	
8		reported on la	•		1	6a				ŀ	
_	Ь	•	•	s other than fundraising expenses		6b					
	c		-	from special events and activities (Subtract line	e 6b from line 6a)	,				6c	
	7a			tory, less returns and allowances		7a				-	
	b	Less cost of			Ì	7b			\neg	i	
	c		-	from sales of inventory (Subtract line 7b from li	ne 7a)				\neg	7c	
	8	Other revenu		_				- -1	٦F	8	
	9			lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	RECE	IVE	D		∮ [9	215,245
_	10			mounts paid (attach schedule)			10	2		10	
	11	Benefits paid		· · · · · · · · · · · · · · · · · · ·	ol	F 10	1/			11	
	12			ensation, and employee benefits	0, 1, 1, 1, 1	7 20		b		12	159,783
penses	13		•	d other payments to independent contractors	?}			2		13	5,064
beu	14			ities, and maintenance	1 20E	N	IJŢ			14	19,481
X	15			ities, and maintenance						15	
	16			scribe ► See Statement 1						16	38,165
	17			d lines 10 through 16					.' 🗀	17	222,493
_	18			r the year (Subtract line 17 from line 9)						18	-7,248
ets	19			alances at beginning of year (from line 27, colum	nn (A)) (must ag	ree wi	th				
Net Assets	"			ported on prior year's return)	(,,, (19	162,950
et A	20	-		assets or fund balances (attach explanation)	Sec	e S	tate	ment 2	_	20	-2,393
ž	21	•		alances at end of year Combine lines 18 through		•			. —	21	153,309
F	art II			ets. If Total assets on line 25, column (B) are		ore. fi	le Form !	990 instead of			
<u> </u>	<u> </u>		 	(See the instructions for Part II.)	<u> </u>	3.5,		Beginning of year			(B) End of year
22	Cash s	savings, and in	vestme	·				162,9		22	145,464
		nd buildings				Ì				23	
		_	e 🕨	See Statement 3						24	7,845
	Total a					—′		162,9		25	153,309
		iabilities (desc	nbe 🕨	•		ار				26	0
				s (line 27 of column (B) must agree with line 21	<u> </u>	'		162,9		27	153,309
<u>~'</u>		D		- 1 Toring Logico Mariano El							

	<u>r Christian Foundati</u>) <u>-8964581</u>			Page :
Part III Statement of Pro	ogram Service Accomplishmen	nts (See the instruct	ions for Part II	<u> </u>	E	penses
What is the organization's primary exer	mpt purpose?					for section
See Statement 4					501(c)(3)	and 501(c)(4)
	g out the organization's exempt purposes				-	ons and section
·	d, the number of persons benefited, or oth	ner relevant information for	Г) trusts, optional
each program title				\longrightarrow	for others)
	minars and luncheons to educate	•				
•	giving to National Christian			İ		
Foundation.) If the agency of each of a few constant			$_{\Box}$		12 626
(Grants \$) If this amount includes foreign grant	is, check here		''-	28a	13,626
23						
(Grants \$) If this amount includes foreign grant	ts, check here	>	\Box	29a	
30						
(Grants \$_) If this amount includes foreign grant	ts, check here	<u> </u>	<u> </u>	30a	
31 Other program services (attach scl	,			$_{-}$		
(Grants \$) If this amount includes foreign grant	ts, check here	<u> </u>	1 4	31a	12 606
32 Total program service expenses				<u>.</u>	32	13,626
Part IV List of Officers, Direct	ctors, Trustees, and Key Employees. Li	(b) Title and average	mpensated (See t		Contributions to	Part IV) (e) Expense
(a) 1	Name and address	hours per week devoted to position	(If not paid, enter -0)	employ	yee benefit plans & red compensation	
John Isch, M.D.	Indianapolis	Chairman	enter -o)	ucicii	eu compensation	other allowances
70 East 91st St, Ste 101	IN 46240	2.00	0		0	
Don Palmer	Indianapolis	Vice Chairma				
70 East 91st St, Ste 101	IN 46240	2.00	0		0	
Craig Westrick	Indianapolis	Secy/Treas				
70 East 91st St, Ste 101	IN 46240	2.00	0		0	(
Roger Sandberg Sr.	Indianapolis	Board Liaiso				
70 East 91st St, Ste 101	IL 46240	2.00	0		0	
Virginia Hahn	Indianapolis	Exec Assist				
70 East 91st St, Ste 101	IN 46240	40.00	0		0	(
James Fountain	Indianapolis	Board Member				
70 East 91st St, Ste 101	IN 46240	2.00	0		. 0	
Jay Hein	Indianapolis	Board Member				
70 East 91st St, Ste 101	IN 46240	2,00	0		0	
David Smitson	Indianapolis	Board Member				
70 East 91st St, Ste 101	IN 46240	2.00	0	-	0	<u>_</u>
					· ·····	
				1		
-						
						
				\vdash		

	1990-EZ(2009) Hoosier Christian Foundation, Inc. 20-896	54581		F	age 3
_ <u>P</u>	art 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		33	ļ	X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of				١
25	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 no on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T	от геропеа			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section				i
a	6033(e) notice, reporting, and proxy tax requirements?		350		l _v
b	If "Yes," has it filed a tax return on Form 990-T for this year?		35a 35b	╁	X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets		330	 	
	during the year? If "Yes," complete applicable parts of Schedule N		36		Х
37a	Enter amount of political expenditures, direct or indirect, as described in the instr	a l	00		
b	Did the organization file Form 1120-POL for this year?		□ 37Ь		Х
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or we	re			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?		38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38	b			
39	Section 501(c)(7) organizations Enter				
а	Initiation fees and capital contributions included on line 9	a			
b	Gross receipts, included on line 9, for public use of club facilities	b			
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 benefits	efit			
	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		40b		<u>X</u>
С	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,				
d	4955, and 4958 Section 501(a)(4) and 501(a)(4) arganizations. Enter amount of tay on line 40a		-		
u	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		ļ		
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	· · · · · · · · · · · · · · · · · · ·	- [
Ŭ	transaction? If "Yes," complete Form 8886-T		40e		X
41	List the states with which a copy of this return is filed IN		100	نـــــــن	
42a		Telephone no ▶ 31	.7- 66	3 7	508
	70 East 91st Street, Ste 101				5850
	Located at ▶ Indianapolis, IN	ZIP+4 ▶ 46	5240		- <u>()</u> -(
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			Yes	No
	account)?		42b		X
	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.				
С	At any time during the calendar year, did the organization maintain an office outside of the U S?		42c		<u>X</u>
	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	į į			
	and enter the amount of tax-exempt interest received or accrued during the tax year	► <u>43</u>	·		
				Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of				v
45	Form 990-EZ		44	\vdash	<u>X</u>
75	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		Х

Form **990-EZ** (2009)

HOOS	IER 05/0:	5/2010 5 38 PM							•		
Form 9	990-EZ ((2009) Hoosier Cl	hristian Foundation	n, In	c. 20	-8964581				Р	age 4
Part	t VI '		anizations and section 4947				sts only.	All sed	ction		<u>-5</u>
		501(c)(3) organization	ns and section 4947(a)(1) nor	nexemp	t charitable	e trusts must a	nswer que	stions	s 46-4	19b	
		and complete the tab	les for lines 50 and 51.								
46 (Did the	organization engage in direct o	r indirect political campaign activities of	on behalf o	of or in oppos	ition to		_	\	Yes	No
(candida	tes for public office? If "Yes," c	omplete Schedule C, Part I						46		Χ
47 [Did the (organization engage in lobbying	g activities? If "Yes," complete Schedu	ule C, Part	: 11				47		Χ
48	s the or	ganization operating a school a	as described in section 170(b)(1)(A)(ii))? If "Yes,'	" complete Sc	hedule E			48		Χ
49a l	Did the i	organization make any transfer	rs to an exempt non-charitable related	organizat	ion?			L	49a		Χ
b I	f "Yes,"	was the related organization a	section 527 organization?					L	49b		
50	Complet	te this table for the organization	n's five highest compensated employe	es (other t	than officers,	directors, trustees	and key				
	employe	es) who each received more to	han \$100,000 of compensation from the								
		(a) Name and address of eath		ho	Title and average ours per week	(c) Compensation	(d) Contribution employee benefit	plans &		unt an	nd
T			<u> </u>		roted to position		deferred compen	sation	other a	llowan	ices
	Cotte		Indianapolis	Pre	esident						
70 Ea	st_91s	st St, Ste 101	IN 46240		40.00	105,000	12	,582		-	0
										-	
	Total pu	mber of other employees paid	over \$100,000) (<u> </u>	l				
•	· otal ita		0.00,000			,	-				
			ganization If there is none, enter "Non	ne "	(b)	Type of service		(c) Co	mpensa	tion	
None	e										
	_										
				1			Ì				
d	Total nu	mber of other independent con	ntractors each receiving over \$100,000	L)	>						
		Under penalties of person I decl	and that I have examined this return, includir	na accomps	invina schedule	s and statements, and	to the hest of a	ıv kanıd	ledge		
		and belief, it is true, correct and	complete. Decipretion of proparer (other tha	an officer) is	based on all in	formation of which pre	parjer has any k	nowledg	je		
Sign			(while			1 5	7/12/1M				
Here		Signature of officer				Date /	/ 				
		1 TAMES R	. (STOCKIU . PRESIDI	ENT		/	,				
		Type or print name and title	3 11 /		•	l	·-				
	_	Preparer's		<u></u>	Date	Check if	Prepare	r's Identify	ng Numi	oer (Se	e instr)
Paid			A MURCS YA		05/05	self- 5/10 employed ▶		216	577		
	arer's		nompton Myers & Ass	socia			EIN D		$\frac{377}{5-21}$	096	680
Use (595 Whitley Drive,			• • •	Phone	<u> </u>	, <u>, , , , , , , , , , , , , , , , , , </u>	<u> </u>	550
				6240-			_	317-	-571	-80	080
May th	e IRS d		parer shown above? See instructions					▶ [Yes	$\overline{}$	No

Form **990-EZ** (2009)

SCHEDULE A . (Form 990 or 990-EZ)

Department of the Treasury

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.

OMB No 1545-0047

2009

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number Hoosier Christian Foundation, Inc. 20-8964581 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 (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) 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) 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). 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 b Type II c Type III–Functionally integrated 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (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? 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (III) Type of organization (iv) Is the organization (v) Did you notify (vi) is the (VII) Amount of the organization in organization in col organization (described on lines 1-9 ın col (i) listed in your support col (i) of your (i) organized in the above or IRC section governing document? US? support? (see instructions)) Yes Yes Yes No No No

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

Schedule A (Form 990 or 990-EZ) 2009 Hoosier Christian Foundation, Inc. 20-8964581 Page 2 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) (e) 2009 (a) 2005 (b) 2006 (c) 2007 (d) 2008 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 166,000 217,500 154,800 538,300 2 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 Total. Add lines 1 through 3 166,000 217,500 154,800 538,300 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) Public support. Subtract line 5 from line 4 538,300 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (e) 2009 (c) 2007 (d) 2008 (f) Total Amounts from line 4 166,000 217,500 154,800 538,300 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 10 538,300 12 Gross receipts from related activities, etc. (see instructions) 12 60,445 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 2009 (line 6, column (f) divided by line 11, column (f)) 14 100.00% Public support percentage from 2008 Schedule A, Part II, line 14 15 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 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 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

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

Schedule A (Form 990 or 990-EZ) 2009

18

	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,		Į.			ļ	ļ		
	and 12)	L		<u></u>	<u> </u>	<u> </u>			_
14	First five years. If the Form 990 is for the o	rganization's first,	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	pport Percen	tage						_
15	Public support percentage for 2009 (line 8,	column (f) divided	by line 13, column	(f))		L	15	%	_
16	Public support percentage from 2008 Sche	dule A, Part III, line	e 15				16	%	_
Sec	tion D. Computation of Investme	nt Income Per	rcentage						_
17	Investment income percentage for 2009 (lin	e 10c, column (f)	divided by line 13,	column (f))		Ł	17	%	_
18	Investment income percentage from 2008 S	Schedule A, Part II	I, line 17			Ł	18	%	_
19a	33 1/3 % support tests—2009. If the organ	lization did not che	eck the box on line	14, and line 15 is i	more than 33 1/3 %,	and line		_	
	17 is not more than 33 1/3 %, check this bo	x and stop here.	The organization q	ualifies as a public	y supported organiz	ation		▶ [
b	33 1/3 % support tests—2008. If the organ	lization did not che	eck a box on line 1	4 or line 19a, and l	ne 16 is more than 3	33 1/3 %, and		_	
	line 18 is not more than 33 1/3 %, check thi	s box and stop he	ere. The organization	on qualifies as a pu	iblicly supported org	anızatıon		▶ []
20	Private foundation. If the organization did	not check a box o	n line 14, 19a, or 1	9b, check this box	and see instructions			<u></u> ▶ [
DAA					Sch	edule A (For	m 990 or	990-EZ) 2009)

Schedule A (Form 990 or 990-EZ) 2009 Hoosier Christian Foundation, Inc. 20-8964581

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

Form **4562**

Name(s) shown on return

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

► See separate instructions.

(Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172 **2009**

Identifying number

ZUUS

Hoosier Christian Foundation, Inc. 20-8964581 Business or activity to which this form relates Indirect Depreciation Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I 1 Maximum amount. See the instructions for a higher limit for certain businesses. 250. 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions). 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions) Part III Section A MACRS deductions for assets placed in service in tax years beginning before 2009 17 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (a) Depreciation deduction period service only-see instructions) 19a 3-year property 930 5-year property 5.0 HY 200DB 186 999 7.0 HY 200DB 143 7-year property 10-year property 15-year property 20-year property 25-year property 25 yrs Residential rental S/L 27 5 yrs MM property 27 5 yrs MM S/L MM Nonresidential real 39 yrs S/L property S/L Section C-Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year S/L 12 yrs 40-year S/L 40 yrs MM С Summary (See instructions) Part IV Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 329 and on the appropriate lines of your return Partnerships and S corporations-see instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

HOOSIER Hoosier Christian Foundation, Inc.

20-8964581

Federal Statements

FYE: 12/31/2009

Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
	11,193
Office	5,326
Information Technology	4,013
Travel	9,465
	4,503
Insurance	400
Dues, Subscriptions, Memb	280
Contract Services	1,800
Postage, Freight	1,185
Total	\$ 38,165

Statement 2 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	 Amount
Non-deductible expenses	\$ -2,393
Total	\$ -2,393

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	 End of Year
Grants Receivable Office equipment Less Accumulated Depreciation Conference table - used Less Accumulated Depreciation Office equipment Less Accumulated Depreciation Security Deposit	\$	\$ 5,000 390 78 999 143 540 108 1,245
		 7,845

HOOSIER Hoosier Christian Foundation, Inc.

Federal Statements

FYE: 12/31/2009

20-8964581

5/5/2010 5.38 PM

Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

The corporation is an affiliate of The National Christian Charitable Foundation and exists to support Christian ministry in the United States. It is organized exclusively for religious, charitable, educational, literary and scientific purposes, including distributions to or for: Christian churches, schools, colleges, universities and seminaries; Christian missionary organizations, evangelistic ministries, and other religious ministries. The advancement of the principles of the Christian religion, the relief of the poor or distressed or underprivileged; the defense of human and civil rights secured by law.