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**Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation**

2009

Department of the Treasury
Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2009, or tax year beginning _____, **2009, and ending** _____,

G Check all that apply: Initial return Initial Return of a former public charity Final return
 Amended return Address change Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of foundation DAVID DETAR CORN TRUST	A Employer identification number 22-6987964
	Number and street (or P O box number if mail is not delivered to street address) Room/suite C/O GAFA P.O. BOX 810	B Telephone number (see the instructions) (812) 482-1314
	City or town State ZIP code JASPER IN 47547	C If exemption application is pending, check here <input type="checkbox"/> D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		
I Fair market value of all assets at end of year (from Part II, column (c), line 16) ▶ \$ 570,471.	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	

	Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
REVENUE	1 Contributions, gifts, grants, etc, received (att sch)				
	2 Ck <input checked="" type="checkbox"/> if the foundn is not req to att Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	32,296.	32,296.	32,296.	
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain/(loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit/(loss) (att sch)					
11 Other income (attach schedule) FEDERAL TAX REFUND	1,500.				
12 Total. Add lines 1 through 11	33,796.	32,296.	32,296.		
ADMINISTRATIVE AND EXPENSES	13 Compensation of officers, directors, trustees, etc	6,696.	6,696.	6,696.	6,696.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach sch) L-16b Stmt	590.			590.
	c Other prof fees (attach sch)				
	17 Interest				
	18 Taxes (attach schedule)(see instr)				
	19 Depreciation (attach sch) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
23 Other expenses (attach schedule) MISC ADMIN EXPENSE	5.			5.	
24 Total operating and administrative expenses. Add lines 13 through 23	7,291.	6,696.	6,696.	7,291.	
25 Contributions, gifts, grants paid	18,223.			18,223.	
26 Total expenses and disbursements. Add lines 24 and 25	25,514.	6,696.	6,696.	25,514.	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	8,282.				
b Net investment income (if negative, enter -0-)		25,600.			
c Adjusted net income (if negative, enter -0-)			25,600.		

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value	
A S S E T S	1 Cash – non-interest-bearing			
	2 Savings and temporary cash investments	19,100.	26,432.	26,432.
	3 Accounts receivable ▶ Less allowance for doubtful accounts ▶			
	4 Pledges receivable ▶ Less allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)			
	7 Other notes and loans receivable (attach sch) ▶ Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments – U S and state government obligations (attach schedule)			
	b Investments – corporate stock (attach schedule) L-10b Stmt	681,228.	534,211.	544,039.
	c Investments – corporate bonds (attach schedule)			
	11 Investments – land, buildings, and equipment basis ▶ Less: accumulated depreciation (attach schedule) ▶			
	12 Investments – mortgage loans			
	13 Investments – other (attach schedule)			
	14 Land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule) ▶			
15 Other assets (describe ▶)				
16 Total assets (to be completed by all filers – see instructions Also, see page 1, item I)	700,328.	560,643.	570,471.	
L I A B I L I T I E S	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, & other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 Total liabilities (add lines 17 through 22)			
F U N D A S S E T A N C E S	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input type="checkbox"/>			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input checked="" type="checkbox"/>			
	27 Capital stock, trust principal, or current funds	700,328.	560,643.	
	28 Paid-in or capital surplus, or land, building, and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
30 Total net assets or fund balances (see the instructions)	700,328.	560,643.		
31 Total liabilities and net assets/fund balances (see the instructions)	700,328.	560,643.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	700,328.
2 Enter amount from Part I, line 27a	2	8,282.
3 Other increases not included in line 2 (itemize) ▶ LONG-TERM CAPITAL GAIN DIVIDENDS	3	266.
4 Add lines 1, 2, and 3	4	708,876.
5 Decreases not included in line 2 (itemize) ▶ NET LOSS ON SALE OF SECURITIES	5	148,233.
6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	560,643.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)	(b) How acquired P -- Purchase D -- Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a 101331.589 SH-FRANKLIN INCOME FUND	P	Various	07/23/09
b 2145.122 SH-GROWTH FUND OF AMERICA INC	P	Various	10/22/09
c 10333.283 SH-INCOME FUND OF AMERICA INC	P	Various	10/01/09
d LONG-TERM CAPITAL GAIN DISTRIBUTIONS	P	Various	Various
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 190,794.		269,750.	-78,956.
b 57,318.		70,662.	-13,344.
c 150,969.		206,902.	-55,933.
d 266.		0.	266.
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	
a			-78,956.
b			-13,344.
c			-55,933.
d 0.	0.	0.	266.
e			

2 Capital gain net income or (net capital loss). [If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7]	2	-147,967.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6). If gain, also enter in Part I, line 8, column (c) (see the instructions). If (loss), enter -0- in Part I, line 8]	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2008	26,222.	552,011.	0.047503
2007	33,512.	633,152.	0.052929
2006	3,677.	613,883.	0.005990
2005			
2004			

2 Total of line 1, column (d)	2	0.106422
3 Average distribution ratio for the 5-year base period -- divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.035474
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	519,358.
5 Multiply line 4 by line 3	5	18,424.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	256.
7 Add lines 5 and 6	7	18,680.
8 Enter qualifying distributions from Part XII, line 4	8	25,514.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see the instructions)

1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1 Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instr.)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	256.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	256.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	256.
6 Credits/Payments:			
a 2009 estimated tax pmts and 2008 overpayment credited to 2009	6a	197.	
b Exempt foreign organizations – tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	197.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	59.	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	0.	
11 Enter the amount of line 10 to be: Credited to 2010 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

Part VII-A Statements Regarding Activities

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? <i>If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If 'Yes,' attach a detailed description of the activities.</i>		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If 'Yes,' attach a conformed copy of the changes</i>		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If 'Yes,' attach the statement required by General Instruction T</i>		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, column (c), and Part XV</i>	X	
8 a Enter the states to which the foundation reports or with which it is registered (see the instructions) IN - Indiana		
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If 'No,' attach explanation</i>	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses</i>	X	

Part VII-A Statements Regarding Activities Continued

<p>11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)</p>	11		X
<p>12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?</p>	12		X
<p>13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>N/A</u></p>	13	X	
<p>14 The books are in care of ▶ <u>GERMAN AMERICAN FINANCIAL ADVISORS</u> Telephone no. ▶ <u>(812) 482-1314</u> Located at ▶ <u>246 THIRD AVENUE</u> <u>JASPER</u> <u>IN</u> ZIP + 4 ▶ <u>47546</u></p>			
<p>15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 </p>			<input type="checkbox"/>

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

		Yes	No
<p>1 a During the year did the foundation (either directly or indirectly)</p> <p>(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
<p>b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)? Organizations relying on a current notice regarding disaster assistance check here ▶ <input type="checkbox"/></p>	1b	N/A	
<p>c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?</p>	1c		X
<p>2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))</p> <p>a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' list the years ▶ 20__ , 20__ , 20__ , 20__</p> <p>b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement – see the instructions)</p> <p>c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20__ , 20__ , 20__ , 20__</p>	2b	N/A	
<p>3 a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>b If 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)</p>	3b	N/A	
<p>4 a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?</p>	4a		X
<p>b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?</p>	4b		X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? Yes No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) Yes No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

b If any answer is 'Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

Organizations relying on a current notice regarding disaster assistance check here

c If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d). Yes No

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If 'Yes' to 6b, file Form 8870. Yes No

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

Yes No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

5b	N/A	
6b		X
7b	N/A	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
GERMAN AMERICAN FINANCIAL ADVISORS P.O. BOX 810 JASPER IN 47547	TRUSTEE/ 2.00	6,696.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter 'NONE.'

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
0				
0				
0				
0				

Total number of other employees paid over \$50,000

None

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services – (see instructions). If none, enter 'NONE'.

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶ **None**

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc

	Expenses
1 <u>MADE 12 GRANTS TO QUALIFIED CHARITABLE ORGANIZATIONS THROUGH AN APPLICATION PROCESS AND A GRANTS COMMITTEE</u>	25,514.
2 -----	
3 -----	
4 -----	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

	Amount
1 <u>NONE IN 2009</u>	0.
2 -----	
3 -----	

All other program-related investments. See instructions.

Total. Add lines 1 through 3 ▶ **None**

BAA Form 990-PF (2009)

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	504,501.
b	Average of monthly cash balances	1b	22,766.
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	527,267.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	527,267.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	7,909.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	519,358.
6	Minimum investment return. Enter 5% of line 5	6	25,968.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	25,968.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	256.
b	Income tax for 2009. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	256.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	25,712.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	25,712.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	25,712.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1a	25,514.
b	Program-related investments – total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	25,514.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	256.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	25,258.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				25,712.
2 Undistributed income, if any, as of the end of 2009.				
a Enter amount for 2008 only			12,103.	
b Total for prior years 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2009:				
a From 2004	0.			
b From 2005	0.			
c From 2006	0.			
d From 2007	0.			
e From 2008	0.			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from Part XII, line 4 ▶ \$ 25,514.				
a Applied to 2008, but not more than line 2a			12,103.	
b Applied to undistributed income of prior years (Election required – see instructions)				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2009 distributable amount				13,411.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount – see instructions		0.		
e Undistributed income for 2008. Subtract line 4a from line 2a Taxable amount – see instructions			0.	
f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010				12,301.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9.				
a Excess from 2005	0.			
b Excess from 2006	0.			
c Excess from 2007	0.			
d Excess from 2008	0.			
e Excess from 2009	0.			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test – enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test – enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test – enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year – see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))
NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.
NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc, (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number of the person to whom applications should be addressed.
PIKE COUNTY COMMUNITY FOUNDATION ATTN: DAVID DETAR CORN TRUST
714 MAIN STREET, P.O. BOX 587
PETERSBURG IN 47567 (812) 354-6797

b The form in which applications should be submitted and information and materials they should include:
SEE ATTACHED INSTRUCTIONS AND FORMS

c Any submission deadlines:
5 P.M. OF THE FIRST WEDNESDAY OF SEPTEMBER

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
THE ONLY RESTRICTION IS THAT ANY GRANT MUST GO TO A PIKE COUNTY, INDIANA ORGANIZATION.

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<i>a Paid during the year</i>				
PIKE COUNTY EMERGENCY MEDICAL SERVICE P.O. BOX 485 PETERSBURG IN 47567	N/A	501 (C) 3	ADVANCED LIFE SUPPORT TRAINING	2,090.
JUNIOR ACHIEVEMENT OF SW INDIANA 233 SE THIRD STREET EVANSVILLE IN 47713	N/A	501 (C) 3	SPONSOR JUNIOR ACHIEVEMENT PROGRAM AT PIKE CENTRAL HIGH SCHOOL	1,050.
BREAD OF LIFE MINISTRY, INC P.O. BOX 12 LYNNVILLE IN 47619	N/A	501 (C) 3	TRANSPORATION COSTS OF DONATED FOOD	1,631.
UNITED WAY OF PIKE COUNTY P.O. BOX 321 PETERSBURG IN 47567	N/A	501 (C) 3	COSTS ASSOCIATED WITH 2010 DAY OF CARING	835.
JEFFERSON TWP PIKE CO VOL FIRE DEPT 9975 E JEFFERSON STREET OTWELL IN 47564	N/A	501 (C) 3	FIREFIGHTING GEAR REPLACEMENT	1,900.
WINSLOW ELEM SCHOOL TITLE 1 PROGRAM 301 E PORTER STREET WINSLOW IN 47598	N/A	501 (C) 3	"PARENTS AS PARTNERS IN EDUCATION" PROJECT	1,500.
LIGHTHOUSE RECOVERY CENTER PIKE CO 307 N 9TH STREET PETERSBURG IN 47567	N/A	501 (C) 3	REPLACE EXISTING FURNACE TO FUND CHILDREN'S PROGRAM-"BOOKS BETWEEN BYTES"	1,500. 1,080.
PIKE COUNTY PUBLIC LIBRARY 1004 MAIN STREET PETERSBURG IN 47567	N/A	501 (C) 3	PURCHASE EMERGENCY GENERATOR	3,000.
OTWELL COMMUNITY CENTER 2234 N CHURCH STREET OTWELL IN 47564	N/A	501 (C) 3		
See Line 3a statement				
Total				18,223.
<i>b Approved for future payment</i>				
NONE				
Total				NONE

Form 990-PF, Page 11, Part XV, line 3a

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
PIKE COUNTY AREA REHABILITATION CENTER P.O. BOX 535 PETERSBURG IN 47567	N/A	501(C)3	REHABILITATION TRAINING	Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> 729.
WINSLOW COMMUNITY HEALTH CENTER INC 200 N. MAIN STREET WINSLOW IN 47598	N/A	501(C)3	PURCHASE MEDICAL SUPPLIES	Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> 708.
LOCKHART TWP FIRE DEPARTMENT 19575 S. CHURCH STREET STENDAL IN 47585	N/A	501(C)3	MAINTENANCE & REPLACEMENT OF EQUIPMENT	Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> 2,200.

Total

3,637.

Form 990-PF, Page 1, Part I

Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
WILLIS & COMPANY, PC	PREP OF FORM 990PF	590.			590.

Total

590.

590.

Form 990-PF, Page 2, Part II, Line 10b

L-10b Stmt

Line 10b - Investments - Corporate Stock:	End of Year	
	Book Value	Fair Market Value
5,927 SH - HARBOR BOND FUND	69,024.	71,952.
2,200 SH - FAIRHOLME FUND	65,937.	66,184.
19,564 SH - OLD MUTUAL ASSET ALLOC CONS PORT I	190,750.	199,358.
12,840 SH - PIMCO FDS PAC INVT MGMT SER	151,000.	146,763.
2,133 SH - ROWE T PRICE NEW AM GROWTH F	57,500.	59,782.

Total

534,211.

544,039.



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Before Getting Started

Through our Discretionary Grants Program, we serve to provide funds and challenge grants for innovative, new or ongoing projects of charitable, nonprofit agencies or public charitable activities that fall within the Foundation's identified grantmaking priorities and that meet local needs. Please read all of the information on our **Discretionary Grants Program** page before beginning the process of applying for a grant.

Required Documents

Cover Sheet (see "Online Forms" below)

Narrative Addressing the Following (two to four pages):

Project Summary

Describe your project and the community need being addressed

How is this project relative to your organization's mission?

What are the project goals and the expected impact on the community?

What population will the project serve?

Funding

What is the total cost of the project?

What amount is requested from the Foundation? If the full amount of your request for funding cannot be granted, what portion of your request do you consider to be most essential?

How will requested funds be used?

What additional funding sources are needed?

Implementation

How will the project be implemented?

What provisions exist to maintain the completed project?

Chart the timeline for implementing the project

Evaluation

What outputs (direct results of activities) are necessary to classify the project a success (e.g. training completed, credentials awarded, skills obtained, etc.)?

What outcomes (changes caused by the project) are necessary to classify the project a success (e.g. jobs, wage increases, promotions, etc.)?

What tools will be used to evaluate the project (observation, surveys, interviews, focus groups, pre/post tests, etc.)?

Supporting Documents

The following documents are to be attached to the Cover Sheet and Narrative described above. It is important to provide ALL requested attachments and that they be labeled in the following manner:

Attachment 1 Project Budget Worksheet (see "Online Forms" below)

Attachment 2 Mission statement and nondiscrimination policy

Attachment 3. Statement of qualifications of project personnel

Attachment 4 Current board roster with professional affiliations

Attachment 5 Copy of IRS determination letter establishing 501(c)(3) and 509(a) status

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How Scholars Are
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**For Professional
Advisors
Benefits to Your
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Donor Options
Tools for Giving
Planned Giving
Answers Online**

Contact Us

(and fiscal sponsor agreement letter, if applicable)

Attachment 6 Organization's current annual operating budget

Attachment 7: Most recent financial statement (monthly, quarterly, etc.)

Attachment 8 Most recent audited financial statement or completed IRS Form 990 (if available)

Online Forms

The Cover Sheet Form and the Project Budget Worksheet Form are provided below. These forms are designed to be completed on-screen and then printed (they cannot be submitted on-line and they cannot be saved for retrieval at a later time). You must have Adobe Reader to access these files (Adobe Reader is free and can be downloaded at www.adobe.com/downloads)

**Cover Sheet Form
Project Budget Worksheet Form**

Deadline and Submission Instructions

The original and six copies of the proposal must be postmarked or delivered to the Foundation office no later than 5 p.m. on the first Wednesday of September. Use 8½ by 11 inch paper. Attach all required documents using paperclips or binderclips only (no binders or folders).



Member of the
Community Foundation Alliance

Pike County Community Foundation
714 Main Street • PO Box 587 • Petersburg, Indiana 47567
Phone 812.354 6797 • Fax 812 354 6797



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Pike County Community Foundation

A Member of the Community Foundation Alliance Inc.

714 Main Street
PO Box 587
Petersburg, IN 47567
Phone 812.354 6797

e.mail tom@pikecommunityfoundation.org
www pikecommunityfoundation.org

Print Form

A. Cover Sheet

Organization Name	
Executive Director or Equivalent	
Mailing Address	
City, State, Zip	
E mail address	
Telephone Number	
Fax Number	
Number of Full-time Employees	
Number of Part-time Employees	
Number of Volunteers	
Federal Employer ID Number	
Project Contact Person Name and Title	
Contact Person Mailing Address	
Contact Person City, State, Zip	
Contact Person e.mail Address	
Contact Person Telephone Number	
Contact Person Fax Number	
Project Title	
Amount Requested	
Total Project Cost	
Signature of Official Responsible for Project	
Date of Signature	
Signature of Board President Attesting to Board Approval	

Print Form

Pike County Community Foundation
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714 Main Street
 PO Box 587
 Petersburg, IN 47567
 Phone 812.354.6797
 e.mail tom@pikecommunityfoundation.org
 www.pikecommunityfoundation.org

Attachment 1

Project Budget Worksheet

The completed worksheet should provide an itemized listing of all projected expenses and funding sources for the proposed project. Be as thorough as possible when completing this form. Please attach any documentation you feel is relevant to the proposed budget (professional estimates, quotes, etc). If you have questions about completing this form, please call the Community Foundation office.

Submitting Organization Name			
Projected Expenses		Projected Funding Sources	
		<i>Indicate whether the source is secured or unsecured</i>	
	\$		\$
Total	\$	Total	\$

Note: Totals should balance.

Completed by	
Signature	
Title	
Date	