

# 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



50m 990-PF					eturn of Privat				OMB No 1545-0052
Fo		• • • • •		or Se	ction 4947(a)(1) None Treated as a Priva	xempt Charitable '	Trust		<b>୭៣0</b>
Int	emal R	ent of the Treasury evenue Service	Note: The founda	ition may	be able to use a copy of	this return to satisfy s		orting requirements	<u>Z</u>
_			9, or tax year be			28 , <b>2009</b> , and e		<del></del>	12/31, 2009
G	Che	ck all that apply.	<del></del> -			of a former public of	<u>`</u>		Final return
_			Amended	l return	Addres	ss change	!	Name change	
		Name of	foundation					A Employer identifi	cation number
ι		ne IRS	7 MTT 1/ FO / 1310 7	m T O N	TNO				1042700
	iab Othor		AMILY FOUNDA				<del></del>	<del> </del>	1243709
		int Number	and street (or P O bo	x number i	f mail is not delivered to street	address) Room	n/suite	B Telephone number (see	a page 10 of the instructions)
	•	,,no )	W. JEFFERSON	DIVD				126	50) 625-5081
		pecific City or to			·			C If exemption applica	-,
h	nstru	ctions.	own, state, and ZIP o	oue				pending, check here	
		FORT I	WAYNE, IN 46	804				D 1 Foreign organizat	
_	Cho	ck type of organ			(c)(3) exempt private f	auadation.		2 Foreign organiza 85% test, check f	
Ϊ	_	• • • •	nonexempt charitat		Other taxable pr			computation .	
1			f all assets at end		ounting method: X Ca			E If private foundation	
•		ear (from Part II,			ther (specify)			1	(1)(A), check here .
		<b>▶</b> \$	520,360.	(Part I,	column (d) must be on	cash basis.)		1	in a 60-month termination (1)(B), check here
	art	Analysis of Re	evenue and Exper	ises (The	() 5	<del>- · · · · · · · · · · · · · · · · · · ·</del>			(d) Disbursements
		total of amounts	ın columns (b), (c), a arıly equal the amour	nd (d)	(a) Revenue and expenses per	(b) Net investment income	t	(c) Adjusted net income	for charitable purposes
			page 11 of the instru		books				(cash basis only)
	1		ants, etc., received (attach s		306,374.				
	2	Check ▶ if it	the foundation is <b>not</b> re tach Sch B	quired to					<u> </u>
	3		and temporary cash inv						
	4	Dividends and in	terest from securities						<del></del>
	5a Gross rents								
			or (loss)		<u> </u>				
Revenue		Net gain or (loss) for Gross sales price for assets on line 6a	from sale of assets not o or all	n line 10			-+		
eve	7		income (from Part IV	, line 2) .					
ď	8	Net short-term c	apital gain						
	9 10 a	Income modifica Gross sales less retu	tions · · · · · · ·						
	_	and allowances	1			<del></del>	-+-		
		Less Cost of goods	oss) (attach schedule	<u> </u>				RECEIV	En
	11		ttach schedule)						
	12		1 through 11		306,374.		0	OFR O 4 -	1001
	13		officers, directors, trustee		0.		7	SEP 8 8 2	<del>10   9    </del>
	14		salaries and wages				11		2
ses	15		employee benefits .					OGDEN.	
en	16a		h schedule)						T
Expenses	þ		(attach schedule)						
	С		nal fees (attach sched		li de la companya de				
rati	17	Interest							
c Other professional fees (attach schedule)									
Ή	19	Depreciation (att	tach schedule) and o	depletion.					
Adı	20	Occupancy							<u> </u>
þ	21	Travel, conferen	ces, and meetings .						
g g	22		olications ,						
ating	23	•	(attach schedule) .			ļ			<del> </del>
•	0.4	T-4-14:	and administrative		i	1	- 1		i

0.

0.

306,374

\$CANNED OCT 0 6 2010

25

Add lines 13 through 23 , . . . .

Subtract line 26 from line 12

Contributions, gifts, grants paid . . . . . .

Total expenses and disbursements Add lines 24 and 25

a Excess of revenue over expenses and disbursements . .

b Net investment income (if negative, enter -0-)

-0-

-0-

Part I	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End of year			
	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value		
1	Cash - non-interest-bearing					
2	Savings and temporary cash investments					
3	Accounts receivable					
	Less allowance for doubtful accounts					
4	Pledges receivable					
1	Less allowance for doubtful accounts ▶					
5	Grants receivable					
6	Receivables due from officers, directors, trustees, and other					
•		(	į			
	disqualified persons (attach schedule) (see page 16 of the instructions)					
7	Other notes and loans receivable (attach schedule)					
1	Less allowance for doubtful accounts ▶	ļ <del> </del>				
<u>ه</u> ا	Inventories for sale or use					
Assets 6 8 9 a	Prepaid expenses and deferred charges					
<b>∛</b> 10 a	Investments - U S and state government obligations (attach schedule)					
	Investments - corporate stock (attach schedule)		306,374.	520,360		
	Investments - corporate bonds (attach schedule)					
11	Investments - land, buildings,					
Į.	the second secon	1				
12	(attach schedule)					
13	Investments - mortgage loans			<del></del>		
14	Investments - other (attach schedule)					
1	equipment basis Less accumulated depreciation					
	(attach schedule)			_ <u></u>		
15	Other assets (describe  )					
16	Total assets (to be completed by all filers - see the					
	instructions Also, see page 1, item I)	0.	306,374.	520,360		
17	Accounts payable and accrued expenses					
18	Grants payable					
<u>د</u> 19	Deferred revenue					
Liabilities 21	Loans from officers, directors, trustees, and other disqualified persons					
e 21	Mortgages and other notes payable (attach schedule)					
تا 22	Other liabilities (describe					
	Other Habilities (describe >	<del></del>	<del></del>			
23	Total liabilities (add lines 17 through 22)					
- 23						
	Foundations that follow SFAS 117, check here					
S	and complete lines 24 through 26 and lines 30 and 31.		:			
8 24	Unrestricted			ii		
[ 25	Temporarily restricted					
<b>6</b> 26	Permanently restricted					
25 26 27 27 27 27 27 27 27 27 27 27 27 27 27	Foundations that do not follow SFAS 117,					
3	check here and complete lines 27 through 31. $\triangleright X$			1		
Ö 27	Capital stock, trust principal, or current funds					
28	Paid-in or capital surplus, or land, bldg , and equipment fund					
Net Assets	Retained earnings, accumulated income, endowment, or other funds		306,374.			
¥ 30	Total net assets or fund balances (see page 17 of the	<del></del>				
힐		0.	306,374.			
- I .	Instructions)					
31	· · · · ·	0.	306,374.			
	of the instructions)		300,374.	<u> </u>		
	Analysis of Changes in Net Assets or Fund		<del></del>	<del></del>		
	al net assets or fund balances at beginning of year - Part I			,		
	-of-year figure reported on prior year's return)			006.374		
	er amount from Part I, line 27a		2	306,374		
3 Oth	er increases not included in line 2 (itemize) ▶	·	3			
	lines 1, 2, and 3			306,374		
_			1			
6 Tota	reases not included in line 2 (Itemize) ►al net assets or fund balances at end of year (line 4 minus	line 5) - Part II. column (b)	), line 30 6	306,374		
				Form 990-PF (2009)		

E	art IV Capital Gains	s and Losses for Tax on Inv	restment Income			
		d describe the kind(s) of property sold ( rick warehouse, or common stock, 200		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
<u>1</u> a	l					
L	)		_			<b></b>
						<u> </u>
_0	<u> </u>			ļ		
e	<u> </u>				L	L
_	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
_8	<u> </u>					
_ <u>t</u>	)			<u> </u>		
		<del> </del>				
			<del></del>			
_6		h	1000100			
	omplete only for assets s		ned by the foundation on 12/31/69		Gains (Col (h) g (k), but not less	
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	201	Losses (from co	,
_2						
_ <u>t</u>				<u> </u>		
			<del></del>	<u> </u>	<del></del>	
			<del> </del>		<del></del>	
<u>_</u> e	<u> </u>			<del> </del> -		
2	Capital gain net income or		f gain, also enter in Part I, line 7 f (loss), enter -0- in Part I, line 7	2		
3		n or (loss) as defined in sections 12				
		, line 8, column (c) (see pages 13		1 1		
	If (loss), enter -0- in Part I,	line 8	<u></u> ,	3		
Ŀ	art V Qualification U	nder Section 4940(e) for Red	uced Tax on Net Investment Inc	come		
(F	or optional use by domesti	c private foundations subject to th	ie section 4940(a) tax on net investi	ment inco	me )	
	40.40(-1)(0) - 1 -	NOT	r AVAILABLE FOR INITIAL	VEND	DETTIDNO	
II .	section 4940(d)(2) applies,	leave this part blank	AVAILABLE FOR INITIAL	ILAN	KETUKNS	
w	as the foundation liable for	the section 4942 tax on the distril	butable amount of any year in the b	ase perio	d?	] Yes ☐ No
		not qualify under section 4940(e)	* *	•		
1	Enter the appropriate am	ount in each column for each year	r, see page 18 of the instructions be	efore mak	ing any entries	
_	(a)  Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution r (col (b) divided by	
_	2008				· · · · · · · · · · · · · · · · · · ·	· <u> </u>
_	2007					<del></del>
	2006					
_	2005					
	2004					<del>-</del>
_						
2	Total of line 1, column (d)	)		2		
3	Average distribution ratio	for the 5-year base period - divid-	e the total on line 2 by 5, or by the			
	number of years the foun	dation has been in existence if les	s than 5 years	3		
4	Enter the net value of nor	ncharitable-use assets for 2009 fro	om Part X, line 5	4		
5	Multiply line 4 by line 3			5		
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		
7	Add lines 5 and 6			7		
_	والمراجع المراجع	, , , , , , , ,				
8	Enter qualifying distribution  If line 8 is equal to or grapher by the second of the s		in Part VI, line 1b, and complete	that part	using a 1% ta	x rate See the

Pai	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 c	of the in	structi	ons)			
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1						
	Date of ruling or determination letter(attach copy of ruling letter if necessary - see instructions)						
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check						
	here ▶ and enter 1% of Part I, line 27b						
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%						
	of Part I, line 12, col (b)						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2						
3	Add lines 1 and 2			0.			
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			0.			
6	Credits/Payments						
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a						
	Exempt foreign organizations-tax withheld at source 6b						
	Tax paid with application for extension of time to file (Form 8868) 6c 0.						
d	Backup withholding erroneously withheld 6d			•			
7	Total credits and payments Add lines 6a through 6d			0.			
8	Enter any penalty for underpayment of estimated tax. Check here 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			0.			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid						
11	Enter the amount of line 10 to be Credited to 2010 estimated tax   Refunded   11						
	t VII-A Statements Regarding Activities		1	Τ			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	1a	Yes	No X			
	participate or intervene in any political campaign?						
ь	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19						
	of the instructions for definition)?  If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	· · 1b	+	X			
			1				
^	published or distributed by the foundation in connection with the activities						
	c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year						
·	(1) On the foundation \$\ (2) On foundation managers \$\						
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		1				
ŭ	on foundation managers >\$						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X			
	If "Yes," attach a detailed description of the activities		T				
3							
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes						
4a	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?	1		X			
5							
	If "Yes," attach the statement required by General Instruction T	j					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	1					
	By language in the governing instrument, or		1				
	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?	. 6	X	ļ			
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	ļ			
8a							
	instructions) ► IN,						
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 General Instruction G? If "No," attach explanation	8b	X	<del> </del>			
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 on page						
	27)? If "Yes," complete Part XIV	· .   9	+	X			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	-	X				
	names and addresses ATTACHMENT 1	<u>   1</u> 0	1. ^_				

If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here

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

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . . . .

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009? . . . . .

Did the foundation hold more than a 2% direct or indirect interest in any business

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Х

X

X

2b

3 b

Part VIII Information About Officers, Directors, Trustees, Foundand Contractors (continued)	dation Managers, Highly Paid Emplo	oyees,
3 Five highest-paid independent contractors for professional services (s	ee page 23 of the instructions). If none	, enter "NONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		<u> </u>
		<del> </del>
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 of organizations and other beneficianes served, conferences convened, research papers product.		Expenses
77 / 7		<del></del>
1 N/A		
2		
3		
4		-
Deliver Commence of Decision Deliver Institute of the Commence	20. (1)	<u> </u>
Part IX-B Summary of Program-Related Investments (see page 2 Describe the two largest program-related investments made by the foundation during the tax yi		Amount
1 NONE	Sa of since 1 and 2	Autodit
2		<del> </del>
		<u> 1</u>
All other program-related investments. See page 24 of the instructions		
3 NONE		

	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign	on foundation	rage C
	see page 24 of the instructions )	gri louridatior	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	<u> </u>	1a	520,360.
b	Average of monthly cash balances	1b	0.
C	Fair market value of all other assets (see page 24 of the instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1d	520,360.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	520,360.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	7,805.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	512,555.
6_	Minimum investment return. Enter 5% of line 5	6	281.
Pa	Int XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) priva	ate operating	
	foundations and certain foreign organizations check here  and do not complete this part of the second secon	part)	
1	Minimum investment return from Part X, line 6	1	281.
2 a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments Subtract line 2c from line 1		281.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	281.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	281.
Pá	art XII Qualifying Distributions (see page 25 of the instructions)	_	
	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		<del></del>
' 2	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	4	
a b	December related in restaurate total from Dest IV D	1a   1b	0.
	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.	10	
2			0.
2	purposes  Amounts set aside for specific charitable projects that satisfy the	2	
3		2-	0.
a	Suitability test (prior IRS approval required)	3a	0.
b 4	Cash distribution test (attach the required schedule)	3b   4	0.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	-	
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 page 26 of the instructions)	6	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		<del></del>
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating we qualifies for the section 4940(e) reduction of tax in those years	vnetner the fou	naation

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Pa	Part XIII Undistributed Income (see page 26 of the instructions)								
		(a)	(b)	(c)	(d)				
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009				
	line 7				281.				
2	Undistributed income, if any, as of the end of 2009								
	Enter amount for 2008 only								
b	Total for pnor years 20 07 20 06 20 05								
3	Excess distributions carryover, if any, to 2009								
	From 2004								
	From 2005								
c	From 2006								
d	From 2007								
_	From 2008								
	Total of lines 3a through e								
	Qualifying distributions for 2009 from Part XII,								
•	line 4 \( \bigs \)								
2	Applied to 2008, but not more than line 2a								
	·		<del></del>						
b	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				l				
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)								
		<del></del>	<del></del>		<del> </del>				
	Applied to 2009 distributable amount	0.	<del></del>		<del> </del>				
е 5	Remaining amount distributed out of corpus	<del>-</del>	<u></u>		<del> </del>				
5	(If an amount appears in column (d), the same	<del></del>							
_	amount must be shown in column (a) )								
6	Enter the net total of each column as indicated below:								
_		0.							
	Corpus Add lines 3f, 4c, and 4e Subtract line 5								
b	Prior years' undistributed income Subtract								
С	line 4b from line 2b Enter the amount of prior years' undistributed				<u> </u>				
	income for which a notice of deficiency has been								
	issued, or on which the section 4942(a) tax has								
	been previously assessed		<del> </del>	<del></del>	<del> </del>				
d	Subtract line 6c from line 6b Taxable								
е	amount - see page 27 of the instructions			<del></del>	<del> </del>				
	4a from line 2a Taxable amount - see page								
	27 of the instructions				<del> </del>				
f	Undistributed income for 2009 Subtract lines								
	4d and 5 from line 1. This amount must be				281.				
7	distributed in 2010 Amounts treated as distributions out of corpus				<del> </del>				
•	to satisfy requirements imposed by section								
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the								
8	instructions)				<del> </del>				
-	applied on line 5 or line 7 (see page 27 of the								
_	instructions)	<del></del>			<del> </del>				
9	Excess distributions carryover to 2010.	0.							
4.0	Subtract lines 7 and 8 from line 6a								
	Analysis of line 9 Excess from 2005								
	- · · · · · · · · · · · · · · · · · · ·								
	Excess from 2007								
	Excess from 2008		1						
	EXCESS HUIII ZUUS U .	<u> </u>			<del></del>				

Pa	rt XIV Private Oper	rating Foundations (	see page 27 of the	instructions and Pa	rt VII-A guestion 9)	NOT APPLICABLE			
ı a	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  Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or 4942(j)(5)								
b	Check box to indicate wh		private operating found		4942(j	)(3) or 4942(j)(5)			
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total			
	justed net income from Part	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(0),042.			
	I or the minimum investment								
	return from Part X for each year listed								
				<del> </del>					
b	85% of line 2a			<del>                                     </del>		<del> </del>			
С	Qualifying distributions from Part				1				
	XII, line 4 for each year listed .								
d	Amounts included in line 2c not					1			
	used directly for active conduct								
e	of exempt activities			<del></del>		†			
•	directly for active conduct of	}			}				
	exempt activities. Subtract line			1					
	2d from line 2c								
3	Complete 3a, b, or c for the alternative test relied upon				)				
а	"Assets" alternative test - enter				,				
	(1) Value of all assets	{		1	Ī				
	(2) Value of assets qualifying	<del></del>		<del> </del>		<del></del>			
	under section					:			
L	4942(j)(3)(B)(i).	<del></del>	<u> </u>	<del> </del>	<del></del>	<del></del>			
b	"Endowment" alternative test- enter 2/3 of minimum invest-								
	ment return shown in Part X.								
	line 6 for each year listed								
С	"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		Ì						
	(JX3)(B)(III)				<del> </del>	+			
	<li>(3) Largest amount of sup- port from an exempt</li>								
	organization								
	(4) Gross investment income.	<u></u>							
Pa	rt XV Supplement	ary Information (C	omplete this part	only if the found	ation had \$5,000	or more in assets			
	at any time	during the year - se	e page 28 of the ir	nstructions.)	,				
1	Information Regardin	g Foundation Manage	rs:	<del></del>					
	List any managers of	•		re than 2% of the tota	I contributions receiv	ed by the foundation			
a	before the close of any								
	·	• •	,		00 000000000000000000000000000000000000				
	TIMOTHY E.	ASH							
b	List any managers of	the foundation who	own 10% or more o	of the stock of a corp	oration (or an equally	large portion of the			
	ownership of a partner								
				_					
	N/A								
2	Information Regardin	a Contribution Grant	Gift Loan Scholars	hin etc Programs	<del></del>				
_				, •					
				to preselected chari					
	unsolicited requests t				e 28 of the instruction	ons) to individuals or			
	organizations under of	ther conditions, compl	ete items 2a, b, c, and	d d.					
a	The name, address, a	and telephone number	of the person to who	m applications should b	e addressed				
	N/A	· · ·	•						
	The form in which app	dications should be as	hmitted and informat	ion and materials their	should include				
þ	The form in which app	nications should be su	Diffice and informat	ion and materials they	Should include				
	); (a								
_	N/A		<del></del>	<del></del>					
C	Any submission deadi	ines.							
	N/A								
<u>ч</u>	Any restrictions or I	imitations on awards	such as by geogr	raphical areas charits	able fields kinds of	institutions or other			
u	factors	minutions on awaits	, sasii as by geog	apinoui dicas, ciidille	iologi Kilius UI				
	N/A		<del></del>						

	990-PF (2009)		<del></del>	·····	Page 11
12	rt XV Supplementary Information (co	ontinued)			
	Grants and Contributions Paid Duri	If recipient is an individual.		T	1
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient		
а	Paid during the year				
					į.
					Ì
					İ
	Total			▶ 3a	
b	Approved for future payment				
			}		1
			ļ		{
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		<u> </u>			
		ļ			
			}		
		•		1	
					]
		1			
		I	1	▶ 3b	-
	TOTAL				1

1 Program service revenue Bases cases with the service of the serv		Analysis of Income-Produ amounts unless otherwise indicated		ated business income	Excluded b	y section 512, 513, or 514	(e)
a b c d d e f f g Fees and contracts tom government agencies f g Fees and contracts tom securities from securities f Dividends and interest from securities f Set rental renome or (loss) form real estate a Debt-financed property b for trental income or (loss) from personal property for the rental income or (loss) from personal property for the rental income or (loss) from seased sested other than mentory for the rental income or (loss) from special events for the financed property for the rental income or (loss) from seased sested other than mentory for the financed or (loss) from seased events for the financed property for	-		(a)	(b)	(c)	(d)	function income
b c d d e e e e e e e e e e e e e e e e e	-		Business code	Amount	Exclusion code	Amount	the instructions)
g Fees and contracts from government agencies g Fees and contracts on government agencies							
g Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate a Debt-financed property 6 Net rental income or (loss) from personal property 7 Other investment income 8 Sam or (loss) from sales of assess other than inventory 9 Net income or (loss) from securities 0 Gross profit or (loss) from sales of inventory. 1 Other revenue a b c d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 5 See worksheet in line 13 instructions on page 28 to verify calculations) Fart XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Line No.  Y page 29 of the instructions )							
## Sees and contracts from government agencies ## Sees and contracts from government agencies ## A Dividends and assessments ## Dividends and interest from securities ## Dividends fr	d						
g Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property 7 Other investment income or (loss) from personal property 9 Net income or (loss) from sales of assets other than inventory 9 Net income or (loss) from special events 0 Gross profit or (loss) from special events 1 Other revenue a  b C C C C Subtotal Add columns (b), (d), and (e) 2 Subtotal Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) 5 See worksheet in line 13 instructions on page 28 to verify calculations) Farit XVI-S Relationship of Activities to the Accomplishment of Exempt Purposes  Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (Science of the instructions)	е						
2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property 7 Other investment income 8 Sain or (loss) from sales of assets other than inventory 9 Net income or (loss) from special events 0 Gross profit or (loss) from sales of inventory. 1 Other revenue a b c d d e 2 Subtotal Add columns (b), (d), and (e) 3 Total, Add line 12, columns (b), (d), and (e) 8 Sew ork/sheet in line 13 instructions on page 28 to venfy calculations)  Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Line No. V Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (Sepage 29 of the instructions)	f					<u></u>	
3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property 7 Other investment income 8 Gain or (loss) from personal property 9 Net income or (loss) from personal property 10 Offers profit or (loss) from sales of inventory 11 Other revenue a 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) 15 Relationship of Activities to the Accomplishment of Exempt Purposes 15 Line No. 16 Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (Scipage 29 of the instructions)		- · · · · · · · · · · · · · · · · · · ·					
4 Dividends and interest from securities 5 Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property 7 Other investment income or (loss) from personal property 9 Net income or (loss) from sales of assets other than inventory 9 Net income or (loss) from sales of sinventory 1 Other revenue a b c d d e e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 28 to verify calculations )  Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes  Line No. V Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (Scipage 29 of the instructions)					<del> </del>	<del> </del>	
5 Net rental income or (loss) from real estate a Debt-financed property					<del></del>		<u> </u>
a Debt-financed property b Not debt-financed property 7 Other investment income or (loss) from personal property 7 Other investment income 8 Gain or (loss) from sales of assets other than inventory 9 Net income or (loss) from special events . 1 Other revenue a b c d e 2 Subtotal Add columns (b), (d), and (e) 2 Subtotal Add columns (b), (d), and (e)  See worksheet in line 13 instructions on page 28 to verify calculations)  Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes  Line No.  This is the foundation's exempt purposes (other than by providing funds for such purposes) (Scripage 29 of the instructions)			<del></del>		<del></del>		
b Not debt-financed property 6 Net rental income or (loss) from presental property 7 Other investment income 8 Gam or (loss) from sales of assets other than inventory 9 Net income or (loss) from sales of inventory. 1 Other revenue a b c d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)  Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (Separate Value)  Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (Separate Value)							
6 Net rental income or (loss) from personal property 7 7 Other investment income							
8 Gam or (loss) from sales of assets other than inventory 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 1 Other revenue a							
9 Net income or (loss) from special events	7 Other in	vestment income					
0 Gross profit or (loss) from sales of inventory.  1 Other revenue a  b  c  d  e  2 Subtotal Add columns (b), (d), and (e)		· ·				ļ	
1 Other revenue a b c c d d d d d d d d d d d d d d d d d			<u> </u>				ļ
b c d d d d d d d d d d d d d d d d d d					-	<u> </u>	
c d e 2 Subtotal Add columns (b), (d), and (e)	_				<del></del> -		
d e 2 Subtotal Add columns (b), (d), and (e)				<del></del>	<del> </del>		
See worksheet in line 13 instructions on page 28 to verify calculations.)  Part XVI-B  Line No.  Total Page 29 of the instructions.)  Relationship of Activities to the Accomplishment of Exempt Purposes (other than by providing funds for such purposes) (See page 29 of the instructions.)			<del></del>		<del> </del>		
2 Subtotal Add columns (b), (d), and (e)							
3 Total. Add line 12, columns (b), (d), and (e)		Add columns (b), (d), and (e)					
See worksheet in line 13 instructions on page 28 to verify calculations )  Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes  Line No.  Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See page 29 of the instructions )						13	
Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (Sepage 29 of the instructions )							
the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (Sepage 29 of the instructions )	Part XVI-	B Relationship of Activities	to the Ac	complishment of E	xempt Purp	oses	
page 29 of the instructions )	Line No.						
	▼		oungation's	exempt purposes (	other than	by providing funds for	such purposes) (Se
NOT APPLICABLE	<del></del>	page 20 of the matractions /	<del></del>	_ <del></del>			
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							<del> </del>
							·

Pa	rt XVII	Information Exempt Org		Transfer	s To and	Transa	ctions	anc ela	ationship	s With I	Vonc	harit	able
1	ın sec	ne organization direction 501(c) of the zations? ers from the reporting	tly or indirectly Code (other that	an section	501(c)(3) org	ganizations	s) or in	any other of section 527	organization , relating	described to political		Yes	No
а											12/11		Х
		sh											X
		her assets			• • • • • •						10(2)	-	
J		les of assets to a non	charitable evemn	t organization							1b(1)	-	X
		rchases of assets from											Х
		ental of facilities, equip									1b(3)		Х
		eimbursement arranger									1b(4)		X
		ans or loan guarantees										_	Х
		erformance of services											Х
_		g of facilities, equipme											X
d		answer to any of										fair i	marke
•		of the goods, other											
		in any transaction		•	-								
	10.00	dily wandarion	or oncoming and			(4,		o g.			00.0.0		
(a)	Line no	(b) Amount involved	(c) Name o	of noncharitabl	e exempt organi	zation	(d) De	scription of tra	ınsfers, transad	tions, and sha	nng ama	ingeme	nts
		N/A					N/A						
												-	
												_	
						****							
										,			
					···								
					***								
2 a	ls the	foundation directly of	or indirectly affi	liated with.	or related to	one or	more tax-	exempt orga	anizations di	escribed in	-		
		n 501(c) of the Code (c	•	•		•					Y	es 🗔	X No
b	If "Yes	," complete the follow	ing schedule										_
		(a) Name of organizat	tion		(b) Type of org	anization			(c) Descrip	tion of relation	ship		
						·							
	Under	penalties of perjury, I de	clare that I have	examined this	return, includii	ng accomp	anying sch	edules and sta	atements, and	to the best	of my k	nowled	ige an
	peliet, i	it is true, correct, and co	Uertaratio	or preparer	otner than tax	payer or fid	uciary) is t	pased on all in	trormation of	wnich prepare	er nas a	пу кпо	wiedge
		CV/V	un				1111	120/0	/	fires	T.		
ē	Sig	gnature of officer or truste	e				Date	1	Title				
Sìgn Here						Date		Ch		Preparer's			
Ę	ح ج	Preparer's		//	1.	AUG S	0 20	Check if self-emp	loved ►	number (S page 30 of			
Siç	D are	signature	and f.	Helm	CPA		. 0 20	יטו	,				•
	Paid Preparer's Use Only	Firm's name (or yours		E HORWA					EIN ▶	35-0921	680		
	ر کے	celf employed) addre	cc 7 aa10	חוום	CIPCIE	DD E S	מידוו	330					

9910 DUPONT CIRCLE DR E SUITE 230

FORT WAYNE,

46825-1612 Phone no 260-489-1949

self-employed), address,

and ZIP code

## Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Name of the organization Employer identification number ASH FAMILY FOUNDATION, INC. 27-1243709 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and П For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

of Part I

Name of organization ASH FAMILY FOUNDATION, INC.

Employer identification number 27-1243709

of

Part I Contributors	(see instructions)
---------------------	--------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	TIMOTHY E. ASH  10811 MONTE VISTA COURT  FORT WAYNE, IN 46804	\$\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroli Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule E	В	(Form 99	O.	990-F7	or	990-PF)	(2009
OCHEGORIE I	_	פכ ווווט זו	υ.	330-62.	v	33U-F F	1200

Name of organization

ASH FAMILY FOUNDATION, INC.

Page of of Part II
Employer identification number 27-1243709

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
1	VARIOUS SECURITIES	\$\$	12/28/2009		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
ISA					

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PART
FORM 990PF, PAR

NAME AND ADDRESS

DATE

DIRECT PUBLIC SUPPORT

ATTACHMENT 1

TIMOTHY E. ASH 10811 MONTE VISTA COURT FORT WAYNE, IN 46804

12/28/2009

306,374.

TOTAL CONTRIBUTION AMOUNTS

306,374.

EXPENSE ACCT AND OTHER ALLOWANCES	·	Ö	.0	0
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	.0	.0	.0	0
COMPENSATION	.0	.0	· o	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	BOARD MEMBER 1.00	BOARD MEMBER 1.00	BOARD MEMBER 1.00	GRAND TOTALS
NAME AND ADDRESS	TIMOTHY E. ASH 10811 MONTE VISTA COURT FORT WAYNE, IN 46814	ELIZABETH A. ASH 10811 MONTE VISTA COURT FORT WAYNE, IN 46814	JASON GROVER 434 GOLFWAY DRIVE FORT WAYNE, IN 46814	

ATTACHMENT 2

FORM 990PE, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

(Rev April 2009)

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the T Internal Revenue Se	ment of the Treasury  Revenue Service  File a separate application for each return.						
	● If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box   ▶   X						
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)  Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.							
Part I Autor	natic 3-	Month Extension of Time. Only submit original (no copies needed).					
		o file Form 990-T and requesting an automatic 6-month extension - check this b	ox and co	mplete			
Part I only				▶ 🔲			
All other corpo		including 1120-C filers), partnerships, REMICs, and trusts must use Form 70 eturns	004 to re	equest an extension of			
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated From 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs gov/efile and click on e-file for Charities & Nonprofits.							
Type or	Name of	Exempt Organization	Employer identification number				
print	ASI	H FAMILY FOUNDATION, INC.	27-	1243709			
File by the	Number,	street, and room or suite no. If a P.O. box, see instructions					
due date for filing your		09 W. JEFFERSON BLVD.					
return See Instructions		n or post office, state, and ZIP code. For a foreign address, see instructions.  RT WAYNE, IN 46804					
Check type of	return t	o be filed (file a separate application for each return)					
Form 990		Form 990-T (corporation)	m 4720				
Form 990-			m 5227				
Form 990-		[	m 6069				
X Form 990-	PF	Form 1041-A	m 8870				
	• The books are in the care of ► C/O TIMOTHY E. ASH  Telephone No ► 260 625-5081 FAX No ►						
Telephone No ► 260 625-5081 FAX No ►  • If the organization does not have an office or place of business in the United States, check this box							
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time							
until $\frac{08/16}{2010}$ , to file the exempt organization return for the organization named above. The extension is							
for the org	ganızatıo	n's return for					
<b>.</b> [	calendar	year or					
		beginning 12/28, 2009 , and ending	12/3	1, 2009			
	tax you.	boginning, and enoung		-,			
2 If this tax	year is fo	or less than 12 months, check reason X Initial return Final return	Chang	e in accounting period			
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any							
• •	-	dits See instructions	•	3a \$ 0.			
		is for Form 990-PF or 990-T, enter any refundable credits and estimated tax p	ayments				
made Inc	lude any	prior year overpayment allowed as a credit		3b \$ 0.			
		tract line 3b from line 3a Include your payment with this form, or, if required		1 1			
	=	n or, if required, by using EFTPS (Electronic Federal Tax Payment Syste	m) See	<b>⊢</b> ⊣ .			
instruction				3c \$ 0.			
=	Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO						
for payment instructions							
For Privacy Ac	t and Pa	perwork Reduction Act Notice, see Instructions.		Form <b>8868</b> (Rev 4-2009)			

Form 886	8 (Rev_4-2009)				F	Page 2
• If yo	u are filing for an Additional (Not Automatic) 3-Month Extension, complete only	Part II a	nd check this box			X
	Only complete Part II if you have already been granted an automatic 3-month ex					
<ul><li>If yo</li></ul>	u are filing for an Automatic 3-Month Extension, complete only Part I (on page	1)				
	Additional (Not Automatic) 3-Month Extension of Time. Only		original (no cop	ies	needed).	
	Name of Exempt Organization	Employer identification number				
Type of print	ASH FAMILY FOUNDATION, INC.	•	27-124370	9		
•	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only				
File by the	7609 W. JEFFERSON BLVD.		,			
due date filing the	s for					
return S	ee FORE HAVIE THE ACCOM		•			
Check	type of return to be filed (File a separate application for each return)	<u> </u>				
$\overline{}$	Form 990 X Form 990-PF		Form 1041-A	Γ	Form 60	69
	Form 990-BL Form 990-T (sec 401(a) or 408(a) trust)		Form 4720		Form 88	
<del></del>	Form 990-EZ Form 990-T (trust other than above)		Form 5227	L		. •
	Do not complete Part II if you were not already granted an automatic 3-more	nth exter		uslv	filed Form 8	868
	books are in the care of ► C/O TIMOTHY E. ASH	THE CALC	ioron on a previo	<u>,</u>	11100 1 01111 0	
	phone No ▶ 260 625-5081 FAX No ▶		<del></del>		_	
	e organization does not have an office or place of business in the United States, or	hook the	hou		_	
	is is for a Group Return, enter the organization's four digit Group Exemption Numb			his i	5	
	whole group, check this box > If it is for part of the group, check this	s box	.   and attace	n a		
	h the names and EINs of all members the extension is for					
	request an additional 3-month extension of time until 11/15/2010		10/21/0	200	0	
	or calendar year, or other tax year beginning 12/28/2009	_,and en	<del></del>		<del></del>	
		Final retu		e in	accounting p	eriod
7 S	State in detail why you need the extension ADDITIONAL TIME IS REQUI	RED TO	GATHER THE			
_	INFORMATION NECESSARY TO FILE A COMPLETE					
	AND ACCURATE RETURN.					
8a if	f this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	e tentativ	e tax, less any			
_	nonrefundable credits. See instructions				\$	0.
b II	f this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable	le credits	and estimated	İ		
ta	ax payments made. Include any prior year overpayment allowed as a credit	and an	y amount paid			
Р	reviously with Form 8868			8 b	\$	0.
cΕ	Balance Due. Subtract line 8b from line 8a Include your payment with this form	, or, if re	quired, deposit			
v	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment S	System) S	See instructions	8c	\$	0.
	Signature and Verification	n .				
	enalties of perjury, I declare that I have examined this form, including accompanying schedules a	nd stateme	nts, and to the best o	f my	knowledge and	belief,
it is true,	correct, and complete, and that I am authorized to prepare this form					
					- 1 /	
Signatur	e ► Cardia E. Africa Title ► C/	PA	Date	<u> </u>	8,10/10	
	CROWE HORWATH LLP			For	n <b>8868</b> (Rev 4	1-2009)
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9910 DUPONT CIRCLE DR E SUITE 230 FORT WAYNE, IN 46825-1612