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

OMB No. 1545-0052

**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 **2009**

**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<br><b>J. Robert &amp; Joanne N. Baur Foundation, Inc.</b>     |                                                                                                                                                                                                        | <b>A</b> Employer identification number<br><b>31-1152381</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                          | Number and street (or P O box number if mail is not delivered to street address) | Room/suite                                                                                                                                                                                             | <b>B</b> Telephone number (see the instructions)<br><b>(765) 282-2758</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                          | City or town<br><b>Muncie</b>                                                    | State ZIP code<br><b>IN 47304-3762</b>                                                                                                                                                                 | <b>C</b> If exemption application is pending, check here <input type="checkbox"/><br><b>D 1</b> Foreign organizations, check here <input type="checkbox"/><br><b>2</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/><br><b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/><br><b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> |
| <b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation |                                                                                  |                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>I</b> Fair market value of all assets at end of year (from Part II, column (c), line 16)<br>\$ <b>2,623,531.</b>                                                                                                                                      |                                                                                  | <b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br>(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) |
|--------------------------------------------------------------------------------|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| <b>REVENUE</b>                                                                 |                                    |                           |                         |                                                             |
| 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                           | 3,041.                             | 3,041.                    |                         |                                                             |
| 4 Dividends and interest from securities                                       | 47,808.                            | 47,808.                   |                         |                                                             |
| 5a Gross rents                                                                 |                                    |                           |                         |                                                             |
| b Net rental income or (loss)                                                  |                                    | L-6a Stmt                 |                         |                                                             |
| 6a Net gain/(loss) from sale of assets not on line 10                          | -82,862.                           |                           |                         |                                                             |
| b Gross sales price for all assets on line 6a                                  | 1,837,429.                         |                           |                         |                                                             |
| 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)                                              |                                    |                           |                         |                                                             |
| 12 Total. Add lines 1 through 11                                               | -32,013.                           | 50,849.                   |                         |                                                             |
| <b>ADMINISTRATIVE AND OPERATING EXPENSES</b>                                   |                                    |                           |                         |                                                             |
| 13 Compensation of officers, directors, trustees, etc                          | 5,000.                             |                           |                         | 5,000.                                                      |
| 14 Other employee salaries and wages                                           |                                    |                           |                         |                                                             |
| 15 Pension plans, employee benefits                                            |                                    |                           |                         |                                                             |
| 16a Legal fees (attach schedule)                                               |                                    |                           |                         |                                                             |
| b Accounting fees (attach sch)                                                 |                                    |                           |                         |                                                             |
| c Other prof fees (attach sch) L-16c Stmt                                      | 9,229.                             |                           |                         |                                                             |
| 17 Interest                                                                    |                                    |                           |                         |                                                             |
| 18 Taxes (attach schedule)(see instr) See Line 18 Stmt                         | 2,082.                             |                           |                         |                                                             |
| 19 Depreciation (attach sch) and depletion                                     |                                    |                           |                         |                                                             |
| 20 Occupancy                                                                   |                                    |                           |                         |                                                             |
| 21 Travel, conferences, and meetings                                           | 295.                               |                           |                         | 295.                                                        |
| 22 Printing and publications                                                   |                                    |                           |                         |                                                             |
| 23 Other expenses (attach schedule) See Line 23 Stmt                           | 42.                                |                           |                         | 42.                                                         |
| 24 Total operating and administrative expenses. Add lines 13 through 23        | 16,648.                            |                           |                         | 5,337.                                                      |
| 25 Contributions, gifts, grants paid                                           | 120,383.                           |                           |                         | 120,383.                                                    |
| 26 Total expenses and disbursements. Add lines 24 and 25                       | 137,031.                           |                           |                         | 125,720.                                                    |
| 27 Subtract line 26 from line 12:                                              |                                    |                           |                         |                                                             |
| a Excess of revenue over expenses and disbursements                            | -169,044.                          |                           |                         |                                                             |
| b Net investment income (if negative, enter -0-)                               |                                    | 50,849.                   |                         |                                                             |
| c Adjusted net income (if negative, enter -0-)                                 |                                    |                           |                         |                                                             |

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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 | End of year    |                       |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------|-----------------------|
|                                                                                                     |                                                                                                                               | (a) Book Value    | (b) Book Value | (c) Fair Market Value |
| <b>ASSETS</b>                                                                                       | 1 Cash — non-interest-bearing                                                                                                 | 14,906.           | 45,024.        | 45,024.               |
|                                                                                                     | 2 Savings and temporary cash investments                                                                                      | 1,068,028.        | 1,511,690.     | 1,511,690.            |
|                                                                                                     | 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) L-10a Stmt                                          | 50,260.           |                |                       |
|                                                                                                     | b Investments — corporate stock (attach schedule) L-10b Stmt                                                                  | 1,270,607.        | 794,101.       | 945,059.              |
|                                                                                                     | c Investments — corporate bonds (attach schedule) L-10c Stmt                                                                  |                   | 112,591.       | 121,758.              |
|                                                                                                     | 11 Investments — land, buildings, and equipment: basis                                                                        |                   |                |                       |
| Less: accumulated depreciation (attach schedule)                                                    |                                                                                                                               |                   |                |                       |
| 12 Investments — mortgage loans                                                                     |                                                                                                                               |                   |                |                       |
| 13 Investments — other (attach schedule) L-13 Stmt                                                  | 245,439.                                                                                                                      |                   |                |                       |
| 14 Land, buildings, and equipment: basis                                                            |                                                                                                                               |                   |                |                       |
| Less: accumulated depreciation (attach schedule)                                                    |                                                                                                                               |                   |                |                       |
| 15 Other assets (describe)                                                                          |                                                                                                                               |                   |                |                       |
| 16 <b>Total assets</b> (to be completed by all filers — see instructions. Also, see page 1, item I) | 2,649,240.                                                                                                                    | 2,463,406.        | 2,623,531.     |                       |
| <b>LIABILITIES</b>                                                                                  | 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 <b>Total liabilities</b> (add lines 17 through 22)                                                                         |                   |                |                       |
| <b>FUND ASSETS</b>                                                                                  | Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.                            |                   |                |                       |
|                                                                                                     | 24 Unrestricted                                                                                                               |                   |                |                       |
|                                                                                                     | 25 Temporarily restricted                                                                                                     |                   |                |                       |
|                                                                                                     | 26 Permanently restricted                                                                                                     |                   |                |                       |
|                                                                                                     | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.                                         |                   |                |                       |
|                                                                                                     | 27 Capital stock, trust principal, or current funds                                                                           | 2,649,240.        | 2,463,406.     |                       |
|                                                                                                     | 28 Paid-in or capital surplus, or land, building, and equipment fund                                                          |                   |                |                       |
|                                                                                                     | 29 Retained earnings, accumulated income, endowment, or other funds                                                           |                   |                |                       |
|                                                                                                     | 30 <b>Total net assets or fund balances</b> (see the instructions)                                                            | 2,649,240.        | 2,463,406.     |                       |
| 31 <b>Total liabilities and net assets/fund balances</b> (see the instructions)                     | 2,649,240.                                                                                                                    | 2,463,406.        |                |                       |

**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 | 2,649,240. |
| 2 Enter amount from Part I, line 27a                                                                                                                         | 2 | -169,044.  |
| 3 Other increases not included in line 2 (itemize)                                                                                                           | 3 |            |
| 4 Add lines 1, 2, and 3                                                                                                                                      | 4 | 2,480,196. |
| 5 Decreases not included in line 2 (itemize) See Other Decreases Stmt                                                                                        | 5 | 16,790.    |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30                                                      | 6 | 2,463,406. |

**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<br>P — Purchase<br>D — Donation | (c) Date acquired<br>(month, day, year) | (d) Date sold<br>(month, day, year) |
|------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------|-----------------------------------------|-------------------------------------|
| 1a 2N1-003852 Credit Suisse (see statement)                                                                                              |  | P                                                | various                                 | various                             |
| b 1392 Ishares DJ US Pharma Fund                                                                                                         |  | P                                                | various                                 | 08/19/09                            |
| c 1017 shs Ishares MSCI EMU Index                                                                                                        |  | P                                                | various                                 | 08/19/09                            |
| d 2496 shs Ishares MSCI Japan Index                                                                                                      |  | P                                                | various                                 | 08/19/09                            |
| e See Columns (a) thru (d)                                                                                                               |  |                                                  |                                         |                                     |

| (e) Gross sales price      | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g) |
|----------------------------|--------------------------------------------|-------------------------------------------------|----------------------------------------------|
| a 651,148.                 |                                            | 784,322.                                        | -133,174.                                    |
| b 68,014.                  |                                            | 61,095.                                         | 6,919.                                       |
| c 33,967.                  |                                            | 40,395.                                         | -6,428.                                      |
| d 24,694.                  |                                            | 24,735.                                         | -41.                                         |
| e See Columns (e) thru (h) |                                            | 446,661.                                        | 4,629.                                       |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                      |                                                     | (i) Gains (Column (h)<br>gain minus column (k), but not less<br>than -0-) or Losses (from column (h)) |
|---------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| (i) Fair Market Value<br>as of 12/31/69                                                     | (j) Adjusted basis<br>as of 12/31/69 | (k) Excess of column (i)<br>over column (j), if any |                                                                                                       |
| a                                                                                           |                                      |                                                     | -133,174.                                                                                             |
| b 0.                                                                                        | 0.                                   | 0.                                                  | 6,919.                                                                                                |
| c                                                                                           |                                      |                                                     | -6,428.                                                                                               |
| d                                                                                           |                                      |                                                     | -41.                                                                                                  |
| e See Columns (i) thru (l)                                                                  | 0.                                   | 0.                                                  | 4,629.                                                                                                |

|                                                                                                                  |                                                                                                                 |   |           |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---|-----------|
| 2 Capital gain net income or (net capital loss).                                                                 | <div> <div>If gain, also enter in Part I, line 7</div> <div>If (loss), enter -0- in Part I, line 7</div> </div> | 2 | -128,095. |
| 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<br>Calendar year (or tax year<br>beginning in) | (b) Adjusted qualifying distributions | (c) Net value of<br>noncharitable-use assets | (d) Distribution ratio<br>(column (b) divided by column (c)) |
|----------------------------------------------------------------------|---------------------------------------|----------------------------------------------|--------------------------------------------------------------|
| 2008                                                                 | 134,065.                              | 2,984,420.                                   | 0.044922                                                     |
| 2007                                                                 | 128,647.                              | 3,755,552.                                   | 0.034255                                                     |
| 2006                                                                 | 153,639.                              | 3,348,338.                                   | 0.045885                                                     |
| 2005                                                                 | 155,464.                              | 3,240,954.                                   | 0.047969                                                     |
| 2004                                                                 | 134,559.                              | 3,039,213.                                   | 0.044274                                                     |

|                                                                                                                                                                                |   |            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------|
| 2 Total of line 1, column (d)                                                                                                                                                  | 2 | 0.217305   |
| 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 | 0.043461   |
| 4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5                                                                                                 | 4 | 2,429,109. |
| 5 Multiply line 4 by line 3                                                                                                                                                    | 5 | 105,572.   |
| 6 Enter 1% of net investment income (1% of Part I, line 27b)                                                                                                                   | 6 | 508.       |
| 7 Add lines 5 and 6                                                                                                                                                            | 7 | 106,080.   |
| 8 Enter qualifying distributions from Part XII, line 4                                                                                                                         | 8 | 125,720.   |

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.<br>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      | 508. |
| 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      | 508. |
| 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      | 508. |
| 6 Credits/Payments:                                                                                                                                                                                                                 |    |        |      |
| a 2009 estimated tax pmts and 2008 overpayment credited to 2009                                                                                                                                                                     | 6a | 2,700. |      |
| b Exempt foreign organizations -- tax withheld at source                                                                                                                                                                            | 6b | 710.   |      |
| 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  | 3,410. |      |
| 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  |        |      |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid                                                                                                                                        | 10 | 2,902. |      |
| 11 Enter the amount of line 10 to be: Credited to 2010 estimated tax 1,000. Refunded                                                                                                                                                | 11 | 1,902. |      |

**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)?                                                                                                                                                                                         |     | X  |
| 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.                                                                                                                                        |     |    |
| 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:<br>(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?<br>If 'Yes,' attach a detailed description of the activities.                                                                                                                                                                      |     | 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? If 'Yes,' attach a conformed copy of the changes                                                                                                         |     | 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?                                                                                                                                                                                                                                                                   |     |    |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?<br>If 'Yes,' attach the statement required by General Instruction T.                                                                                                                                                                |     | X  |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:<br>• By language in the governing instrument, or<br>• 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? If 'Yes,' complete Part II, column (c), and Part XIV                                                                                                                                                                                               | X   |    |
| 8 a Enter the states to which the foundation reports or with which it is registered (see the instructions)                                                                                                                                                                                                                           |     |    |
| 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                                                                                                                        |     | 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)? If 'Yes,' complete Part XIV                                                                               |     | X  |
| 10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses.                                                                                                                                                                                               |     | X  |

BAA

Form 990-PF (2009)

**Part VII-A Statements Regarding Activities Continued**

|                      |                                                                                                                                                                                                                     |    |   |   |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|---|
| 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)                             | 11 |   | X |
| 12                   | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?                                                                                               | 12 |   | X |
| 13                   | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?                                                                                                 | 13 | X |   |
| Website address: N/A |                                                                                                                                                                                                                     |    |   |   |
| 14                   | The books are in care of: J. Robert Baur Telephone no.: (765) 282-2758<br>Located at: 3810 W. Riverside Ave., Muncie, IN ZIP + 4: 47304-3762                                                                        |    |   |   |
| 15                   | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the year: 15 |    |   |   |

**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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b> During the year did the foundation (either directly or indirectly):                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |    |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                        |     |    |
| (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                                                                                                                                                                                                                                                                                                                                                |     |    |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                    |     |    |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                          |     |    |
| (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                                                                                                                                                                                                                                                                                                                 |     |    |
| (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                                                                                                                                                                                                               |     |    |
| <b>b</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)? <input type="checkbox"/>                                                                                                                                                                                                                                                                        | 1b  |    |
| Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                       |     |    |
| <b>c</b> 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? <input type="checkbox"/>                                                                                                                                                                                                                                                                                                         | 1c  | X  |
| <b>2</b> 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)):                                                                                                                                                                                                                                                                                                                                           |     |    |
| <b>a</b> 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<br>If 'Yes,' list the years: 20__, 20__, 20__, 20__                                                                                                                                                                                                                                                |     |    |
| <b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> 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.) <input type="checkbox"/>                                                                                                                                                                            | 2b  |    |
| <b>c</b> If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.<br>20__, 20__, 20__, 20__                                                                                                                                                                                                                                                                                                                                                                               |     |    |
| <b>3a</b> 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                                                                                                                                                                                                                                                                                                                          |     |    |
| <b>b</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.) <input type="checkbox"/> | 3b  |    |
| <b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                | 4a  | X  |
| <b>b</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? <input type="checkbox"/>                                                                                                                                                                                                                                                               | 4b  | X  |

BAA

Form 990-PF (2009)

**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)?

5b

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?

☐ Yes ☐ No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d).

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?

6b

If 'Yes' to 6b, file Form 8870.

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

☐ Yes ☒ No

7b

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

**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 |
|--------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| J. Robert Baur<br>3810 W. Riverside Ave.<br>Muncie, IN 47304 | Pres., Director<br>5.00                                  | 0.                                        | 0.                                                                    | 0.                                    |
| Joanne N. Baur<br>3810 W. Riverside Ave.<br>Muncie, IN 47304 | VICE-PRES.<br>3.00                                       | 0.                                        | 0.                                                                    | 0.                                    |
| Michael N. Baur<br>1509 N. Kimberly Lane<br>Muncie IN 47304  | Tres., Director<br>1.00                                  | 1,000.                                    | 0.                                                                    | 0.                                    |
| See Information about Officers, Directors, Trustees, Etc.    |                                                          | 4,000.                                    | 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                                                                     |                     |                  |
|                                                                          | n/a                 |                  |
|                                                                          |                     |                  |
|                                                                          |                     |                  |
|                                                                          |                     |                  |
|                                                                          |                     |                  |
|                                                                          |                     |                  |
| 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 |          |
| 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                                                                                                                 |        |
| 2                                                                                                                 |        |
| All other program-related investments. See instructions.                                                          |        |
| 3                                                                                                                 |        |
| Total. Add lines 1 through 3                                                                                      |        |

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 | 1,198,363. |
| b | Average of monthly cash balances                                                                            | 1b | 1,267,738. |
| c | Fair market value of all other assets (see instructions)                                                    | 1c |            |
| d | Total (add lines 1a, b, and c)                                                                              | 1d | 2,466,101. |
| 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  | 2,466,101. |
| 4 | Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)   | 4  | 36,992.    |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4        | 5  | 2,429,109. |
| 6 | Minimum investment return. Enter 5% of line 5                                                               | 6  | 121,455.   |

**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  | 121,455. |
| 2a | Tax on investment income for 2009 from Part VI, line 5                                             | 2a | 508.     |
| b  | Income tax for 2009. (This does not include the tax from Part VI.)                                 | 2b |          |
| c  | Add lines 2a and 2b                                                                                | 2c | 508.     |
| 3  | Distributable amount before adjustments. Subtract line 2c from line 1                              | 3  | 120,947. |
| 4  | Recoveries of amounts treated as qualifying distributions                                          | 4  |          |
| 5  | Add lines 3 and 4                                                                                  | 5  | 120,947. |
| 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  | 120,947. |

**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 | 125,720. |
| b | Program-related investments — total from Part IX-B                                                                                                   | 1b |          |
| 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  | 125,720. |
| 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  | 508.     |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4                                                                                       | 6  | 125,212. |

**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)<br>Corpus | (b)<br>Years prior to 2008 | (c)<br>2008 | (d)<br>2009 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2009 from Part XI, line 7                                                                                                                       |               |                            |             | 120,947.    |
| <b>2</b> Undistributed income, if any, as of the end of 2009:                                                                                                                     |               |                            |             |             |
| <b>a</b> Enter amount for 2008 only                                                                                                                                               |               |                            | 9,248.      |             |
| <b>b</b> Total for prior years: 20__, 20__, 20__                                                                                                                                  |               |                            |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2009:                                                                                                                         |               |                            |             |             |
| <b>a</b> From 2004                                                                                                                                                                | 0.            |                            |             |             |
| <b>b</b> From 2005                                                                                                                                                                | 0.            |                            |             |             |
| <b>c</b> From 2006                                                                                                                                                                | 0.            |                            |             |             |
| <b>d</b> From 2007                                                                                                                                                                | 0.            |                            |             |             |
| <b>e</b> From 2008                                                                                                                                                                | 139,310.      |                            |             |             |
| <b>f</b> Total of lines 3a through e                                                                                                                                              | 139,310.      |                            |             |             |
| <b>4</b> Qualifying distributions for 2009 from Part XII, line 4: \$                                                                                                              |               |                            |             | 125,720.    |
| <b>a</b> Applied to 2008, but not more than line 2a                                                                                                                               |               |                            | 4,773.      |             |
| <b>b</b> Applied to undistributed income of prior years (Election required — see instructions)                                                                                    |               |                            |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required — see instructions)                                                                                            |               |                            |             |             |
| <b>d</b> Applied to 2009 distributable amount                                                                                                                                     |               |                            |             | 120,947.    |
| <b>e</b> Remaining amount distributed out of corpus                                                                                                                               | 0.            |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a).)                                        |               |                            |             |             |
| <b>6</b> Enter the net total of each column as indicated below:                                                                                                                   |               |                            |             |             |
| <b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5                                                                                                                        | 139,310.      |                            |             |             |
| <b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b                                                                                                         |               | 0.                         |             |             |
| <b>c</b> 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 |               |                            |             |             |
| <b>d</b> Subtract line 6c from line 6b. Taxable amount — see instructions                                                                                                         |               | 0.                         |             |             |
| <b>e</b> Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount — see instructions                                                                          |               |                            | 4,475.      |             |
| <b>f</b> Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010                                                              |               |                            |             | 0.          |
| <b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)                                  |               |                            |             |             |
| <b>8</b> Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)                                                                              | 0.            |                            |             |             |
| <b>9</b> Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a                                                                                              | 139,310.      |                            |             |             |
| <b>10</b> Analysis of line 9:                                                                                                                                                     |               |                            |             |             |
| <b>a</b> Excess from 2005                                                                                                                                                         | 0.            |                            |             |             |
| <b>b</b> Excess from 2006                                                                                                                                                         | 0.            |                            |             |             |
| <b>c</b> Excess from 2007                                                                                                                                                         | 0.            |                            |             |             |
| <b>d</b> Excess from 2008                                                                                                                                                         | 139,310.      |                            |             |             |
| <b>e</b> 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)                                                    |          |               |          |          |           |
| 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                                                     | Tax year | Prior 3 years |          |          | (e) Total |
|                                                                                                                                                                                   | (a) 2009 | (b) 2008      | (c) 2007 | (d) 2006 |           |
| 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).)

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.

**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:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**Part XV Supplementary Information (continued)****3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient<br>Name and address (home or business)                                | If recipient is an individual,<br>show any relationship to<br>any foundation manager or<br>substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                       | Amount          |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------|-----------------|
| <i>a Paid during the year</i>                                                   |                                                                                                                    |                                      |                                                           |                 |
| Indiana Policy Review<br>PO Box 5166<br>Fort Wayne IN 46895                     | N/A                                                                                                                | Public                               | Research Indiana<br>government usues<br>Public television | 200.            |
| WFYI Public Television<br>1630 N. Meridian St.<br>Indianapolis IN 46202         | N/A                                                                                                                | Public                               | Educational<br>Humanitarian aid                           | 255.            |
| AmeriCares<br>88 Hamilton Ave.<br>Stamford CT 06913-2135                        | N/A                                                                                                                | Public                               | all over the world                                        | 500.            |
| USO<br>1010 Fifth Avenue<br>New York NY                                         | N/A                                                                                                                | Public                               | Troup service<br>Scholarship, finance,                    | 100.            |
| Ball State University Found.<br>2000 W. University Ave<br>Muncie, IN 47306-9987 | N/A                                                                                                                | Public                               | art, athletics<br>Athletics, golf                         | 5,000.          |
| Santa Barbara High School<br>700 Anapamu St.<br>Santa Barbara CA 93103          | N/A                                                                                                                | Education                            | team                                                      | 300.            |
| Bloomington High School<br>Bloomington South High<br>Bloomington IN 47401       | N/A                                                                                                                | Publi                                | Education                                                 | 1,000.          |
| Boy Scouts of America<br>1900 N. Meridian St.<br>Indianapolis, IN 46206-1965    | N/A                                                                                                                | Public                               | To fund projects<br>for boys<br>Youth enrichment          | 500.            |
| Cornerstone for the Arts<br>520 E. Main St.<br>Muncie IN 47305                  | N/A                                                                                                                | Public                               | Arts                                                      | 500.            |
| See Line 3a statement                                                           |                                                                                                                    |                                      |                                                           | 112,028.        |
| <b>Total</b>                                                                    |                                                                                                                    |                                      | <b>3a</b>                                                 | <b>120,383.</b> |
| <i>b Approved for future payment</i>                                            |                                                                                                                    |                                      |                                                           |                 |
|                                                                                 |                                                                                                                    |                                      |                                                           |                 |
| <b>Total</b>                                                                    |                                                                                                                    |                                      | <b>3b</b>                                                 |                 |

**Part XVI-A Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.

| Enter gross amounts unless otherwise indicated.                   |                         | Unrelated business income |                               | Excluded by section 512, 513, or 514 |  | (e)<br>Related or exempt<br>function income<br>(see the instructions) |
|-------------------------------------------------------------------|-------------------------|---------------------------|-------------------------------|--------------------------------------|--|-----------------------------------------------------------------------|
|                                                                   | (a)<br>Business<br>code | (b)<br>Amount             | (c)<br>Exclu-<br>sion<br>code | (d)<br>Amount                        |  |                                                                       |
| <b>1</b> Program service revenue:                                 |                         |                           |                               |                                      |  |                                                                       |
| <b>a</b> None                                                     | n/a                     |                           |                               |                                      |  |                                                                       |
| <b>b</b>                                                          |                         |                           |                               |                                      |  |                                                                       |
| <b>c</b>                                                          |                         |                           |                               |                                      |  |                                                                       |
| <b>d</b>                                                          |                         |                           |                               |                                      |  |                                                                       |
| <b>e</b>                                                          |                         |                           |                               |                                      |  |                                                                       |
| <b>f</b>                                                          |                         |                           |                               |                                      |  |                                                                       |
| <b>g</b> Fees and contracts from government agencies              |                         |                           |                               |                                      |  |                                                                       |
| <b>2</b> Membership dues and assessments                          |                         |                           |                               |                                      |  |                                                                       |
| <b>3</b> Interest on savings and temporary cash investments       | n/a                     | 3,041.                    |                               |                                      |  |                                                                       |
| <b>4</b> Dividends and interest from securities                   | n/a                     | 47,808.                   |                               |                                      |  |                                                                       |
| <b>5</b> Net rental income or (loss) from real estate:            |                         |                           |                               |                                      |  |                                                                       |
| <b>a</b> Debt-financed property                                   |                         |                           |                               |                                      |  |                                                                       |
| <b>b</b> Not debt-financed property                               |                         |                           |                               |                                      |  |                                                                       |
| <b>6</b> Net rental income or (loss) from personal property       |                         |                           |                               |                                      |  |                                                                       |
| <b>7</b> Other investment income                                  |                         |                           |                               |                                      |  |                                                                       |
| <b>8</b> Gain or (loss) from sales of assets other than inventory | N/A                     |                           |                               |                                      |  | -82,862.                                                              |
| <b>9</b> Net income or (loss) from special events                 |                         |                           |                               |                                      |  |                                                                       |
| <b>10</b> Gross profit or (loss) from sales of inventory          |                         |                           |                               |                                      |  |                                                                       |
| <b>11</b> Other revenue:                                          |                         |                           |                               |                                      |  |                                                                       |
| <b>a</b>                                                          |                         |                           |                               |                                      |  |                                                                       |
| <b>b</b>                                                          |                         |                           |                               |                                      |  |                                                                       |
| <b>c</b>                                                          |                         |                           |                               |                                      |  |                                                                       |
| <b>d</b>                                                          |                         |                           |                               |                                      |  |                                                                       |
| <b>e</b>                                                          |                         |                           |                               |                                      |  |                                                                       |
| <b>12</b> Subtotal. Add columns (b), (d), and (e)                 |                         | 50,849.                   |                               |                                      |  | -82,862.                                                              |
| <b>13</b> Total. Add line 12, columns (b), (d), and (e)           |                         |                           |                               |                                      |  | -32,013.                                                              |

(See worksheet in the instructions for line 13 to verify calculations.)

(See worksheet in the instructions for line 13 to verify calculations.)

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**[illegible]

|                  |                                                                                                                      |
|------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>Part XVII</b> | <b>Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations</b> |
|------------------|----------------------------------------------------------------------------------------------------------------------|

|          |                                                                                                                                                                                                                                                     | Yes            | No |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----|
| <b>1</b> | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? |                |    |
| <b>a</b> | Transfers from the reporting foundation to a noncharitable exempt organization of:                                                                                                                                                                  |                |    |
| (1)      | Cash                                                                                                                                                                                                                                                | <b>1 a (1)</b> | X  |
| (2)      | Other assets                                                                                                                                                                                                                                        | <b>1 a (2)</b> | X  |
| <b>b</b> | Other transactions:                                                                                                                                                                                                                                 |                |    |
| (1)      | Sales of assets to a noncharitable exempt organization                                                                                                                                                                                              | <b>1 b (1)</b> | X  |
| (2)      | Purchases of assets from a noncharitable exempt organization                                                                                                                                                                                        | <b>1 b (2)</b> | X  |
| (3)      | Rental of facilities, equipment, or other assets                                                                                                                                                                                                    | <b>1 b (3)</b> | X  |
| (4)      | Reimbursement arrangements                                                                                                                                                                                                                          | <b>1 b (4)</b> | X  |
| (5)      | Loans or loan guarantees                                                                                                                                                                                                                            | <b>1 b (5)</b> | X  |
| (6)      | Performance of services or membership or fundraising solicitations                                                                                                                                                                                  | <b>1 b (6)</b> | X  |
| <b>c</b> | Sharing of facilities, equipment, mailing lists, other assets, or paid employees                                                                                                                                                                    | <b>1 c</b>     | X  |

**d** If the answer to any of the above is 'Yes,' complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

**b** If 'Yes,' complete the following schedule.

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

## SIGN

**HERE**

**Paid  
Pre-  
parer's  
Use  
Only**Preparer's  
signature

Firm's name (or yours if self-employed), address, and ZIP code

Non-Paid Preparer

05/12/10

Date \_\_\_\_\_

► President

**Title**

Date \_\_\_\_\_

Check if self-employer

Preparer's Identifying number  
(See Signature in the instrs)

EIN

Phone no

**BAA**

Form 990-PF (2009)

|                                                     |                                              |
|-----------------------------------------------------|----------------------------------------------|
| Name<br>J. Robert & Joanne N. Baur Foundation, Inc. | Employer Identification Number<br>31-1152381 |
|-----------------------------------------------------|----------------------------------------------|

**Asset Information:**

|                                                               |                                                                 |
|---------------------------------------------------------------|-----------------------------------------------------------------|
| Description of Property: .. 25 K Federal Home Lm Mtg Corp Deb |                                                                 |
| Date Acquired: ..                                             | How Acquired: ... Purchased                                     |
| Date Sold: ..... Redemption                                   | Name of Buyer: ..                                               |
| Sales Price: .... 25,000.                                     | Cost or other basis (do not reduce by depreciation) ... 25,000. |
| Sales Expense: ..                                             | Valuation Method: .... Cost                                     |
| Total Gain (Loss): ..                                         | 0. Accumulation Depreciation: ....                              |

|                                                                     |                                                                  |
|---------------------------------------------------------------------|------------------------------------------------------------------|
| Description of Property: .. 2N1-003852 Credit Suisse (see statement |                                                                  |
| Date Acquired: .. various                                           | How Acquired: ... Purchased                                      |
| Date Sold: ..... various                                            | Name of Buyer: ..                                                |
| Sales Price: .... 651,148.                                          | Cost or other basis (do not reduce by depreciation) ... 784,322. |
| Sales Expense: ..                                                   | Valuation Method: .... Cost                                      |
| Total Gain (Loss): ..                                               | -133,174. Accumulation Depreciation: ..                          |

|                                |                                                          |
|--------------------------------|----------------------------------------------------------|
| Description of Property: ..... |                                                          |
| Date Acquired: ..              | How Acquired: ...                                        |
| Date Sold: ..                  | Name of Buyer: ....                                      |
| Sales Price: ..                | Cost or other basis (do not reduce by depreciation) .... |
| Sales Expense: ..              | Valuation Method: .....                                  |
| Total Gain (Loss): ..          | Accumulation Depreciation: ..                            |

|                                |                                                          |
|--------------------------------|----------------------------------------------------------|
| Description of Property: ..... |                                                          |
| Date Acquired: ..              | How Acquired: ...                                        |
| Date Sold: .....               | Name of Buyer: ..                                        |
| Sales Price: ..                | Cost or other basis (do not reduce by depreciation) .... |
| Sales Expense: ..              | Valuation Method: ..                                     |
| Total Gain (Loss): ....        | Accumulation Depreciation: ....                          |

|                                |                                                          |
|--------------------------------|----------------------------------------------------------|
| Description of Property: ..... |                                                          |
| Date Acquired: ..              | How Acquired: ...                                        |
| Date Sold: .....               | Name of Buyer: ....                                      |
| Sales Price: ..                | Cost or other basis (do not reduce by depreciation) .... |
| Sales Expense: ..              | Valuation Method: ..                                     |
| Total Gain (Loss): ...         | Accumulation Depreciation: ...                           |

|                                 |                                                     |
|---------------------------------|-----------------------------------------------------|
| Description of Property: ... .. |                                                     |
| Date Acquired: ..               | How Acquired: ...                                   |
| Date Sold: ..                   | Name of Buyer: ..                                   |
| Sales Price: ..                 | Cost or other basis (do not reduce by depreciation) |
| Sales Expense: ..               | Valuation Method: .....                             |
| Total Gain (Loss): ..           | Accumulation Depreciation: ....                     |

|                                |                                                     |
|--------------------------------|-----------------------------------------------------|
| Description of Property: .. .. |                                                     |
| Date Acquired: ..              | How Acquired: ...                                   |
| Date Sold: ..                  | Name of Buyer: ..                                   |
| Sales Price: ..                | Cost or other basis (do not reduce by depreciation) |
| Sales Expense: ..              | Valuation Method: .....                             |
| Total Gain (Loss): ..          | Accumulation Depreciation: ....                     |

|                                |                                                        |
|--------------------------------|--------------------------------------------------------|
| Description of Property: .. .. |                                                        |
| Date Acquired: ..              | How Acquired: ...                                      |
| Date Sold: ..                  | Name of Buyer: ....                                    |
| Sales Price: ....              | Cost or other basis (do not reduce by depreciation) .. |
| Sales Expense: ..              | Valuation Method: .....                                |
| Total Gain (Loss): ..          | Accumulation Depreciation: ....                        |

|                                                                         |                                                     |
|-------------------------------------------------------------------------|-----------------------------------------------------|
| Description of Property: ..... See Net Gain or Loss from Sale of Assets |                                                     |
| Date Acquired: ..                                                       | How Acquired: ....                                  |
| Date Sold: ...                                                          | Name of Buyer: ....                                 |
| Sales Price: ....                                                       | Cost or other basis (do not reduce by depreciation) |
| Sales Expense: ..                                                       | Valuation Method: .....                             |
| Total Gain (Loss): ..                                                   | Accumulation Depreciation: ...                      |

Form 990-PF, Part I, Lines 6a

**Net Gain or Loss from Sale of Assets****Asset Information:**

|                                                            |                                                           |
|------------------------------------------------------------|-----------------------------------------------------------|
| Description of Property .....                              |                                                           |
| Business Code .....                                        | Exclusion Code .....                                      |
| Date Acquired .....                                        | How Acquired .....                                        |
| Date Sold .....                                            | Name of Buyer .....                                       |
| Check Box, if Buyer is a Business <input type="checkbox"/> |                                                           |
| Sales Price .....                                          | Cost or other basis (do not reduce by depreciation) ..... |
| Sales Expense .....                                        | Valuation Method .....                                    |
| Total Gain (Loss) .....                                    | Accumulated Depreciation .....                            |

|                                                            |                                                           |
|------------------------------------------------------------|-----------------------------------------------------------|
| Description of Property .....                              |                                                           |
| Business Code .....                                        | Exclusion Code .....                                      |
| Date Acquired .....                                        | How Acquired .....                                        |
| Date Sold .....                                            | Name of Buyer .....                                       |
| Check Box, if Buyer is a Business <input type="checkbox"/> |                                                           |
| Sales Price .....                                          | Cost or other basis (do not reduce by depreciation) ..... |
| Sales Expense .....                                        | Valuation Method .....                                    |
| Total Gain (Loss) .....                                    | Accumulated Depreciation .....                            |

|                                                            |                                                           |
|------------------------------------------------------------|-----------------------------------------------------------|
| Description of Property .....                              |                                                           |
| Business Code .....                                        | Exclusion Code .....                                      |
| Date Acquired .....                                        | How Acquired .....                                        |
| Date Sold .....                                            | Name of Buyer .....                                       |
| Check Box, if Buyer is a Business <input type="checkbox"/> |                                                           |
| Sales Price .....                                          | Cost or other basis (do not reduce by depreciation) ..... |
| Sales Expense .....                                        | Valuation Method .....                                    |
| Total Gain (Loss) .....                                    | Accumulated Depreciation .....                            |

|                                                            |                                                           |
|------------------------------------------------------------|-----------------------------------------------------------|
| Description of Property .....                              |                                                           |
| Business Code .....                                        | Exclusion Code .....                                      |
| Date Acquired .....                                        | How Acquired .....                                        |
| Date Sold .....                                            | Name of Buyer .....                                       |
| Check Box, if Buyer is a Business <input type="checkbox"/> |                                                           |
| Sales Price .....                                          | Cost or other basis (do not reduce by depreciation) ..... |
| Sales Expense .....                                        | Valuation Method .....                                    |
| Total Gain (Loss) .....                                    | Accumulated Depreciation .....                            |

|                                                            |                                                           |
|------------------------------------------------------------|-----------------------------------------------------------|
| Description of Property .....                              |                                                           |
| Business Code .....                                        | Exclusion Code .....                                      |
| Date Acquired .....                                        | How Acquired .....                                        |
| Date Sold .....                                            | Name of Buyer .....                                       |
| Check Box, if Buyer is a Business <input type="checkbox"/> |                                                           |
| Sales Price .....                                          | Cost or other basis (do not reduce by depreciation) ..... |
| Sales Expense .....                                        | Valuation Method .....                                    |
| Total Gain (Loss) .....                                    | Accumulated Depreciation .....                            |

|                                                            |                                                           |
|------------------------------------------------------------|-----------------------------------------------------------|
| Description of Property .....                              |                                                           |
| Business Code .....                                        | Exclusion Code .....                                      |
| Date Acquired .....                                        | How Acquired .....                                        |
| Date Sold .....                                            | Name of Buyer .....                                       |
| Check Box, if Buyer is a Business <input type="checkbox"/> |                                                           |
| Sales Price .....                                          | Cost or other basis (do not reduce by depreciation) ..... |
| Sales Expense .....                                        | Valuation Method .....                                    |
| Total Gain (Loss) .....                                    | Accumulated Depreciation .....                            |

Form 990-PF, Part I, Lines 6a

Continued

**Net Gain or Loss from Sale of Assets****Asset Information:**

|                                                                  |                                                               |
|------------------------------------------------------------------|---------------------------------------------------------------|
| Description of Property . . . . .                                | _____                                                         |
| Business Code _____                                              | Exclusion Code _____                                          |
| Date Acquired _____                                              | How Acquired _____                                            |
| Date Sold _____                                                  | Name of Buyer _____                                           |
| Check Box, if Buyer is a Business . . . <input type="checkbox"/> |                                                               |
| Sales Price . . . . .                                            | Cost or other basis (do not reduce by depreciation) . . . . . |
| Sales Expense . . . . .                                          | Valuation Method . . . . .                                    |
| Total Gain (Loss) . . . . .                                      | Accumulated Depreciation . . . . .                            |
| Description of Property . . . . .                                | _____                                                         |
| Business Code _____                                              | Exclusion Code _____                                          |
| Date Acquired _____                                              | How Acquired _____                                            |
| Date Sold _____                                                  | Name of Buyer _____                                           |
| Check Box, if Buyer is a Business . . . <input type="checkbox"/> |                                                               |
| Sales Price . . . . .                                            | Cost or other basis (do not reduce by depreciation) . . . . . |
| Sales Expense . . . . .                                          | Valuation Method . . . . .                                    |
| Total Gain (Loss) . . . . .                                      | Accumulated Depreciation . . . . .                            |
| Description of Property . . . . .                                | _____                                                         |
| Business Code _____                                              | Exclusion Code _____                                          |
| Date Acquired _____                                              | How Acquired _____                                            |
| Date Sold _____                                                  | Name of Buyer _____                                           |
| Check Box, if Buyer is a Business . . . <input type="checkbox"/> |                                                               |
| Sales Price . . . . .                                            | Cost or other basis (do not reduce by depreciation) . . . . . |
| Sales Expense . . . . .                                          | Valuation Method . . . . .                                    |
| Total Gain (Loss) . . . . .                                      | Accumulated Depreciation . . . . .                            |
| Description of Property . . . . .                                | _____                                                         |
| Business Code _____                                              | Exclusion Code _____                                          |
| Date Acquired _____                                              | How Acquired _____                                            |
| Date Sold _____                                                  | Name of Buyer _____                                           |
| Check Box, if Buyer is a Business . . . <input type="checkbox"/> |                                                               |
| Sales Price . . . . .                                            | Cost or other basis (do not reduce by depreciation) . . . . . |
| Sales Expense . . . . .                                          | Valuation Method . . . . .                                    |
| Total Gain (Loss) . . . . .                                      | Accumulated Depreciation . . . . .                            |
| Description of Property . . . . .                                | _____                                                         |
| Business Code _____                                              | Exclusion Code _____                                          |
| Date Acquired _____                                              | How Acquired _____                                            |
| Date Sold _____                                                  | Name of Buyer _____                                           |
| Check Box, if Buyer is a Business . . . <input type="checkbox"/> |                                                               |
| Sales Price . . . . .                                            | Cost or other basis (do not reduce by depreciation) . . . . . |
| Sales Expense . . . . .                                          | Valuation Method . . . . .                                    |
| Total Gain (Loss) . . . . .                                      | Accumulated Depreciation . . . . .                            |

Form 990-PF, Part I, Lines 6a

Continued

**Net Gain or Loss from Sale of Assets****Asset Information:**

Description of Property . . . . .  
 Business Code . . . . . Exclusion Code . . . . .  
 Date Acquired . . . . . How Acquired . . . . .  
 Date Sold . . . . . Name of Buyer . . . . .  
 Check Box, if Buyer is a Business . . . ☐  
 Sales Price . . . . . Cost or other basis (do not reduce by depreciation) . . . . .  
 Sales Expense . . . . . Valuation Method . . . . .  
 Total Gain (Loss) . . . . . Accumulated Depreciation . . . . .  
 Description of Property . . . . . 1392 sharea, Ishares DJ US Pharma Fund  
 Business Code . . . . . Exclusion Code . . . . .  
 Date Acquired . . . . . various How Acquired . . . . . Purchased  
 Date Sold . . . . . 08/19/09 Name of Buyer . . . . .  
 Check Box, if Buyer is a Business . . . ☐  
 Sales Price . . . . . 68,014. Cost or other basis (do not reduce by depreciation) . . . . . 61,459.  
 Sales Expense . . . . . Valuation Method . . . . . Cost  
 Total Gain (Loss) . . . . . 6,555. Accumulated Depreciation . . . . .  
 Description of Property . . . . . 1017 shares, Ishares MSCI EMU Index  
 Business Code . . . . . Exclusion Code . . . . .  
 Date Acquired . . . . . various How Acquired . . . . . Purchased  
 Date Sold . . . . . 08/19/09 Name of Buyer . . . . .  
 Check Box, if Buyer is a Business . . . ☐  
 Sales Price . . . . . 33,967. Cost or other basis (do not reduce by depreciation) . . . . . 40,395.  
 Sales Expense . . . . . Valuation Method . . . . . Cost  
 Total Gain (Loss) . . . . . -6,428. Accumulated Depreciation . . . . .  
 Description of Property . . . . . 2496 shares, Ishares MSCI Japan Index  
 Business Code . . . . . Exclusion Code . . . . .  
 Date Acquired . . . . . various How Acquired . . . . . Purchased  
 Date Sold . . . . . 08/19/09 Name of Buyer . . . . .  
 Check Box, if Buyer is a Business . . . ☐  
 Sales Price . . . . . 24,694. Cost or other basis (do not reduce by depreciation) . . . . . 24,735.  
 Sales Expense . . . . . Valuation Method . . . . . Cost  
 Total Gain (Loss) . . . . . -41. Accumulated Depreciation . . . . .  
 Description of Property . . . . . 1975 shares, Ishares S&P Global Consumer  
 Business Code . . . . . Exclusion Code . . . . .  
 Date Acquired . . . . . various How Acquired . . . . . Purchased  
 Date Sold . . . . . 08/19/09 Name of Buyer . . . . .  
 Check Box, if Buyer is a Business . . . ☐  
 Sales Price . . . . . 98,664. Cost or other basis (do not reduce by depreciation) . . . . . 93,944.  
 Sales Expense . . . . . Valuation Method . . . . . Cost  
 Total Gain (Loss) . . . . . 4,720. Accumulated Depreciation . . . . .  
 Description of Property . . . . . 3476 shares, Ishares DJ US TLMC SCT Index  
 Business Code . . . . . Exclusion Code . . . . .  
 Date Acquired . . . . . 01/12/09 How Acquired . . . . . Purchased  
 Date Sold . . . . . 08/19/09 Name of Buyer . . . . .  
 Check Box, if Buyer is a Business . . . ☐  
 Sales Price . . . . . 59,995. Cost or other basis (do not reduce by depreciation) . . . . . 58,849.  
 Sales Expense . . . . . Valuation Method . . . . . Cost  
 Total Gain (Loss) . . . . . 1,146. Accumulated Depreciation . . . . .

Form 990-PF, Part I, Lines 6a

Continued

**Net Gain or Loss from Sale of Assets****Asset Information:**

Description of Property ... 2975 shares, Ishares RSSL 1000 Val Index  
Business Code \_\_\_\_\_ Exclusion Code \_\_\_\_\_  
Date Acquired ... 09/23/09 How Acquired .. Purchased  
Date Sold ... 08/19/09 Name of Buyer \_\_\_\_\_  
Check Box, if Buyer is a Business. ☐  
Sales Price ... 152,624. Cost or other basis (do not reduce by depreciation) 167,967.  
Sales Expense ... \_\_\_\_\_ Valuation Method... Cost  
Total Gain (Loss) ... -15,343. Accumulated Depreciation ... \_\_\_\_\_  
Description of Property ... 9504 shares, Powershares EXCH LG Cap  
Business Code \_\_\_\_\_ Exclusion Code \_\_\_\_\_  
Date Acquired ... various How Acquired .. Purchased  
Date Sold ... 08/19/09 Name of Buyer \_\_\_\_\_  
Check Box, if Buyer is a Business. ☐  
Sales Price ... 116,137. Cost or other basis (do not reduce by depreciation) 134,544.  
Sales Expense ... \_\_\_\_\_ Valuation Method... \_\_\_\_\_  
Total Gain (Loss) ... -18,407. Accumulated Depreciation ... \_\_\_\_\_  
Description of Property ... 2503 shares, Powershares RAFI US 1500  
Business Code \_\_\_\_\_ Exclusion Code \_\_\_\_\_  
Date Acquired ... various How Acquired .. Purchased  
Date Sold ... 08/19/09 Name of Buyer \_\_\_\_\_  
Check Box, if Buyer is a Business... ☐  
Sales Price ... 108,480. Cost or other basis (do not reduce by depreciation) 98,426.  
Sales Expense ... \_\_\_\_\_ Valuation Method ... Cost  
Total Gain (Loss) ... 10,054. Accumulated Depreciation ... \_\_\_\_\_  
Description of Property ... 3140 shares, SPDR Index S&P China ETF  
Business Code \_\_\_\_\_ Exclusion Code \_\_\_\_\_  
Date Acquired ... various How Acquired .. Purchased  
Date Sold ... 08/19/09 Name of Buyer \_\_\_\_\_  
Check Box, if Buyer is a Business ☐  
Sales Price ... 203,177. Cost or other basis (do not reduce by depreciation) 168,103.  
Sales Expense ... \_\_\_\_\_ Valuation Method.... Cost  
Total Gain (Loss) ... 35,074. Accumulated Depreciation ... \_\_\_\_\_  
Description of Property ... 2384 shares, SPDR KBW Insurance ETF  
Business Code \_\_\_\_\_ Exclusion Code \_\_\_\_\_  
Date Acquired ... various How Acquired .. Purchased  
Date Sold ... 08/19/09 Name of Buyer \_\_\_\_\_  
Check Box, if Buyer is a Business... ☐  
Sales Price ... 76,719. Cost or other basis (do not reduce by depreciation) 61,850.  
Sales Expense ... \_\_\_\_\_ Valuation Method.... Cost  
Total Gain (Loss) ... 14,869. Accumulated Depreciation ... \_\_\_\_\_  
Description of Property ... 2847 shares, SPDR S&P Dividend ETF  
Business Code \_\_\_\_\_ Exclusion Code \_\_\_\_\_  
Date Acquired ... various How Acquired .. Purchased  
Date Sold ... 08/19/09 Name of Buyer \_\_\_\_\_  
Check Box, if Buyer is a Business... ☐  
Sales Price ... 118,774. Cost or other basis (do not reduce by depreciation) 110,574.  
Sales Expense ... \_\_\_\_\_ Valuation Method... Cost  
Total Gain (Loss) ... 8,200. Accumulated Depreciation ... \_\_\_\_\_

Form 990-PF, Part I, Lines 6a

Continued

**Net Gain or Loss from Sale of Assets****Asset Information:**

Description of Property ..... 2414 shares, WSDMTR Intl LRG CAP Div Fund  
Business Code \_\_\_\_\_ Exclusion Code \_\_\_\_\_  
Date Acquired \_\_\_\_\_ How Acquired Purchased  
Date Sold ..... 08/19/09 Name of Buyer \_\_\_\_\_  
Check Box, if Buyer is a Business... ☐  
Sales Price .. 100,036. Cost or other basis (do not reduce by depreciation) . 90,123.  
Sales Expense . \_\_\_\_\_ Valuation Method . Cost  
Total Gain (Loss) . 9,913. Accumulated Depreciation .. . . . . \_\_\_\_\_

## Form 990-PF, Page 1, Part I, Line 18

**Line 18 Stmt**

| Taxes (see the instructions) | Rev/Exp Book | Net Inv Inc | Adj Net Inc | Charity Disb |
|------------------------------|--------------|-------------|-------------|--------------|
| Excise taxes                 | 1,200.       |             |             |              |
| CS Foreign Tax               | 182.         |             |             |              |
| Vanguard Foreign Tax         | 700.         |             |             |              |

Total 2,082.

## Form 990-PF, Page 1, Part I, Line 23

**Line 23 Stmt**

| Other expenses:    | Rev/Exp Book | Net Inv Inc | Adj Net Inc | Charity Disb |
|--------------------|--------------|-------------|-------------|--------------|
| Bank charge        | 22.          |             |             | 22.          |
| Secretary of State |              |             |             |              |
| Copying            | 20.          |             |             | 20.          |

Total 42. 42.

## Form 990-PF, Page 2, Part III, Line 5

**Other Decreases Stmt**

Increase in asset value (unrealized)  
Calculated 2,480,196. - 2,463,406. 16,790.

Total 16,790.

## Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income

**Columns (a) thru (d)**

| (a) List and describe the kind(s) of property sold<br>(e.g., real estate, 2-story brick warehouse; or<br>common stock, 200 shares MLC Company) | (b) How<br>acquired<br>P-Purchase<br>D-Donation | (c) Date<br>acquired<br>(month,<br>day, year) | (d) Date<br>sold<br>(month,<br>day, year) |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| 1975 shs Ishares S&P Global Consumer                                                                                                           | P                                               | various                                       | 08/19/09                                  |
| 3476 shs Ishares DJ US TLM SCT Index                                                                                                           | P                                               | various                                       | 08/19/09                                  |
| 2975 shs Ishares Russll 1000 Val Index                                                                                                         | P                                               | various                                       | 08/19/09                                  |
| 9504 shs Powershares EXCH Large Cap                                                                                                            | P                                               | various                                       | 08/19/09                                  |
| 2503 shs Powershares RAFI US 1500                                                                                                              | P                                               | various                                       | 08/19/09                                  |

## Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income

**Columns (e) thru (h)**

| (e) Gross sales<br>price | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g) |
|--------------------------|--------------------------------------------|-------------------------------------------------|----------------------------------------------|
| 98,664.                  |                                            | 93,944.                                         | 4,720.                                       |
| 59,995.                  |                                            | 58,298.                                         | 1,697.                                       |
| 68,014.                  |                                            | 61,457.                                         | 6,557.                                       |
| 116,137.                 |                                            | 134,544.                                        | -18,407.                                     |
| 108,480.                 |                                            | 98,418.                                         | 10,062.                                      |

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income  
Columns (e) thru (h)

Continued

| (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) |
|-----------------------|-----------------------------------------|----------------------------------------------|-------------------------------------------|
|                       |                                         |                                              |                                           |
| Total                 |                                         | <u>446,661.</u>                              | <u>4,629.</u>                             |

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income  
Columns (i) thru (l)

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

| (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 | (l) Gains (column (h) gain minus column (k), but not less than -0-) or losses (from column (h)) |
|--------------------------------------|-----------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------|
| 0.                                   | 0.                                | 0.                                               | 4,720.                                                                                          |
| 0.                                   | 0.                                | 0.                                               | 1,697.                                                                                          |
| 0.                                   | 0.                                | 0.                                               | 6,557.                                                                                          |
|                                      |                                   |                                                  | -18,407.                                                                                        |
| 0.                                   | 0.                                | 0.                                               | 10,062.                                                                                         |
| Total                                | <u>0.</u>                         | <u>0.</u>                                        | <u>4,629.</u>                                                                                   |

Form 990-PF, Page 6, Part VIII, Line 1

## Information about Officers, Directors, Trustees, Etc.

| (a)<br>Name and address                                                                                                                      | (b)<br>Title, and average hours per week devoted to position | (c)<br>Compensation (If not paid, enter -0-) | (d)<br>Contributions to employee benefit plans and deferred compensation | (e)<br>Expense account, other allowances |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------------|------------------------------------------|
| Person <input checked="" type="checkbox"/> Business <input type="checkbox"/><br>Edgar H. Seward<br>3028 W. Applewood Ct.<br>Muncie, IN 47304 | Director<br>0.50                                             | 1,000.                                       | 0.                                                                       | 0.                                       |
| Person <input checked="" type="checkbox"/> Business <input type="checkbox"/><br>J. Robert Baur, Jr.<br>PO Box 5093<br>Santa Barbara CA 93150 | Director<br>0.50                                             | 1,000.                                       | 0.                                                                       | 0.                                       |
| Person <input checked="" type="checkbox"/> Business <input type="checkbox"/><br>C. Andrew Munson<br>2701 W. Burgewood<br>Muncie IN 47304     | Director<br>0.50                                             | 1,000.                                       | 0.                                                                       | 0.                                       |
| Person <input checked="" type="checkbox"/> Business <input type="checkbox"/><br>George Witwer<br>300 S. State Rd 201<br>Bluffton IN 46714    | Director<br>0.50                                             | 1,000.                                       | 0.                                                                       | 0.                                       |

Form 990-PF, Page 6, Part VIII, Line 1

Continued

**Information about Officers, Directors, Trustees, Etc.**

| (a)<br>Name and address | (b)<br>Title, and<br>average hours<br>per week<br>devoted to<br>position | (c)<br>Compensation<br>(If not paid,<br>enter -0-) | (d)<br>Contributions<br>to employee<br>benefit plans<br>and deferred<br>compensation | (e)<br>Expense<br>account, other<br>allowances |
|-------------------------|--------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------|
|                         |                                                                          |                                                    |                                                                                      |                                                |

Total

4,000.0.0.

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

**Line 3a statement**

| Recipient<br>Name and address<br>(home or business)                         | If recipient is<br>an individual,<br>show any<br>relationship to<br>any foundation<br>manager or<br>substantial<br>contributor | Founda-<br>tion<br>status<br>of re-<br>cipient | Purpose of<br>grant or contribution                | Person or<br>Business<br>Checkbox<br><br>Amount                                              |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------------------------------|
| <b>a Paid during the year</b>                                               |                                                                                                                                |                                                |                                                    |                                                                                              |
| Cato Foundation Inc.<br>1000 Massachusetts Ave<br>Washington, DC 20001      | N/A                                                                                                                            | Public                                         | Public policy<br>research                          | Person or <input type="checkbox"/><br>Business <input checked="" type="checkbox"/><br>1,000. |
| Friends of Epworth Forest<br>Epworth Forest Drive<br>North Webster IN 46555 | N/A                                                                                                                            | NFO                                            | charity                                            | Person or <input type="checkbox"/><br>Business <input checked="" type="checkbox"/><br>18.    |
| Nat Center Policy Analysis<br>12770 Coit Rd, Suite 800<br>Dallas, TX 75251  | N/A                                                                                                                            | charity                                        | Research gov't<br>policies                         | Person or <input type="checkbox"/><br>Business <input checked="" type="checkbox"/><br>1,000. |
| Cumberland College<br>6191 College Staton Dr<br>Williamsburg KY 40769-9983  | N/A                                                                                                                            | Private                                        | Work/Study<br>Program                              | Person or <input type="checkbox"/><br>Business <input checked="" type="checkbox"/><br>200.   |
| Delaware Co Historical Society<br>215 E. Washington St.<br>Muncie, IN 47305 | N/A                                                                                                                            | Public                                         | Fund Activities<br>historical                      | Person or <input type="checkbox"/><br>Business <input checked="" type="checkbox"/><br>200.   |
|                                                                             |                                                                                                                                |                                                |                                                    | Person or <input type="checkbox"/><br>Business <input type="checkbox"/>                      |
| Cardinal Greenways, Inc.<br>700 Wysor St.<br>Muncie, IN 47305               | N/A                                                                                                                            | Public                                         | To improve Muncie<br>Bicycle and<br>walking trails | Person or <input type="checkbox"/><br>Business <input checked="" type="checkbox"/><br>500.   |
|                                                                             |                                                                                                                                |                                                |                                                    | Person or <input type="checkbox"/><br>Business <input type="checkbox"/>                      |
| Disabled American Vets<br>P.O. Box 145447<br>Cincinnati OH 45250            | N/A                                                                                                                            | Public                                         | Aid Veterans<br>health and<br>transportation       | Person or <input type="checkbox"/><br>Business <input checked="" type="checkbox"/><br>200.   |

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

Continued

## Line 3a statement

| Recipient<br>Name and address<br>(home or business) | If recipient is<br>an individual,<br>show any<br>relationship to<br>any foundation<br>manager or<br>substantial<br>contributor | Founda-<br>tion<br>status<br>of re-<br>cipient | Purpose of<br>grant or contribution | Person or<br>Business<br>Checkbox<br><br>Amount |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------|-------------------------------------------------|
| <b>a Paid during the year</b>                       |                                                                                                                                |                                                |                                     |                                                 |
| <u>Friedman Fou Educ Choice</u>                     | <u>N/A</u>                                                                                                                     | <u>Public</u>                                  | <u>Education Funds</u>              | Person or <input type="checkbox"/>              |
| <u>One America Sq Suite 242</u>                     |                                                                                                                                |                                                | <u>for</u>                          | Business <input checked="" type="checkbox"/>    |
| <u>Indianapolis IN 46204</u>                        |                                                                                                                                |                                                | <u>poor children</u>                | 1,000.                                          |
| <u>Foundation for Teaching Economics.</u>           | <u>N/A</u>                                                                                                                     | <u>Public</u>                                  | <u>Economic fund</u>                | Person or <input type="checkbox"/>              |
| <u>260 Russell Blvd, Ste B</u>                      |                                                                                                                                |                                                | <u>for education</u>                | Business <input checked="" type="checkbox"/>    |
| <u>Davis CA 95616</u>                               |                                                                                                                                |                                                |                                     | 1,000.                                          |
| <u>Fund for American Studies</u>                    | <u>N/A</u>                                                                                                                     | <u>Public</u>                                  | <u>Collegiate</u>                   | Person or <input type="checkbox"/>              |
| <u>1706 New Hampshire Ave</u>                       |                                                                                                                                |                                                | <u>Education</u>                    | Business <input checked="" type="checkbox"/>    |
| <u>Washington, DC 20009</u>                         |                                                                                                                                |                                                |                                     | 500.                                            |
|                                                     |                                                                                                                                |                                                |                                     | Person or <input type="checkbox"/>              |
|                                                     |                                                                                                                                |                                                |                                     | Business <input type="checkbox"/>               |
|                                                     |                                                                                                                                |                                                |                                     | Person or <input type="checkbox"/>              |
|                                                     |                                                                                                                                |                                                |                                     | Business <input type="checkbox"/>               |
| <u>High St. United Methodist Church</u>             | <u>N/A</u>                                                                                                                     | <u>Religious</u>                               | <u>Religious services</u>           | Person or <input type="checkbox"/>              |
| <u>219 S. High St.</u>                              |                                                                                                                                |                                                | <u>activities</u>                   | Business <input checked="" type="checkbox"/>    |
| <u>Muncie, IN 47305</u>                             |                                                                                                                                |                                                |                                     | 110.                                            |
| <u>Historic Landmark Foundation, Inc.</u>           | <u>N/A</u>                                                                                                                     | <u>Public</u>                                  | <u>Historic building</u>            | Person or <input type="checkbox"/>              |
| <u>340 W. Michigan St.</u>                          |                                                                                                                                |                                                | <u>restoration</u>                  | Business <input checked="" type="checkbox"/>    |
| <u>Inianapolis, IN 46202</u>                        |                                                                                                                                |                                                |                                     | 300.                                            |
| <u>College Network</u>                              | <u>N/A</u>                                                                                                                     | <u>Public</u>                                  | <u>American ideals</u>              | Person or <input type="checkbox"/>              |
| <u>PO 4431,</u>                                     |                                                                                                                                |                                                | <u>for young writers</u>            | Business <input checked="" type="checkbox"/>    |
| <u>Wilmington DE 19807-4431</u>                     |                                                                                                                                |                                                |                                     | 500.                                            |
| <u>Intercollegiate Studies Inst</u>                 | <u>N/A</u>                                                                                                                     | <u>Public</u>                                  | <u>Education</u>                    | Person or <input type="checkbox"/>              |
| <u>3901 Centerville Rd</u>                          |                                                                                                                                |                                                | <u>for collegienes</u>              | Business <input checked="" type="checkbox"/>    |
| <u>Wilmington, DE 19807-0431</u>                    |                                                                                                                                |                                                |                                     | 500.                                            |
|                                                     |                                                                                                                                |                                                |                                     | Person or <input type="checkbox"/>              |
|                                                     |                                                                                                                                |                                                |                                     | Business <input type="checkbox"/>               |
|                                                     |                                                                                                                                |                                                |                                     | Person or <input type="checkbox"/>              |
|                                                     |                                                                                                                                |                                                |                                     | Business <input type="checkbox"/>               |
|                                                     |                                                                                                                                |                                                |                                     | Person or <input type="checkbox"/>              |
|                                                     |                                                                                                                                |                                                |                                     | Business <input type="checkbox"/>               |

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

Continued

**Line 3a statement**

| Recipient<br>Name and address<br>(home or business) | If recipient is<br>an individual,<br>show any<br>relationship to<br>any foundation<br>manager or<br>substantial<br>contributor | Founda-<br>tion<br>status<br>of re-<br>cipient | Purpose of<br>grant or contribution | Person or<br>Business<br>Checkbox<br><br>Amount                         |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------|
| <b>a Paid during the year</b>                       |                                                                                                                                |                                                |                                     | Person or <input type="checkbox"/><br>Business <input type="checkbox"/> |
|                                                     |                                                                                                                                |                                                |                                     | Person or <input type="checkbox"/><br>Business <input type="checkbox"/> |
|                                                     |                                                                                                                                |                                                |                                     | Person or <input type="checkbox"/><br>Business <input type="checkbox"/> |
| <u>Muncie Children's Museum</u>                     |                                                                                                                                |                                                | <u>To fund childrens</u>            | Person or <input type="checkbox"/>                                      |
| <u>515 S. High St.</u>                              | <u>N/A</u>                                                                                                                     | <u>Public</u>                                  | <u>activities</u>                   | Business <input checked="" type="checkbox"/> 200.                       |
| <u>Muncie IN 47305</u>                              |                                                                                                                                |                                                |                                     |                                                                         |
| <u>National Arbor Day Found, Inc</u>                |                                                                                                                                |                                                | <u>Conservation/use</u>             | Person or <input type="checkbox"/>                                      |
| <u>100 Arbor Ave.</u>                               | <u>N/A</u>                                                                                                                     | <u>Public</u>                                  | <u>of trees</u>                     | Business <input checked="" type="checkbox"/> 100.                       |
| <u>Nebraska City, NE 68410</u>                      |                                                                                                                                |                                                |                                     |                                                                         |
| <u>National Right to Work Foun</u>                  |                                                                                                                                |                                                | <u>Help right</u>                   | Person or <input type="checkbox"/>                                      |
| <u>8001 Braddock Road</u>                           | <u>N/A</u>                                                                                                                     | <u>Public</u>                                  | <u>to work laws</u>                 | Business <input checked="" type="checkbox"/> 500.                       |
| <u>Springfield VA 22151</u>                         |                                                                                                                                |                                                |                                     |                                                                         |
|                                                     |                                                                                                                                |                                                |                                     | Person or <input type="checkbox"/><br>Business <input type="checkbox"/> |
| <u>Mount Vernon Ladies Ass'n</u>                    |                                                                                                                                |                                                | <u>Maintain Mt.</u>                 | Person or <input type="checkbox"/>                                      |
| <u>PO Box 1594</u>                                  | <u>N/A</u>                                                                                                                     | <u>Public</u>                                  | <u>Mt. Vernon VA</u>                | Business <input checked="" type="checkbox"/> 100.                       |
| <u>Merrifield, VA 22116</u>                         |                                                                                                                                |                                                |                                     |                                                                         |
|                                                     |                                                                                                                                |                                                |                                     | Person or <input type="checkbox"/><br>Business <input type="checkbox"/> |
| <u>National Taxpayer Union Found.</u>               |                                                                                                                                |                                                | <u>To research</u>                  | Person or <input type="checkbox"/>                                      |
| <u>108 N. Alfred Street</u>                         | <u>N/A</u>                                                                                                                     | <u>Public</u>                                  | <u>tax policy &amp;</u>             | Business <input checked="" type="checkbox"/> 100.                       |
| <u>Alexexandria VA 22314</u>                        |                                                                                                                                |                                                | <u>laws</u>                         |                                                                         |
|                                                     |                                                                                                                                |                                                |                                     | Person or <input type="checkbox"/><br>Business <input type="checkbox"/> |
|                                                     |                                                                                                                                |                                                |                                     | Person or <input type="checkbox"/><br>Business <input type="checkbox"/> |
|                                                     |                                                                                                                                |                                                |                                     | Person or <input type="checkbox"/><br>Business <input type="checkbox"/> |
| <u>The Smile Train</u>                              |                                                                                                                                |                                                | <u>Surgical aid</u>                 | Person or <input type="checkbox"/>                                      |
| <u>PO Box 96231</u>                                 | <u>N/A</u>                                                                                                                     | <u>Public</u>                                  | <u>for children</u>                 | Business <input checked="" type="checkbox"/> 300.                       |
| <u>Washington DC 20090</u>                          |                                                                                                                                |                                                |                                     |                                                                         |
| <u>Reason Foundation</u>                            |                                                                                                                                |                                                | <u>To study privatization</u>       | Person or <input type="checkbox"/>                                      |
| <u>3415 S Sepulveda Blvd</u>                        | <u>N/A</u>                                                                                                                     | <u>Public</u>                                  | <u>policy</u>                       | Business <input checked="" type="checkbox"/> 500.                       |
| <u>Los Angeles CA 90099-5694</u>                    |                                                                                                                                |                                                |                                     |                                                                         |

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

Continued

## Line 3a statement

| Recipient<br>Name and address<br>(home or business)                            | If recipient is<br>an individual,<br>show any<br>relationship to<br>any foundation<br>manager or<br>substantial<br>contributor | Founda-<br>tion<br>status<br>of re-<br>cipient | Purpose of<br>grant or contribution | Person or<br>Business<br>Checkbox<br><br>Amount                                                |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------|
| <b>a Paid during the year</b>                                                  |                                                                                                                                |                                                |                                     |                                                                                                |
| National Ass'n of Scholars<br>233 Spring St.<br>New York NY 10013              | N/A                                                                                                                            | Public                                         | Literary Education                  | Person or <input type="checkbox"/><br>Business <input checked="" type="checkbox"/><br>100.     |
|                                                                                |                                                                                                                                |                                                |                                     | Person or <input type="checkbox"/><br>Business <input type="checkbox"/>                        |
|                                                                                |                                                                                                                                |                                                |                                     | Person or <input type="checkbox"/><br>Business <input type="checkbox"/>                        |
|                                                                                |                                                                                                                                |                                                |                                     | Person or <input type="checkbox"/><br>Business <input type="checkbox"/>                        |
| Santa Barbara High Sch.<br>720 Santa Barbara St.<br>Santa Barbara CA 93101     | N/a                                                                                                                            | Public                                         | Aid to Students<br>athletics        | Person or <input type="checkbox"/><br>Business <input checked="" type="checkbox"/><br>300.     |
| Taylor University<br>236 W. Reade Ave.<br>Upland, IN 46989-9999                | N/A                                                                                                                            | Public                                         | Christian liberal<br>arts education | Person or <input type="checkbox"/><br>Business <input checked="" type="checkbox"/><br>1,000.   |
| The Heritage Foundation, Inc<br>214 Massachusetts Av NE<br>Washington DC 20002 | N/A                                                                                                                            | Public                                         | Public Policy<br>research           | Person or <input type="checkbox"/><br>Business <input checked="" type="checkbox"/><br>1,000.   |
|                                                                                |                                                                                                                                |                                                | Scientific, education,              | Person or <input type="checkbox"/><br>Business <input type="checkbox"/>                        |
| Wabash College<br>PO Box 352<br>Crawfordsville IN 47933                        | N/A                                                                                                                            | Private                                        | Education                           | Person or <input type="checkbox"/><br>Business <input checked="" type="checkbox"/><br>100,600. |
|                                                                                |                                                                                                                                |                                                |                                     | Person or <input type="checkbox"/><br>Business <input type="checkbox"/>                        |
| Wayside Mission<br>1203 S. Madison St.<br>Muncie IN 47307-0309                 | N/A                                                                                                                            | Public                                         | Aid to women<br>and children        | Person or <input type="checkbox"/><br>Business <input checked="" type="checkbox"/><br>200.     |

Total

112,028.

Form 990-PF, Page 1, Part I

Continued

**Line 16c - Other Professional Fees**

| Name of Provider | Type of Service Provided | Amount Paid Per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|------------------|--------------------------|-----------------------|-----------------------|---------------------|---------------------------------------|
| Total            |                          | <u>9,229.</u>         |                       |                     |                                       |

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 |
| 65% of Wellington Fund                    | 162,500.        | 177,466.          |
| VBS stock holdings (GE, GS & GLD)         | 76,764.         | 85,276.           |
| VBS Mutual Funds                          | 554,837.        | 682,317.          |
| Total                                     | <u>794,101.</u> | <u>945,059.</u>   |

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

**L-10c Stmt**

| Line 10c - Investments - Corporate Bonds: | End of Year     |                   |
|-------------------------------------------|-----------------|-------------------|
|                                           | Book Value      | Fair Market Value |
| 35% of Wellington Fund                    | 87,500.         | 95,559.           |
| US Treasury Note                          | 25,091.         | 26,199.           |
| Total                                     | <u>112,591.</u> | <u>121,758.</u>   |

Recipient's Name and Address:

BAUR FOUNDATION INC  
ACCOUNT CLOSED

Account Number: 2N1-003852

Recipient's Identification  
Number 31-1152381

# 2009 TAX and YEAR-END STATEMENT

## TRANSACTIONS WE DO NOT REPORT TO THE IRS

### SECURITIES PURCHASED

|                                           |           | Trade/Process |  | Quantity | Net Cost          |  | Accrued Interest Purchased |             | Security Type |
|-------------------------------------------|-----------|---------------|--|----------|-------------------|--|----------------------------|-------------|---------------|
| Description                               | CUSIP     | Date          |  |          |                   |  | Amount                     |             |               |
| WISDOMTREE TR EUROPE SMALLCAP<br>DIVID-FD | 97717W869 | 06/18/2009    |  | 340      | 10,066.72         |  |                            |             |               |
| <b>Total</b>                              |           |               |  |          | <b>924,495.51</b> |  |                            | <b>0.00</b> |               |

(Continued)

(Continued)

Securities Purchased: Securities purchased through your account during 2009 are displayed in this section. We provide this information to you because you will need it to calculate a gain or loss upon disposition of the securities. The net cost displayed includes commissions and fees. If the security purchased is a debt instrument, the net cost does not include accrued interest purchased. Accrued interest purchased is reported separately in this section of your Tax Information Statement. The cost of securities purchased during 2009 should be reported on your tax return in the year in which the securities are sold or redeemed on IRS Form 1040, Schedule D.

### SCHEDULE of REALIZED GAINS and LOSSES

| Disposition - Acquisition - Closing |          |             | Security                                |            |           | Quantity  | Cost Basis | Proceeds    | Realized Gain/Loss |
|-------------------------------------|----------|-------------|-----------------------------------------|------------|-----------|-----------|------------|-------------|--------------------|
| Date                                | Date     | Transaction | Description                             | Identifier |           |           |            |             |                    |
| Short Term                          |          |             |                                         |            |           |           |            |             |                    |
| 01/12/09                            | 09/23/08 | SELL        | ISHARES INC MSCI - BRAZIL FREE INDEX FD | EWZ        | 134 000   | 8,042.68  | 4,801.23   | (3,241.45)  |                    |
| 01/12/09                            | 10/02/08 | SELL        | ISHARES INC MSCI - BRAZIL FREE INDEX FD | EWZ        | 86.000    | 4,452.22  | 3,081.39   | (1,370.83)  |                    |
| 01/12/09                            | 10/06/08 | SELL        | ISHARES INC MSCI - BRAZIL FREE INDEX FD | EWZ        | 108 000   | 4,491.72  | 3,869.65   | (622.07)    |                    |
| 01/12/09                            | 09/23/08 | SELL        | ISHARES INC MSCI EMU INDEX FD           | EZU        | 951.000   | 40,140.38 | 27,443.96  | (12,696.42) |                    |
| 01/12/09                            | 09/23/08 | SELL        | ISHARES INC MSCI - UNITED KINGDOM INDEX | EWU        | 1,990 000 | 35,609.06 | 24,249.15  | (11,359.91) |                    |
| 01/12/09                            | 09/23/08 | SELL        | ISHARES INC MSCI - MEXICO INVESTABLE    | EWV        | 129 000   | 6,081.06  | 4,004.83   | (2,076.23)  |                    |
| 01/12/09                            | 10/02/08 | SELL        | ISHARES INC MSCI - MEXICO INVESTABLE    | EWV        | 101 000   | 4,491.47  | 3,135.56   | (1,355.91)  |                    |
| 01/12/09                            | 10/06/08 | SELL        | ISHARES INC MSCI - MEXICO INVESTABLE    | EWV        | 119,000   | 4,486.30  | 3,694.38   | (791.92)    |                    |
| 01/12/09                            | 09/23/08 | SELL        | ISHARES INC MSCI - JAPAN INDEX FD       | EWJ        | 2,739,000 | 29,663.37 | 24,952.29  | (4,711.08)  |                    |
| 01/12/09                            | 10/02/08 | SELL        | ISHARES INC MSCI - JAPAN INDEX FD       | EWJ        | 1,326,000 | 13,498.68 | 12,079.86  | (1,418.82)  |                    |
| 01/12/09                            | 10/06/08 | SELL        | ISHARES INC MSCI - JAPAN INDEX FD       | EWJ        | 1,193 000 | 11,333.50 | 10,868.23  | (465.27)    |                    |

Account Number: 2N1-003852

Recipient's Name and Address:

BAUR FOUNDATION INC  
 ACCOUNT CLOSED  
 Recipient's Identification Number: 31-1152381

# 2009 TAX and YEAR-END STATEMENT

TRANSACTIONS WE DO NOT REPORT TO THE IRS

(Continued)

## SCHEDULE OF REALIZED GAINS AND LOSSES

(Continued)

| Disposition Date       | Acquisition Date | Closing Transaction | Description                                           | Security Identifier | Quantity  | Cost Basis | Proceeds   | Realized Gain/Loss |
|------------------------|------------------|---------------------|-------------------------------------------------------|---------------------|-----------|------------|------------|--------------------|
| Short Term (continued) |                  |                     |                                                       |                     |           |            |            |                    |
| 01/12/09               | 09/23/08         | SELL                | ISHARES-TR RUSSELL 1000-VALUE-INDEX-FD                | IWD                 | 170 000   | 11,180.90  | 8,068.22   | (3,112.68)         |
| 01/12/09               | 09/23/08         | SELL                | POWERSHARES EXCHANGE TRADED-FD-TR                     | PRZ                 | 641 000   | 30,821.20  | 19,994.71  | (10,826.49)        |
| 01/12/09               | 10/02/08         | SELL                | POWERSHARES EXCHANGE TRADED-FD-TR                     | PRZ                 | 619 000   | 27,035.44  | 19,308.47  | (7,726.97)         |
| 01/12/09               | 10/06/08         | SELL                | POWERSHARES EXCHANGE TRADED-FD-TR                     | PRZ                 | 683 000   | 26,960.95  | -21,304.82 | (5,656.13)         |
| 01/12/09               | 10/24/08         | SELL                | POWERSHARES EXCHANGE TRADED-FD-TR                     | PRZ                 | 191 000   | 5,982.50   | 5,957.86   | (24.64)            |
| 01/12/09               | 10/02/08         | SELL                | POWERSHARES EXCHANGE TRADED-FD-TR DYNAMIC             | PWB                 | 1,311 000 | 17,934.74  | 14,019.83  | (3,914.91)         |
| 01/12/09               | 09/23/08         | SELL                | SPDR INDEX SHS FDS                                    | CAF                 | 82 000    | 4,517.38   | 3,269.34   | (1,248.04)         |
| 01/12/09               | 10/02/08         | SELL                | S&P-EMERGING-MIDDLE SPDR INDEX SHS FDS                | CAF                 | 88 000    | 4,540.80   | 3,508.56   | (1,032.24)         |
| 01/12/09               | 10/06/08         | SELL                | S&P-EMERGING-MIDDLE SPDR INDEX SHS FDS                | CAF                 | 100 000   | 4,622.00   | 3,987.00   | (635.00)           |
| 01/12/09               | 10/24/08         | SELL                | S&P-EMERGING-MIDDLE SELECT-SECTOR-SPDR FD HEALTH CARE | XLV                 | 433 000   | 10,954.90  | 11,267.53  | 312.63             |
| 01/12/09               | 10/24/08         | SELL                | SECTOR SPDR-TR SHS BEN INT CONSUMER                   | XLP                 | 1,385 000 | 31,301.00  | 31,954.72  | 653.72             |
| 01/12/09               | 10/24/08         | SELL                | SECTOR SPDR-TR SHS BEN INT UTILITIES                  | XLU                 | 1,141 000 | 30,743.33  | 33,363.75  | 2,620.42           |
| 01/12/09               | 09/23/08         | SELL                | WISDOMTREE JR JAPAN SMALLCAP DIVID                    | DFJ                 | 787 000   | 30,094.88  | 28,068.12  | (2,026.76)         |
| 01/12/09               | 10/02/08         | SELL                | WISDOMTREE JR JAPAN SMALLCAP DIVID                    | DFJ                 | 249 000   | 9,048.66   | 8,880.51   | (168.15)           |
| 01/12/09               | 10/06/08         | SELL                | WISDOMTREE JR JAPAN SMALLCAP DIVID                    | DFJ                 | 181 000   | 6,094.27   | 6,455.31   | 361.04             |
| 01/12/09               | 09/23/08         | SELL                | WISDOMTREE JR EUROPE SMALLCAP                         | DFF                 | 1,317 000 | 58,356.27  | 33,385.95  | (24,970.32)        |
| 06/18/09               | 09/23/08         | SELL                | ISHARES INC MSCI EMU INDEX FD                         | EZU                 | 469 000   | 19,795.83  | 14,365.05  | (5,430.78)         |

Recipient's Name and Address:

BAUR FOUNDATION INC  
--ACCOUNT CLOSED--

Account Number: 2N1-003852

Recipient's Identification  
Number: 31-1152381

# 2009 TAX and YEAR-END STATEMENT

## TRANSACTIONS WE DO NOT REPORT TO THE IRS

### SCHEDULE of REALIZED GAINS and LOSSES

| Disposition<br>Date | Acquisition<br>Date | Closing<br>Transaction | Description                                  | Security<br>Identifier | Quantity  | Cost Basis | Proceeds  | Realized Gain/Loss |
|---------------------|---------------------|------------------------|----------------------------------------------|------------------------|-----------|------------|-----------|--------------------|
| (Continued)         |                     |                        |                                              |                        |           |            |           |                    |
| 06/18/09            | 10/02/08            | SELL                   | ISHARES-INC-MSGI EMU<br>INDEX-FD             | EZU                    | 303.000   | 11,541.27  | 9,280.62  | (2,260.65)         |
| 06/18/09            | 09/23/08            | SELL                   | ISHARES-INC-MSGI<br>PACIFIC-EX-JAPAN         | EPP                    | 1,127.000 | 42,883.14  | 35,773.68 | (7,109.46)         |
| 06/18/09            | 10/06/08            | SELL                   | ISHARES-INC-MSGI<br>JAPAN-INDEX-FD           | EWJ                    | 227.000   | 2,156.50   | 2,131.98  | (24.52)            |
| 06/18/09            | 12/08/08            | SELL                   | ISHARES-INC-MSGI<br>JAPAN-INDEX-FD           | EWJ                    | 1,548.000 | 13,606.92  | 14,538.82 | 931.90             |
| 06/18/09            | 09/23/08            | SELL                   | ISHARES-TR-RUSSELL<br>1000 VALUE INDEX FD    | IWD                    | 1,087.000 | 71,491.99  | 51,415.10 | (20,076.89)        |
| 06/18/09            | 01/12/09            | SELL                   | ISHARES-TR-DOW JONES<br>US                   | IYZ                    | 821.000   | 13,600.77  | 14,771.43 | 1,170.66           |
| 06/18/09            | 01/12/09            | SELL                   | ISHARES-TR<br>DOW-JONES US                   | IHE                    | 254.000   | 11,147.86  | 11,391.90 | 244.04             |
| 06/18/09            | 10/02/08            | SELL                   | POWERSHARES-DB<br>COMMODITY-INDEX            | DBC                    | 157.000   | 5,000.45   | 3,672.54  | (1,327.91)         |
| 06/18/09            | 10/06/08            | SELL                   | POWERSHARES-DB<br>COMMODITY-INDEX            | DBC                    | 306.000   | 9,042.30   | 7,157.95  | (1,884.35)         |
| 06/18/09            | 12/08/08            | SELL                   | POWERSHARES-DB<br>COMMODITY-INDEX            | DBC                    | 74.000    | 1,505.16   | 1,731.01  | 225.85             |
| 06/18/09            | 10/24/08            | SELL                   | POWERSHARES EXCHANGE<br>TRADED-FD-TR         | PRFZ                   | 326.000   | 10,210.97  | 12,215.87 | 2,004.90           |
| 06/18/09            | 10/02/08            | SELL                   | POWERSHARES EXCHANGE<br>TRADED-FD-TR DYNAMIC | PWB                    | 1,411.000 | 19,302.76  | 16,243.29 | (3,059.47)         |
| 06/18/09            | 01/12/09            | SELL                   | SPDR SER TR KBW INS<br>ETF                   | KIE                    | 420.000   | 10,873.30  | 11,009.04 | 135.74             |
| 06/18/09            | 01/12/09            | SELL                   | SECTOR SPDR TR SHS<br>BEN INT-TECHNOLOGY     | XLK                    | 2,056.000 | 31,662.40  | 37,008.00 | 5,345.60           |
| 06/18/09            | 10/06/08            | SELL                   | WISDOMTREE-TR<br>JAPAN SMALLCAP DIVID        | DFJ                    | 89.000    | 2,996.63   | 3,380.40  | 383.77             |
| 06/18/09            | 12/08/08            | SELL                   | WISDOMTREE-TR<br>JAPAN SMALLCAP DIVID        | DFJ                    | 379.000   | 13,809.36  | 14,395.18 | 585.82             |
| 06/18/09            | 09/23/08            | SELL                   | WISDOMTREE-TR<br>EUROPE SMALLCAP             | DFF                    | 49.000    | 2,171.19   | 1,439.76  | (731.43)           |

Account Number: 2N1-003852

Recipient's Name and Address:

BAUR FOUNDATION INC

ACCOUNT CLOSED

Recipient's Identification

Number 3115238

# 2009 TAX and YEAR-END STATEMENT

## TRANSACTIONS WE DO NOT REPORT TO THE IRS

(Continued)

## SCHEDULE OF REALIZED GAINS AND LOSSES

(Continued)

| Disposition<br>Date                   | Acquisition<br>Date | Closing<br>Transaction | Description                      | Security<br>Identifier | Quantity | Cost Basis        | Proceeds          | Realized Gain/Loss  |
|---------------------------------------|---------------------|------------------------|----------------------------------|------------------------|----------|-------------------|-------------------|---------------------|
| <b>Short-Term (continued)</b>         |                     |                        |                                  |                        |          |                   |                   |                     |
| 06/18/09                              | 10/02/08            | SELL                   | WISDOMTREE TR<br>EUROPE-SMALLCAP | DFE                    | 455,000  | 17,958.85         | 13,369.22         | (4,589.63)          |
| 06/18/09                              | 10/06/08            | SELL                   | WISDOMTREE TR<br>EUROPE-SMALLCAP | DFE                    | 30,000   | 1,084.20          | 881.49            | (202.71)            |
| <b>Total Short-Term</b>               |                     |                        |                                  |                        |          | <b>784,321.51</b> | <b>651,147.56</b> | <b>(133,173.95)</b> |
| <b>Total Short-Term and Long-Term</b> |                     |                        |                                  |                        |          | <b>784,321.51</b> | <b>651,147.56</b> | <b>(133,173.95)</b> |

The Schedule of Realized Gains and Losses is not reported to the IRS. This Schedule may not reflect all cost basis adjustments necessary for tax reporting purposes, for example, it does not reflect disallowed losses from wash sale events. Adjustments to cost basis may have been made for prior income received and subsequently reclassified by the issuer as a return of capital. Typically these adjustments are received after year-end and there may be differences in cost basis reflected on your monthly client brokerage statement at year end versus any subsequent reports or online displays you may have available to you. Return of capital information has been obtained from sources we believe to be reliable.

When you report your cost basis on your tax return, it should be verified with your own records. In particular, there may be other adjustments which you need to make and you should consult with your tax advisor in order to properly report your gain or loss for tax purposes. Perishing shall not be responsible for and makes no representations or warranties with respect to the accuracy of any information that you report to the IRS or other taxing authorities, and, accordingly, disclaims any and all liability that may arise with respect to your use and reliance on the information provided herein for such reporting.

There may be differences between the Schedule of Realized Gains and Losses and 1099 reporting. Below are some of the reasons for these differences:

- **Account Number Changes** - If your account number changed during the year, the Schedule of Realized Gains and Losses may have been transferred from the original account to the new account. The new account will provide you with the complete Schedule of Realized Gains and Losses. However, you will receive a complete 1099 for each account open during the year.
- **Corporate Actions** - For corporate actions, especially cash and stock mergers, the Schedule of Realized Gains and Losses may report the economic gain or loss resulting from the transaction, including the value of any stock or securities received. Thus, the Schedule of Realized Gains and Losses may report no capital gain; a capital gain equal to the difference between the original cost basis versus the fair market value of the new security; or a capital gain equal to the cash received, depending on the terms of the corporate action. In all events, however, the 1099 will only report the cash portion of the corporate action.
- **Cost Basis Service Enrollment** - The Schedule of Realized Gains and Losses will only be displayed for closing transactions during the period the account was enrolled in the cost basis service. However, proceeds will be reported on the 1099 for the full year.
- **Cost Basis Service Reenrollment** - The Schedule of Realized Gains and Losses provides you with the activity after your account was reactivated in the cost basis service. However, proceeds will be reported on the 1099 for the full year.
- **Fixed Income** - Maturities and Redemptions for short-term instruments (maturities of less than one year) are included in the Schedule of Realized Gains and Losses. However, this income is reported to the IRS on Form 1099-INT.
- **Mortgage-Backed Securities** - Each principal payoffdown is included in the Schedule of Realized Gains and Losses. However, proceeds are reported to the IRS on Form 1099-B only upon the sale or final redemption of the security.

## Monthly Value of Assets on approximately 1st of each month

| ASSETS                             | FEB       | MAR       | APRIL     | MAY       | JUNE      | JULY      | AUG       | SEPT      | OCT       | NOV       | DEC       | JAN       | Average   |
|------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>CASH:</b>                       |           |           |           |           |           |           |           |           |           |           |           |           |           |
| First Merchants National Bank      | 13,607    | 13,406    | 12,404    | 11,503    | 11,301    | 16,089    | 66,896    | 66,788    | 66,648    | 66,632    | 156,949   | 45,024    |           |
| First Merchants CD                 |           |           |           |           |           |           |           |           |           |           |           |           |           |
| Cash & Equivalent-Credit Suisse    | 988,408   | 989,807   | 1,018,490 | 1,015,811 | 1,016,401 | 735,282   |           |           |           |           |           |           |           |
| Vanguard Prime Money Market        |           |           |           |           |           |           | 735,000   | 1,634,545 | 1,635,306 | 1,635,886 | 1,537,309 | 1,511,690 |           |
| <b>FIXED INCOME: Credit Suisse</b> |           |           |           |           |           |           |           |           |           |           |           |           |           |
| Totals                             | 52,283    | 52,045    | 26,996    | 26,860    | 26,795    | 26,696    | 801,896   | 1,701,333 | 1,701,954 | 1,702,518 | 1,694,258 | 1,556,714 | 1,267,738 |
| <b>Bonds:</b>                      |           |           |           |           |           |           |           |           |           |           |           |           |           |
| Held at Vanguard                   |           |           |           |           |           |           | 50,000    | 115,789   | 118,005   | 117,515   | 121,619   | 121,758   |           |
| Credit Suisse                      |           |           |           |           |           | 49,855    |           |           |           |           |           |           |           |
| <b>Stocks: Vanguard</b>            |           |           |           |           |           |           | 200,000   | 211,252   | 219,854   | 218,165   | 232,032   | 262,742   |           |
| <b>Other: Vanguard Held Funds</b>  |           |           |           |           |           |           | 1,500,000 | 635,226   | 672,583   | 656,975   | 685,359   | 682,317   |           |
| <b>MUTUAL FUNDS: Credit Suisse</b> | 150,228   | 136,250   | 141,509   | 158,462   | 177,838   | 170,849   |           |           |           |           |           |           |           |
| <b>Exchange-Traded Products</b>    | 990,970   | 902,691   | 984,898   | 1,090,659 | 1,197,783 | 1,407,177 |           |           |           |           |           |           |           |
| <b>TOTALS</b>                      | 1,141,198 | 1,038,941 | 1,126,407 | 1,249,121 | 1,375,621 | 1,627,881 | 1,750,000 | 962,267   | 1,010,442 | 992,655   | 1,039,010 | 1,066,817 | 1,198,363 |