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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

Α	For the	e 2009 calend	ar year,	or tax year beginning		, and ending							
В	Check if	f applicable	Please	C Name of organizatio						D	Empl	loyer identification number	
Ц	Address	change	use IRS label or	MARY ALLIS							25_1046714		
Ц	Name cl	hange	print or	C/O FIRST							35-1046714		
Ц	Initial ref	turn	type	Number and street (or P		ered to street addre	ss)		Room/suite	E	Telep	phone number	
Ц	Termina	ition	See Specific	P.O. BOX 2									
Ц	Amende	ed return	Instruc-	City or town, state or cou	ntry, and ZIP + 4	461				F		ip Exemption	
Ш		ion pending	tions	CLOVERDALE		IN 461					Num		
	Sec	tion 501(c)(3	•	rations and 4947(a)(1)	•	le trusts must a	ttach		G Accounting	٠.	nod	X Cash Accrual	
-		. > 37 /		npleted Schedule A (F	orm 990 or 990-EZ).				Other (specify)			· · · · · · · · · · · · · · · · · · ·	
١.		te: ▶ <u>N/</u>		e) — X 501(c) (3 \ 4 (mand ma)	4047(=)(4) =] 507	H Check ► required to	X attac	of the h Scho	organization is not edule B (Form 990,	
7	Check	empt status (ch			3) ◀ (insert no)	4947(a)(1) o		527					
n)00 F7 or Form		ganization is not a section								re man \$25,000 A	
_				urn is not required, but					nie a compiete i	eturi	<u>'</u>	44,893	
느	art I			to determine gross receipts penses, and Chai					ee the instr	uctic			
	1			ts, and similar amounts rec		ts of Fulla E	alali	ces (S	ee the man	ucuc	1	6,527	
			•	•						-	2	9,235	
	2 3	•		enue including governm d assessments	ent lees and contracts					<u> </u>	3	3,255	
		Investment i		u assessments						F	4	4,876	
	4 50			alo of accord other than	univenten.		5a	1	24,2	55	-	1,070	
	5a			ale of assets other than asis and sales expenses	•		5b		27,3	_	1		
	b c			of assets other than inventor		lino 5a)	<u> </u>	See	Stmt 1		5c	-3,113	
a	6	, ,		ities (complete applicable p	• •	•	amina			ı Ի	30	See Stmt 2	
Ĭ.				ncluding \$		ontributions	aiiiiig,	CHOCK HE		1	1	200 20-0 -	
Revenue	a	reported on				Onthoutions	6a	1					
œ	b	•	•	s other than fundraising	ovnoncoc		6b				- 1		
	i		•	from special events and	•	o 6h from lina 6a		<u> </u>			6c		
	C 70			ory, less returns and all	,	ie ob irom ime oa	ľ	1		┢	- 60		
	7a	Less cost of		•	owances		7a 7b			\dashv	- 1		
	°		•	from sales of inventory	(Subtract line 7h from	line 7a)	(10			\dashv	7c		
	8	Other reveni			(Subtract line 7b from	ine raj				\ L	8		
	19			ines 1, 2, 3, 4, 5c, 6c, 7	c and 8					√ t	9	17,525	
	10			nounts paid (attach sch							10	6,850	
	1 (1	Benefits paid			cadic)						11	7,000	
	1,59			nsauoh, and employee	hanafite						12		
	130			other ayments to inde						_	13	2,473	
) Her	14	Сесирансу	ment util	flet and maintenance	sperident contractors						14		
	15	DISTUE		tes, and maintenance postage, and shipping						<u> </u>	15		
ŕ	16			cribe > See St						٦F	16	3,285	
Ker Asset ON CONTRACTOR	17			l lines 10 through 16						⋼	17	12,608	
\subseteq	18			the year (Subtract line	17 from line 9)						18	4,917	
E.	19	•		lances at beginning of	,	umn (A)) (must a	oree w	uth					
₩ Ss	"			ported on prior year's re	•	(* 1)) (*******************************	g. 00				19	178,696	
€	20	•	•	assets or fund balance	•	Se	e S	State	ement 4		20	3,799	
Ž	21	-		lances at end of year (, ,		-			▶┟	21	187,412	
₹ F	21 Part			ets. If Total assets on			nore, f	ile Form	990 instead of	Form	•		
				(See the instructions f				T	Beginning of year		Т	(B) End of year	
22	Cash, s	savings, and ii	nvestmei		ŕ				178,6	96	22	187,412	
		nd buildings							-		23		
		assets (descri	be 🕨)				24		
	Total a								178,6	96	25	187,412	
		iabilities (des	cribe 🕨)			0	26	0	
		•		(line 27 of column (B)	must agree with line	21)			178,6	96	27	187,412	
				Reduction Act Notice					-			Form 990-EZ (2009)	

DAA

··	TTISON CHILDKEN'S HOW		-1046/14				Page 2
	ogram Service Accomplishments	(See the instructi	ons for Part II	<u>.)</u>			penses
What is the organization's primary exe	mpt purpose?				٠,		for section
See Statement 5							ind 501(c)(4)
	ng out the organization's exempt purposes. In				1	_	ns and section
manner, describe the services provide	d, the number of persons benefited, or other	relevant information for			49	47(a)(1)	trusts, optional
each program title.					fo	r others	<u> </u>
28							
(Grants \$) If this amount includes foreign grants,	check here		\prod	28a		
29							
(Grants \$) If this amount includes foreign grants,	check here	•	\Box	29a		
30) It this amount molaces foreign grants,	CHOCK TICIC					
30							
(0)			_	\Box			
(Grants \$) If this amount includes foreign grants,				30a	$\vdash \!$	
31 Other program services (attach sc			_		١		12 600
	50) If this amount includes foreign grants,	check here	<u> </u>	ـــــــــــــــــــــــــــــــــــــــ	31a	 	12,608
32 Total program service expenses				<u> </u>	32	L	12,608
Part IV List of Officers, Dire	ctors, Trustees, and Key Employees. List			he in	structi	ons for P	
(a)	Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,			outions to efit plans &	(e) Expense account and
(α)	Name and address	devoted to position	enter -0)			pensation	other allowances
JAMES R. JACKSON	ROACHDALE	PRESIDENT					
TRI COUNTY BANK	IN 476172					0	Ç
GINGER SCOTT	GREENCASTLE	TREASURER					
WABASH CAPITAL INC	IN 46135		O			o	g
CAROL EMERY	GREENCASTLE	SECRETARY					
709 HIGHRIDGE	IN 46135		d			٥	d
JOE FERGUSON	GREENCASTLE	VICE PRESIDEN					
951 DEERFIELD COURT	IN 46135	7202 2322	G			o	(
MATTHEW HEADLEY	GREENCASTLE	BOARD MEMBER	•	†			
3RD FLOOR COURTHOUSE	IN 46135	DOARD MEMBER	o			0	
LUCY WIELAND	GREENCASTLE	BOARD MEMBER		1			`
		BOARD MEMBER	,	j			,
315 GREENWOOD AVENUE	IN 46135			+		0	
DARREN HUGHES	GREENCASTLE	BOARD MEMBER	_	j			
3012 W CR 100 S	IN 46135			+		0	
CLIFF HIGGERSON III	GREENCASTLE	BOARD MEMBER		Ì			
1750 E INDIANAPOLIS RD	IN 46135		C			0	
MIKE GOSS	GREENCASTLE	BOARD MEMBER					
105 E. WASHINGTON ST	IN 46135			 		0	
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				\vdash			-
				+-			
				\vdash			- ··· · ·
		1				,	

Form **990-EZ** (2009)

4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter

X 40e

42a The organization's books are in care of ▶ FIRST NATIONAL BANK P.O. BOX 248 CLOVERDALE, IN

transaction? If "Yes," complete Form 8886-T

List the states with which a copy of this return is filed \rightarrow

46120 ZIP + 4

Telephone no.

Located at > At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank

and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U S.? If "Yes," enter the name of the foreign country:

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year

Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of

Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 45 "Yes," Form 990 must be completed instead of Form 990-EZ

42c	X	_
	> []

Yes

42b

No

X

Yes No X X

Form 990-EZ (2009)

3	5	_	1	n	4	6	7	1	4	

Page 4

Form **990-EZ** (2009)

Par	501(c)(3) organizations and section 4947(a)(1) non						
40	and complete the tables for lines 50 and 51.			-		V	L
	Did the organization engage in direct or indirect political campaign activities o	in benair of or in oppos	ition to		46	Yes	No X
	candidates for public office? If "Yes," complete Schedule C, Part I Did the organization engage in lobbying activities? If "Yes," complete Schedul	le C Part II			47		X
	Is the organization operating a school as described in section 170(b)(1)(A)(ii)		hadula E		48		X
	Did the organization make any transfers to an exempt non-charitable related		incadic E		49a		X
	If "Yes," was the related organization a section 527 organization?	organization			49b		
	Complete this table for the organization's five highest compensated employee	es (other than officers.	directors, trustees	and kev		L	
	employees) who each received more than \$100,000 of compensation from the	•		-			
	(a) Name and address of each employee paid more	(b) Title and average	(c) Compensation	(d) Contributions to		Expen	
	than \$100,000	hours per week devoted to position		employee benefit plans & deferred compensation		count a	
None							
			-		<u> </u>		
		· · · · · · · · · · · · · · · · · · ·					
f	Total number of other employees paid over \$100,000			_			
	Complete this table for the organization's five highest compensated independ \$100,000 of compensation from the organization. If there is none, enter "None (a) Name and address of each independent contractor paid more than \$100,000.	e "	Type of service	· · · · · · · · · · · · · · · · · · ·	Compen	sation	
Non	ne		,				
	Table and a state and a state and a state at						
d 	Total number of other independent contractors each receiving over \$100,000			······································			
Sign Here		n officer) is based on all ir					
	Type or print name and title						
Paid	Preparer's signature	Date 05/1:	Check if self- employed	Preparer's Ider	, ,	•	ee instr
•	(c.) cc. c	Ars		EIN ▶			
Use	Only if self-employed), 25 SOUTH VINE ST			Phone			
	address, and ZIP + 4 GREENCASTLE, IN 461	L35-0412			-65		941
Mayt	the IRS discuss this return with the preparer shown above? See instructions				Y	es T	No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MARY ALLISON CHILDREN'S HOME

Employer identification number 1046714

_			C/O FIRST NA	IIONAL BANK					33.	- 103	0/14		
P	art l	Reas	on for Public Charity	Status (All organizations	must co	omplete	this p	art.) S	ee ins	tructio	ons.		
he	orgar	nization is not	a private foundation because	it is (For lines 1 through 11, che	ck only or	ne box.)							
1		A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(<i>i</i>	A)(i).						
2	П	A school des	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E)									
3	П		, , , , , ,	e organization described in section	on 170(b)	(1)(A)(iii)							
4		•	·	in conjunction with a hospital des				(Δ)(iii).	Enter th	e hospi	tal's name.		
•	ш	city, and state	,	in conjunction with a neepital dec	3011200 111		., 0(2)(1)	,,,,,,,,,		.ссор.			
_		•		a college or unwersity owned or	operated	by a gave	rnmonto	l unit do	caribad	ın			
5	Ш	_	•	a college or university owned or	operated	by a gove	menta	ii uriit ue	SCHDea	III			
_		•	b)(1)(A)(iv). (Complete Part I	•									
6			-	vernmental unit described in sec			-						
7	X	-	•	ubstantial part of its support from	a govern	mental un	ut or fron	n the ge	neral pu	iblic			
	_	described in s	section 170(b)(1)(A)(vi) . (Co	mplete Part II.)									
8	Ш	A community	trust described in section 17	70(b)(1)(A)(vi). (Complete Part II)								
9		An organizati	on that normally receives. (1)	more than 33 1/3 % of its suppo	rt from co	ntribution	s, memb	ership fe	ees, and	d gross			
		receipts from	activities related to its exemp	ot functions—subject to certain ex	xceptions,	and (2) r	o more	than 33	1/3 % o	f its			
		support from	gross investment income and	d unrelated business taxable inco	me (less	section 5	11 tax) fr	om busi	nesses				
		acquired by the	he organization after June 30	, 1975. See section 509(a)(2). (0	Complete	Part III)							
10	П	An organizati	on organized and operated ex	xclusively to test for public safety	See sec	tion 509(a)(4).						
11	П	An organization	on organized and operated ex	xclusively for the benefit of, to per	rform the	functions	of, or to	carry ou	t the				
		purposes of o	one or more publicly supporte	d organizations described in sect	tion 509(a)(1) or se	ction 509	9(a)(2) \$	See sec	tion			
				e type of supporting organization									
		a Type	l b Type II	c Type III-Functiona	llv integra	ted	d	Typ	e III–Otl	her			
е			_ ··	nization is not controlled directly			or more						
•	ш	•	•	and other than one or more public				-		ction			
			section 509(a)(2)		,, ceppe.								
f			, ,, ,	mination from the IRS that it is a	Type I Ty	ne II or T	vna III e	unnortin	_				
•		-	check this box	mination from the fixe that it is a	Type I, Ty	pe 11, 01 1	ype iii s	арролин	9				
_				on accorded any set or contribute		ou of the							Ш
g			_	on accepted any gift or contribution	on nom ar	iy or une							
		following per					41.73					[V]	
		• •	•	ntrols, either alone or together wit	in persons	aescribe	a in (ii)				<u> </u>	Yes	No
			below, the governing body of	• • •							11g(ı)		
			member of a person describe	• •							11g(ii)	-T	
		• •	ontrolled entity of a person de	., ,,							11g(ıı		
h		Provide the f	ollowing information about the	e supported organization(s).	1								
(1)		e of supported	(ii) EIN	(iii) Type of organization		organization		ou notify		ls the	(vii) Am		
	org	anization		(described on lines 1–9 above or IRC section		sted in your document?	tne organ	nization in of your	organizat	ion in coi zed in the	sup	port	
				(see instructions))	governing	document,		oort?		S?			
					Yes	No	Yes	No	Yes	No			
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Schedule A (Form 990 or 990-EZ) 2009 MARY ALLISON CHILDREN'S HOME Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you che	cked the box o	n line 5, 7, or 8	3 of Part I.)			
	tion A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,601	124	3,350	3,300	6,527	14,902
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,601	124	3,350	3,300	6,527	14,902
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						14,031
6	Public support. Subtract line 5 from line 4						871
	tion B. Total Support		t				
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	1,601	124	3,350	3,300	6,527	14,902
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,818	5,488	5,799	5,654	4,876	28,635
9	Net income from unrelated business activities, whether or not the business is regularly carned on					0	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10	1					43,537
12	Gross receipts from related activities, etc. (see instructions)				12	14,111
13	First five years. If the Form 990 is for the o	organization's first, s	econd, third, fourth	, or fifth tax year as	a section 501(c)(3))	
	organization, check this box and stop here						•
<u>Sec</u>	tion C. Computation of Public Su	pport Percenta	age				
14	Public support percentage for 2009 (line 6,	column (f) dıvıded b	y line 11, column (i	Ŋ)		14	2.00%
15	Public support percentage from 2008 Schee					15	2.00%
16a	33 1/3 % support test—2009. If the organic	zation did not check	the box on line 13	, and line 14 is 33 1	/3 % or more, chec	k this box	
	and stop here. The organization qualifies a	is a publicly support	ed organization				▶ [_
b	33 1/3 % support test—2008. If the organi	zation did not check	a box on line 13 o	r 16a, and line 15 is	33 1/3 % or more,	check this	_
	box and stop here. The organization qualifi	ies as a publicly sup	ported organization	า			▶ _
17a	10%-facts-and-circumstances test—2009	3. If the organization	did not check a bo	ox on line 13, 16a, o	r 16b, and line 14 is	s 10% or	
	more, and if the organization meets the "fac	cts-and-circumstanc	es" test, check this	box and stop here	. Explain in Part IV	how the	
	organization meets the "facts-and-circumsta	ances" test. The org	anızatıon qualıfies	as a publicly suppor	rted organization		▶
b	10%-facts-and-circumstances test—2008	3. If the organization	did not check a bo	ox on line 13, 16a, 1	6b, or 17a, and line	15 is 10% or	
	more, and if the organization meets the "fac			=	•	how the	
	organization meets the "facts-and-circumsta	ances" test The org	anızatıon qualıfies	as a publicly suppor	rted organization		▶
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b, 1	7a, or 17b, check t	his box and see ins	tructions	▶ X

Schedule A (Form 990 or 990-EZ) 2009 MARY ALLISON CHILDREN'S HOME Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you che	ecked the box of	on line 9 of Pa	t I.)			
	tion A. Public Support						
Ca	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		,				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						- 4
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
þ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
_	amount on line 13 for the year						
С 8	Add lines 7a and 7b Public support (Subtract line 7c from						* *** 1 ·
•	line 6.)						
Sec	tion B. Total Support	<u> </u>	t		<u> </u>	<u> </u>	
	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						···
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support . (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the c	organization's first	second, third, fourt	h, or fifth tax vear a	s a section 501(c)(· · · · · · · · · · · · · · · · · · ·	····
	organization, check this box and stop here	•		,		/	▶ □
Sec	tion C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2009 (line 8,	column (f) divided i	by line 13, column	(f))		15	%
16	Public support percentage from 2008 Sche					16	%
Sec	tion D. Computation of Investme	nt Income Per	centage				
17	Investment income percentage for 2009 (lin		•	olumn (f))		17	%
18	Investment income percentage from 2008 5					<u> </u>	<u>%</u>
19a	33 1/3 % support tests—2009. If the organ						. [
b	17 is not more than 33 1/3 %, check this bo 33 1/3 % support tests—2008. If the organ		-				
	line 18 is not more than 33 1/3 %, check th						▶ [
20	Brown and the state of the stat						N

Schedule A (Form 990 or 990-EZ) 2009 MARY ALLISON CHILDREN'S HOME

35-1046714

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

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Federal Statements

351046714 MARY ALLISON CHILDREN'S HOME 35-1046714 FYE: 12/31/2009

ol	tatement 1 - r	orm ssu-EZ,	Secu Secu	Statement 1 - Form 990-EZ, Part I, Line oc - Sale of Assets Other than inventory -	Other than inven	- <u>Yory</u>		
Description	tion		,					
How Whom Received Sold	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation		Gain / Loss
ω		6/20/05	1/02/09	\$	Ŋ	৵	₩	- 4
UN AMER 1 Donation	ט נ	10/01/99	1/15/09	38	1,656			-1,618
25 UN FIFTH THIKD BANCORP Donation	2 4	4/12/02	1/15/09	148	1,749			-1,601
.952 UN KINDEK MOKGAN Donation		1/20/09	2/18/09	42	39			т
Donation		3/28/05	4/08/09	5,175	4,957			218
	t e c	1/20/09	5/18/09	1	Н			
5000 UN CREDIT SUISSE FIR Donation	SUISSE FIRST BOSTON	3/28/05	6/01/03	2,000	900'9			9-
.943 UN KINDER MORGAN Donation		1/20/09	8/11/09	41	37			4
5000 UN IBM Donation		4/14/04	9/15/09	2,000	5,100			-100
_		1/20/09	11/16/09	43	33			10
		10/01/99	11/24/09	930	2,923			-1,993
		10/25/00	12/11/09	2,062	1,386			929
		4/12/02	12/11/09	1,366	838			528
		5/01/03	12/11/09	2,217	1,873			344
42 UN 1EVA FRAKM Donation		8/23/02	12/11/09	2,190	1,765			425

351046714 MARY ALLISON CHILDREN'S HOME 35-1046714 FYE: 12/31/2009

Federal Statements

art I, Line 5c - Sale of Assets Other than Inventory -	Securities (continued)
- Form 990-EZ, Part	
Statement 1	

	Gain / Loss	-3,114			Gain /	Loss		1	П
	Depreciation	\$ 	her			Depreciation		₩.	\$
	Cost & Expense De	27,368 \$	Inventory - Ot		Cost &	 		φ. 	\$
	1	24,254 \$	sets Other than					1 \$	1 \$
	Sale Price	\$ 24	Part I, Line 5c - Sale of Assets Other than Inventory - Other		Sale	Price		৵	\$
	Date		Part I, Line		Date				
	Date Acquired		Statement 2 - Form 990-EZ,		Date	Acquired			
Description	Whom Sold		Statement	Description	Whom	Sold			
	How Received	Total			How	Received	FIDELITY		Total

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351046714 MARY ALLISON CHILDREN'S HOME

Federal Statements

35-1046714 FYE: 12/31/2009

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount	
GOLF SCRAMBLE GOLF FEES/PRIZES	\$ 3,014	
Expenses Office Conferences/Meetings	126 145	
Total	\$ 3,285	

Statement 4 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	 Amount
ASSET ACCOUNT ADJUSTMENT	\$ 3,799
Total	\$ 3,799

351046714 MARY ALLISON CHILDREN'S HOME

35-1046714 FYE: 12/31/2009 **Federal Statements**

Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

TO PROVIDE A BENEVOLENCE FUND FOR AT-RISK CHILDREN OF PUTNAM COUNTY, INDIANA

Statement 6 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

Description

PROVIDE BENEVOLENCE FUND FOR AT-RISK CHILDREN OF PUTNAM COUNTY, INDIANA

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