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# Form 990-PF

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

OMB No 1545-0052

2009

		of the Treasury		Note The	farradation ma		to use a copy of this re	-		to reporting	requirements		
		ar year 2009, or	L tax		roundation may		to use a copy of this re and ending	turri	i to sausiy sta	te reporting	reguirements	<del></del>	
		all that apply	T	Initial return	П	nitial re	turn of a former pub	lic c	charity		Final return		
				Amended retu	m [	Add	iress change		Name	change			
Use	the IR	S Name of found	datio	on						•	oyer identification nun	nber	
	abel.									35-	1878608		
Oth	erwise	e, FREEMA	١N	-SPICER C	CHARITI	ES					hone number (see page 1	10 of the instructions	6)
,	orint			et (or PO box numb		delivere	d to street address)	R	Room/suite	574	<u>1-234-0069                                   </u>		
	type.		<u>'U(</u>	TH EDDY S	STREET						mption application is pend	· ·	^
	Specif	0.1, 0. 101111, 0		e, and ZIP code						<b>D</b> 1. Fo	reign organizations, chec	k here	<b>▶</b> ∐
	uction	500111					46617				reign organizations meet	-	
				X Section 501							% test, check here and a		<b>,</b> []
				npt charitable trus			le private foundation				ate foundation status was n 507(b)(1)(A), check hei		
		ket value of all as		ts at end	Accounting m		X Cash ∐ A	ccrı	ual				<b>′</b> Ш
		from Part II, col (		o (	Other (sp						foundation is in a 60-mon section 507(b)(1)(B), che		<b>.</b> $\Box$
	e 16)						be on cash basis )	_		didei	3030011 307 (0)(1)(0); 3110	1	
Pa	art I	•		evenue and E	•		(a) Revenue and expenses per	-	(b) Net inv	estment /	(c) Adjusted net	(d) Disbursemer for charitable	
				i) (see page 11 of the ins		uai	books		inco	me	income	purposes	
	4		_	ants, etc , received (		ام) ا	12,50					(cash basis onl	<u>y)</u>
	1 2			ants, etc., received ( foundation is <b>not</b> red			12,50	~					
	3			and temporary ca	•		-	3		3	3		
	4		~	est from securitie		, iii	7.9	_		793	795		
	5a	Gross rents	1101	est from securitie	.5		, ,	┪		,,,,,	,,,,		
4	b	Net rental incom	ne d	or (loss)				十			· · · · · · · · · · · · · · · · · · ·		
Revenue	6a			of assets not on line 10	<u> </u>		-3	5					
Æ	b	Gross sales price for a			•	437	-	1					
Š	7	·		come (from Part I\	/ line 2)			十		0			
_	8	Net short-term of		•	· , ,			寸			0		
	9	Income modifica	-	•				丁					
	10a	Gross sales less re		i				ヿ					
	Ь	Less Cost of go		<b>—</b>				Ť					
	С	•		s) (attach schedul	le)			T					
	11	Other income (a	itta	ch schedule)	•								
	12	Total. Add lines	1 t	hrough 11			13,26	3		796	798		
<u></u>	13	Compensation of	of o	fficers, directors,	trustees, etc								
ses	14	Other employee	sa	laries and wages									
	15	Pension plans,	emį	ployee benefits									
S.	16a_	Legal fees (alta	<b>F</b> 1	schedule)									
ive E)	b	Accounting fees	(a	ttach- <del>sche</del> dyle)	Stmt	1	56	7					
Ě	c	Other professional	fee	s (attach schedule)				4					
Ē	17	4.12.223 Oli A	•	2010 [3]		_		4					
ist	18	Taxes (attach schedul	le) (s	ee page 14 of the hstru	ctions)Stmt	. 2	<u>1</u>	.1					
Operating and Administrative Exper	19 20	Occupancy Occupancy	t/6	chedule) and deplete	ion			+					
¥	21	Travel, conferer	ice:	s, and meetings									
ž Ž	22	Printing and put						$oxed{J}$					
erating and A	23	Other expenses (att s	ich )		Stmt	3	1,09	0		966	966		5
Ē.	24	Total operating	j an	nd administrative	expenses.								
<u> </u>		Add lines 13 thr	oug	gh 23			1,66		_	966	966		5
ğ	25	Contributions, g					7,59					T	597
_	26	Total expenses a	and	disbursements. A	dd lines 24 and	d 25	9,26	55		966		7,	602
	27	Subtract line 26						-					
	a			over expenses and		nts	3,99	8	<u>-</u>				
	b	Net investment	t in	come (if negative	, enter -0-)			$\dashv$		0	<del> </del>	ļ	
	ء ا	Adjusted not in		me (if negative e	nter -0-1		I				0	I	

ı	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	Eng of	year
_		should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing			
ı	2	Savings and temporary cash investments	1,061	4,739	4,739
ŀ	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 page 16 of the			
		instructions)			
	7	Other notes and loans receivable (att. schedule)			
-		Less allowance for doubtful accounts ◆			
Ø	8	Inventories for sale or use			
Se	9	Prepaid expenses and deferred charges			
Assets	10a	Investments—U.S. and state government obligations (attach schedule)			<u>-</u> .
	b	Investments—corporate stock (attach schedule) See Stmt 4	66,248	66,568	61,114
	c	Investments—corporate bonds (attach schedule)		33,533	<u></u>
	11	Investments—land, buildings, and equipment basis •	. 1		* : <del>*</del>
	••	Less accumulated depreciation (attach sch.)			
	12	Investments—mortgage loans	*******		
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis •			
	17	Less accumulated depreciation (attach sch.)			
	15	Other assets (describe ◆ )			
		·			_
	16	Total assets (to be completed by all filers—see the	67,309	71,307	65,853
+	47	Instructions Also, see page 1, item I)	07,309	71,307	00,000
	17 40	Accounts payable and accrued expenses			
es	18	Grants payable		<del></del>	
Liabilities	19	Deferred revenue			
<u>ত</u>	20	Loans from officers, directors, trustees, and other disqualified persons			
:≌	21	Mortgages and other notes payable (attach schedule)		<u>-</u> -	
	22	Other liabilities (describe ♦ )			
+	23	Total liabilities (add lines 17 through 22)	0		
,,		Foundations that follow SFAS 117, check here ★ X			
nces		and complete lines 24 through 26 and lines 30 and 31.		<b>74</b> 00 <b>7</b>	
틽	24	Unrestricted	67,309	71,307	
Net Assets or Fund Bala	25	Temporarily restricted			
	26	Permanently restricted			
Ĕ		Foundations that do not follow SFAS 117, check here ◆			
드		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds			
ध्र	28	Paid-in or capital surplus, or land, bldg, and equipment fund	-		
556	29	Retained earnings, accumulated income, endowment, or other funds		12.	
۲	30	Total net assets or fund balances (see page 17 of the	47 000		
ē		instructions)	67,309	71,307	
	31	Total liabilities and net assets/fund balances (see page 17		_	
$\perp$		of the instructions)	67,309	71,307	
	Part I				
1		net assets or fund balances at beginning of year—Part II, column (a), line 30 (mu	st agree with		<b>a</b> = -:-
		f-year figure reported on prior year's return)		1	67,309
		amount from Part I, line 27a		2	3,998
		increases not included in line 2 (itemize) ◆		3	
		nes 1, 2, and 3		4	71,307
		eases not included in line 2 (itemize) ◆		5	
_6	Total	net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (l	b), line 30	6	71,307

		es for Tax on Investme	ent Inc	ome		•		
		of property sold (e g , real estate, mmon stock, 200 shs MLC Co )	_	<u>-</u>	(b) How acquired P—Purchase D—Donation		ate acquired o , day, yr )	(d) Date sold (mo , day, yr )
1a See Worksheet								
<u> </u>								
					_	-		
<u>e</u>	1 "	Domination allowed	I	(m) Cost or	other besie	<del></del>	(h) Gaus	or (loss)
(e) Gross sales price		) Depreciation allowed (or allowable)			other basis nse of sale			) minus (g)
<u>a</u>	<u> </u>						<u>-</u>	
<u>b</u>	<del> </del>			_	<del></del>		<u></u>	<del>-</del>
<u>c</u>	<del> </del>		<del>                                     </del>					
e e		·	-		<del></del>			
Complete only for assets show	ing gain in co	olumn (h) and owned by the fo	undatioi	on 12/31/6	59		(I) Gains (Col	(h) gain minus
(i) F M V as of 12/31/69		(j) Adjusted basis as of 12/31/69		(k) Exces	s of col (i) (j), if any	,	col (k), but not	less than -0-) <b>or</b> om col (h))
a								
b								
С	ļ.					1		
<u>d</u>	ļ			-				
e			<u> </u>			<u> </u>		
2 Capital gain net income or (net		if (loss), enter -0- in	Part I, III	P6		2		-35
3 Net short-term capital gain or ( If gain, also enter in Part I, line	8, column (c	, ,	•	ions)				
If (loss), enter -0- in Part I, line  Part V Qualification I		tion 4940(e) for Reduc				3		
If section 4940(d)(2) applies, leave Was the foundation liable for the se If "Yes," the foundation does not qu	ection 4942 to	ax on the distributable amoun			pase period? Y	es 🛚	No	
1 Enter the appropriate amount is	n each colum	nn for each year, see page 18	of the in	structions b	efore making any er	ntries		
(a) Base penod years Calendar year (or tax year beginnir	ng in)	(b) Adjusted qualifying distribution	ns	Net value	(c) of noncharitable-use as	sets		(d) nbution ratio livided by col (c))
2008		10	,171		67,	826		0.149957
2007			,292		81,	230		0.114391
2006			<b>,</b> 792			755		0.131705
2005			,154			329		0.139793
2004		9	<u>, 394</u>		51,	<u> 269</u>	<u> </u>	0.183230
9. Total of line 4. column (d)							,	0.719076
<ul><li>2 Total of line 1, column (d)</li><li>3 Average distribution ratio for th</li></ul>	e 5-vear has	e neriod—divide the total on l	ine 2 hv	5 or by the		<b> </b>	2	0.719076
number of years the foundation	-	•	•	o, or by the			3	0.143815
·		•				Ī	_	
4 Enter the net value of nonchar	table-use as:	sets for 2009 from Part X, line	<del>9</del> 5			ŀ	4	56,498
5 Multiply line 4 by line 3						-	5	8,125
6 Enter 1% of net investment inc	ome (1% of I	Part I, line 27b)				-	6	
7 Add lines 5 and 6						-	7	8,125
8 Enter qualifying distributions from							8	7,602
If line 8 is equal to or greater the Part VI instructions on page 18		eck the box in Part VI, line 1b	o, and co	mplete that	part using a 1% tax	rate Se	e the	

Pa	irt WI-A Statements Regarding Activities (continued)					
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the				į	
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)			11		<u>X</u> _
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before					.,
	August 17, 2008?			12	<del>-,,</del>	<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applications and exemption applications are the complex of the compl	ion?		13	Χ	
	Website address ♦ N/A		F74 0	2.4	000	^
14	<u> -</u>	one no 🌩	574-2	34-	000	9
	316 S. Eddy St		46617			
	Located at ◆ South Bend, IN	ZIP+4 ♥	46617			_
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here	<b>.</b> .	ا ء			<b>◆</b> ∐
De	and enter the amount of tax-exempt interest received or accrued during the year	<b>V</b>	15			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		<del></del>	1	V	No
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.				Yes	No
1a	During the year did the foundation (either directly or indirectly)	□ v	X No			İ
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	∐ Yes	X No		- 1	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	□ v	. Na		1	
	disqualified person?	Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No X No X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	∐ Yes	∆ NO			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	Yes	X No			ł
	the benefit or use of a disqualified person)?  (6) Agree to pay managers as property to a government official? (Expertion, Check "No" of the	1.e2	∑ NO			l
	(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					ĺ
	termination of government service, if terminating within 90 days)	Yes	X No			ĺ
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulation	_				
J	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	///3	N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here		<b>♦</b> ∏	- <del></del>		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		• Ш			
Ū	were not corrected before the first day of the tax year beginning in 2009?		N/A	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		,			
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5))					
а	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?	Yes	X No			
	If "Yes," list the years ♦ 20 , 20 , 20 , 20					
b						ĺ
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to					ĺ
	all years listed, answer "No" and attach statement—see page 20 of the instructions)		N/A	2b		<u> </u>
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here					
	<b>♦</b> 20 , 20 , 20 , 20					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	_	_			
	at any time during the year?	Yes	X No			
þ	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					1
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the					1
	foundation had excess business holdings in 2009 )		N/A	3b		<u> </u>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes	?		4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its					٠,,
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 20	09?		4b	n DE	X

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and Contractors (continued)	tees, Foundation Managers, Highly Paid Em	ployees,
3 Five highest-paid independent contractors for professional service	es (see page 23 of the instructions). If none, enter "NO	NE."
(a) Name and address of each person paid more than \$50,	,000 (b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		• 0
		<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include organizations and other beneficianes served, conferences convened, research paper.		Expenses
1 MONETARY CONTRIBUTIONS TO NON-PRO	FIT	
ORGANIZATIONS. SEE LISTING ATTACH	HED.	
		7,597
2		
3		
4		
Part IX-B Summary of Program-Related Investment	ts (see page 24 of the instructions)	
Describe the two largest program-related investments made by the foundation during		Amount
1 N/A		
	i	
	-	
2		
All other program-related investments See page 24 of the instructions		
3		

Total. Add lines 1 through 3

qualifies for the section 4940(e) reduction of tax in those years

	Sour (2005) The first of Date of Milder of Soundations must complete this part For	sian foun	dations
Pa	Minimum Investment Return (All domestic foundations must complete this part. For	eign ioun	uations,
	see page 24 of the instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes	4-	51 600
a	Average monthly fair market value of securities	1a	51,608
þ	Average of monthly cash balances	1b	5,750
С	Fair market value of all other assets (see page 24 of the instructions)	1c	57 350
d	Total (add lines 1a, b, and c)	1d	57,358
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		•
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	57 <b>,</b> 358
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	860
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	56,498
6_	Minimum investment return. Enter 5% of line 5	6	2,825
Pa	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of	perating	
	foundations and certain foreign organizations check here 🔷   X   and do not complete this part )		
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2009 from Part VI, line 5	]	
b	Income tax for 2009 (This does not include the tax from Part VI )		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	
_		· · · · · · · · · · · · · · · · · · ·	
Pá	art XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	7,602
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		
а	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	7,602
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		.,002
-	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	C
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	7,602
Ü	Note. The amount on line 6 will be used in Part V. column (b). In subsequent years when calculating whether the found		,,002

Pa	rt XIII Undistributed Income	(see page 26 of	the instructions)	<u> </u>		
			(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part 2	ΧI	Corpus	Years prior to 2008	2008	2009
•	line 7	· · · · ·				
2	Undistributed income, if any, as of the er	od of 2000				
		id 01 2005				
a	Enter amount for 2008 only	20				
b	Total for prior years 20, 20					
3	Excess distributions carryover, if any, to	2009				
а	From 2004					
b	From 2005			'		
С	From 2006					
d	From 2007					
е	From 2008					
f	Total of lines 3a through e					
4	Qualifying distributions for 2009 from Pa	rt XII,		· · · · · · · · · · · · · · · · · · ·	· <del>-</del>	
	line 4 ◆ \$	•				
а	Applied to 2008, but not more than line 2	Pa				
	Applied to undistributed income of prior y					
	(Election required—see page 26 of the in					
С			· · · · · · · · · · · · · · · · · · ·			
Ü	required—see page 26 of the instruction					
	· ·	5)				
	Applied to 2009 distributable amount					
e	Remaining amount distributed out of cor					
5	Excess distributions carryover applied to					<del></del>
	(If an amount appears in column (d), the	same		,		
	amount must be shown in column (a))					
6	Enter the net total of each column as					
	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e Subtra-	ct line 5				
b	Prior years' undistributed income Subtra	act				
	line 4b from line 2b					
С	Enter the amount of prior years' undistrib	outed	·			
	income for which a notice of deficiency h	nas				
	been issued, or on which the section 494					
	tax has been previously assessed					
d	Subtract line 6c from line 6b Taxable					
_	amount—see page 27 of the instructions	<b>.</b>				
_	Undistributed income for 2008 Subtract					
٠	4a from line 2a. Taxable amount—see p					
	•	aye				
£	27 of the instructions Undistributed income for 2009 Subtract	lines				
•						
	4d and 5 from line 1. This amount must !	u <del>c</del>				
_	distributed in 2010					
7	Amounts treated as distributions out of c	•				
	to satisfy requirements imposed by secti					
	170(b)(1)(F) or 4942(g)(3) (see page 27	of the				
	instructions)			,		· · · · · · · · · · · · · · · · · · ·
8	Excess distributions carryover from 2004	l not				
	applied on line 5 or line 7 (see page 27 of	of the				
	instructions)					
9	Excess distributions carryover to 2010	).				
	Subtract lines 7 and 8 from line 6a					· <del></del>
10	Analysis of line 9					
а	Excess from 2005					
þ	Excess from 2006					
С	Excess from 2007		]			
d	Excess from 2008					
6	Excess from 2009		]			

	irt XIV Private Operating Foul				vii-A, question 3)	
1a	If the foundation has received a ruling or d		•	ing		NT / 7A
L	foundation, and the ruling is effective for 2		•	bed in section $X$ 4	942(J)(3) or 4942	N/A 2()(5)
b	Check box to indicate whether the foundat	tion is a private operati Tax year	ing roundation describ	Prior 3 years	1942(J)(3) 01   1 4942	
2a	Enter the lesser of the adjusted net	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	income from Part I or the minimum investment return from Part X for	(4) 2009	(3) 2000	(0) 2007	(4) 2000	
		o	215	4,062	2,654	6,931
	each year listed 85% of line 2a		183	3,453		5,892
D			103		2,230	3,032
С	Qualifying distributions from Part XII, line 4 for each year listed	7,602	10,171	9,292	8,792	35,857
	· · · · · · · · · · · · · · · · · · ·	1,602	10,171	9,232	0,192	33,031
d	Amounts included in line 2c not used directly			li .		
	for active conduct of exempt activities		-		-	
е	Qualifying distributions made directly				1	
	for active conduct of exempt activities	7 (00)	10,171	9,292	8,792	35 <b>,</b> 857
	Subtract line 2d from line 2c	7,602	10,171	9,292	0,192	33,637
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets		·		<del>                                     </del>	-
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)				<del> </del>	
b	"Endowment" alternative test—enter 2/3					
	of minimum investment return shown in					0 000
	Part X, line 6 for each year listed	1,883	2,261	2,708	2,225	9,077
С	"Support" alternative test—enter					
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on					
	securities loans (section 512(a)(5)), or royalties)				1	
	(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					
Pa	art XV Supplementary Inform	ation (Complete	this part only if	the foundation h	nad \$5,000 or more	e in assets at
	any time during the ye	ar—see page 28	of the instructio	ns.)		
1	Information Regarding Foundation Man	agers:				
а	List any managers of the foundation who l	have contributed more	than 2% of the total of	contributions received	i by the foundation	
	before the close of any tax year (but only	of they have contributed	d more than \$5,000)	(See section 507(d)(	2) )	
	NONE	·				
b	List any managers of the foundation who	own 10% or more of th	ne stock of a corporati	on (or an equally larg	e portion of the	
	ownership of a partnership or other entity)	of which the foundation	on has a 10% or great	ter interest		
	NONE				<del></del>	
2	Information Regarding Contribution, Gr	ant, Gift, Loan, Schol	arship, etc., Progran	ns:		
	Check here ◆ ☐ If the foundation only	makes contributions to	o preselected charitab	ole organizations and	does not accept	
	unsolicited requests for funds. If the found	lation makes gifts, gra	nts, etc (see page 28	3 of the instructions) t	o individuals or	
_	organizations under other conditions, com	-				
а	The name, address, and telephone numb			d be addressed		
	EDWARD C. LEVY 574-2					
	316 SOUTH EDDY ST. S		N 46617			
b	The form in which applications should be			ey should include		
-	See Statement 6			<u> </u>		
c	Any submission deadlines	· ·				
•	NONE					
	Any restrictions or limitations on awards,	such as by geographic	al areas, charitable fi	elds, kınds of ınstituti	ons, or other factors	
-	NONE					
		-			<del></del>	Form 990-PE (2000)

**Supplementary Information** (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation status of recipient Recipient Purpose of grant or Amount contribution Name and address (home or business) a Paid during the year See attached list 7,597 **♦** 3a 7,597 **b** Approved for future payment N/A **♦** 3b Total

Enter areas	nounts unless otherwise indicated	ctivities Unrelated	business income	Excluder	by section 512, 513, or 514	(e)
	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
a					_	
b					,	
				<u> </u>		
f		_		_		
g Fees	and contracts from government agencies					
2 Membersl	nip dues and assessments					<u></u>
3 Interest or	n savings and temporary cash investments			ļ		
4 Dividends	and interest from securities			14	795	
5 Net rental	income or (loss) from real estate					
a Debt-	inanced property			<u> </u>		
b Not de	ebt-financed property			1		
6 Net rental	income or (loss) from personal property			<b>_</b>		
7 Other inve	estment income			<b>_</b>		
8 Gain or (lo	oss) from sales of assets other than inventory			ļ		-35
9 Net incom	e or (loss) from special events			ļ		
10 Gross pro	fit or (loss) from sales of inventory			<u> </u>		
11 Other reve	enue a					
	<u> </u>	_				
е						
12 Subtotal	Add columns (b), (d), and (e)		(		795	-32
13 Total. Add	l line 12, columns (b), (d), and (e)				13	763
(See workshe	et in line 13 instructions on page 28 to verify calcul					
Part XVI-	B Relationship of Activities to the	<b>Accomplishm</b>	ent of Exempt P	urpose	S	
Line No.	Explain below how each activity for which inco- accomplishment of the foundation's exempt pu instructions)	•	• •			
N/A						
				-		

om	1 990-PF (	2009) FREEMAN-				<u> </u>			Pa	ge 13
Pa	art XVII			ansfers To and Transac	ctions a	nd Relationshi	ips With No	oncharitable		
_	Did the c	Exempt Organization directly or in		ge in any of the following with a	ny other o	raanzation describ			Yes	No
•		· ·		on 501(c)(3) organizations) or i					1:00	<del> </del>
	organiza			on oo ((o)(o) o gamaano, o		,				
а	•		ndation to a ne	oncharitable exempt organization	on of				-	
	(1) Casl	1						1a(	<u>)</u>	X
	(2) Othe	r assets						1a(	2)	X_
b	Other tra	nsactions.								١
		s of assets to a nonchar	•	•				1b(		X X
	• •	hases of assets from a		. •				1b(		X
		al of facilities, equipmer ibursement arrangemen		sets				1b( 1b(		X
		is or loan guarantees	11.5					1b(		X
		•	membership o	r fundraising solicitations				1b(		X
С			-	other assets, or paid employees	S			10		_X_
				nplete the following schedule (		should always sho	ow the fair ma	rket		
	value of	the goods, other assets,	, or services g	iven by the reporting foundatio	n If the fo	undation received	less than fair i	market		
	value in	any transaction or sharir	ng arrangeme	nt, show in column (d) the valu	e of the go	oods, other assets,	or services re	ceived		
	(a) Line no	(b) Amount involved	(c) Name	of nonchantable exempt organization	on	(d) Description of tra	nsfers, transaction	ons, and sharing arra	ngement	s
N/	<u>A</u>									
			+	· · . · · · · · · · · · · · · · · ·					_	
						··		<del> </del>		
			<u> </u>							
				<del></del>	-					
	· · · · · · · · · · · · · · · · · · ·		_	·						
				•						
			1							
			<del> </del>							
2a	Is the for	undation directly or indire	ectly affiliated	with, or related to, one or more	e tax-exem	pt organizations	_	-		
			-	than section 501(c)(3)) or in se		· -			Yes 🛚	No
b	If "Yes,"	complete the following s	schedule.							
		(a) Name of organization		(b) Type of organization		(c	) Description of	relationship		
	N/A	<del></del>					<del></del>			
						<del></del>	<del></del>			
	-			<u> </u>						
		<del></del>								
	Under per	nalture of penury, I declare the	nat I have exam	ned this return, including accompan	vina schedu	iles and statements a	and to the best o	f my knowledge and		
	belief, it is			preparer (other than taxpayer or fide						
		KAN WHO		<u> </u>	10	_ 1	Persipot	_		
ē	Signa	ture of officer or trustee		Date		Tit	te		_	
운			1 \			Date	Check if	Preparer's ide number (see		e on
Sign Here	ج کے	Preparer's	100	71.		05/05/10	self-employed	page 30 of th	nstructio	ıns)
S	Paid Preparer's Use Only	signature PM		& Hancz, CPA's		05/25/10	ι	P0100	1455	4
	Per Use	Firm's name (or yours if	Drevs'	& Hanc <b>2,</b> CPA's Eddy St				-m ▲ 01-06	000	5.0
	-	self-employed), address, and ZIP code	South	Bend, IN 466	17-32	0.2	<del></del>	EIN ◆ 01-06  Phone no 574-2		

South Bend, IN 46617-3202

### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

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

OMB No 1545-0047

2009

Employer identification number

FREEMAN-SPICEF	R CHARITIES	35-1878608
Organization type (check one		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	overed by the <b>General Rule</b> or a <b>Special Rule.</b> , (8), or (10) organization can check boxes for both the General Rule and a Special Rule	⇒ See
General Rule		
	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mone contributor. Complete Parts I and II	ey or
Special Rules		
sections 509(a)(1) and	) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regular I 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete F	of the greater
the year, aggregate co	), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contribu- intributions of more than \$1,000 for use exclusively for religious, charitable, scientific, lit- or the prevention of cruelty to children or animals. Complete Parts I, II, and III	
the year, contributions aggregate to more tha year for an exclusively	), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contribu- for use exclusively for religious, charitable, etc., purposes, but these contributions did n n \$1,000. If this box is checked, enter here the total contributions that were received dur- religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General</b> ation because it received nonexclusively religious, charitable, etc., contributions of \$5,00	not ring the al Rule
990-EZ, or 990-PF), but it mus	is not covered by the General Rule and/or the Special Rules does not file Schedule B (F st answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its F in 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 99	Form

Page 1 of 1 of Part I

Name of organization

FREEMAN-SPICER CHARITIES

Employer identification number 35–1878608

Contributors (see instructions) Part I (d) (c) (a) Type of contribution Aggregate contributions No. Name, address, and ZIP + 4 1 FREEMAN-SPICER LEASING CO., INC. Person **Payroll** 316 S EDDY STREET 6,000 Noncash SOUTH BEND IN 46617 (Complete Part II if there is a noncash contribution ) (d) (a) (c) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. 2 FREEMAN-SPICER CO., INC. Person 316 S EDDY STREET Payroli 6,000 Noncash SOUTH BEND IN 46617 (Complete Part II if there is a noncash contribution ) (c) (d) (b) (a) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. Person Pavroll \$ Noncash (Complete Part II if there is a noncash contribution ) (c) (d) (a) (b) Aggregate contributions Type of contribution Name, address, and ZIP + 4 No. Person Payroll \$ Noncash (Complete Part II if there is a noncash contribution) (c) (d) (a) (b) No. Aggregate contributions Type of contribution Name, address, and ZIP + 4 Person Payroli Noncash (Complete Part II if there is a noncash contribution) (c) (d) (a) (b) Name, address, and ZIP + 4 **Aggregate contributions** Type of contribution No. Person Payroll \$ Noncash (Complete Part II if there is a noncash contribution)

35-1878608	Federal S	Federal Statements		
	Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees	art I, Line 16b - Accounti	ng Fees	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
Indirect Accounting fees Total	\$ 567	0		0
	Statement 2 - Form 990	- Form 990-PF, Part I, Line 18 - Taxes	S	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
1 × 1				
Total	7T	n		6
	Statement 3 - Form 990-PF, F	m 990-PF, Part I, Line 23 - Other Expenses	benses	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
Expenses	w	w	w.	Λ·
PUBLICATION EXPENSE ADVISORY FEES OFFICE SUPPLIES	966 966 95	996	996	w
bann fees Total	\$ 1,090	996	996 \$	٠
				1-3

35-1878608

# **Federal Statements**

## Statement 4 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description

	 Beginning of Year	 End of Year	Basis of Valuation	_	Fair Market Value
	\$ 66,248	\$ 66,568	Cost	\$_	61,114
Total	\$ 66,248	\$ 66,568		\$	61,114

35-1878608	Federal Statements	; 	
<u>Form 990-F</u>	PF, Part XV, Line 1a - Managers Who Cont	ibuted Ov	<u>er 2% or \$5,000</u>
t	Name of Manager		Amount
NONE		\$	<del> </del>
Total		\$	0
Form 99	0-PF, Part XV, Line 1b - Managers Who O	wn 10% or	r More Stock
	Name of Manager		Amount
NONE		\$	
Total		\$	0
Statement 6 - Fo	rm 990-PF, Part XV, Line 2b - Application	Format an	d Required Conten
	Description		
GENERAL REQUEST NOT ORGANIZATION STATUS	ING AMOUNT REQUESTED & EXEMPT		
	Form 990-PF, Part XV, Line 2c - Submiss	ion Deadli	ines
	Description		
NONE			

Description

NONE

Form ·990-PF	:	Capital Gains and Losses	for Tax on Investm	ent Inco	me	2009
Juli   Juli		dar year 2009, or tax year beginning	, and	ending		
Name		, , , , , , , , , , , , , , , , , , , ,			Employer Iden	tification Number
FREEMAN-SE	PICER C	HARITIES			35-1878	608
		nbe the kind(s) of property sold, e.g., real esta warehouse, or common stock, 200 shs MLC (	ate, (b) How	w acquired Purchase onation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
(1) Blackroc	k Large	e Cap Core Fund			05/03/02	07/14/09
(2) Blackroc	k Large	e Cap Core Fund			05/03/02	10/13/09
		e Cap Core Fund			02/06/03	10/13/09
(4) Blackroc	_			2		10/29/09
		e Cap Core		?		10/29/09
(6) Blackroc			***	2		10/29/09 10/29/09
(7) Blackroc (8) Blackroc				2		10/29/09
(8) Blackroc (9) Blackroc				2		10/29/09
(10) Blackroc				2		10/29/09
(11) Blackroc				2		10/29/09
(12)						
(13)						
(14)						
(15)						
(e) Gross sales	в рпсе	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	r other basis (h) Ga		or (loss) ) minus (g)
(1)	142		170		-28	
(2)	188		191		-3	
(3)	30		23			7
(4)	7			7		
(5)	4			5	-1	
(6)	18			L6	2	
(7)	12			5		-3
(8)	$\frac{11}{12}$			12		-1
(9)	13			L7		-4
(10)	- 8		-	1		-4
(11) (12)	4		· ·	4	<del> </del>	
(12) (13)		1				
(14)						
(15)						
Complete only for	assets showing	ng gain in column (h) and owned by the	foundation on 12/31/69	1		
(i) FMV as of 1		(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		(I) Gains (Co col (k), but not l Losses (froi	ol (h) gain minus ess than -0-) <b>or</b> n col (h))
(1)						-28
(2)						-3
(3)	_					7
(4)						
(5)						<u>-1</u>
(6)			<del> </del>			2 
(7) (8)				+	<del>.</del>	
(8) (9)			<del> </del>		<u> </u>	<u> </u>
(10)	<del></del>			·		-4
(11)		_				
(12)						
(13)						
(14)			ļ			
(15)						

REPORT
S - ANNUAL
CHARITIES
FREEMAN-SPICER

CONTRIBUTORS	2009	ADDRESS	STATUS	PURPOSE
EDUCATION:				
TOTALS	\$0.00			
RELIGIOUS:				
JEWISH WELFARE FUND TEMPLE BETH-EL	\$1,550 00 \$2,257 00	105 JEFFERSON, SB, IN 305 W MADISON, SB, IN	PUBLIC SUPPORTED PUBLIC SUPPORTED	GENERAL OPERATING GENERAL OPERATING
TOTALS	\$3,807.00			
NATURE:				
ST. JOSEPH COUNTY HUMANE SOCIETY	\$200 00	2506 LIBERTY DR , SB, IN	PUBLIC SUPPORTED	GENERAL OPERATING
TOTALS	\$200.00			
уоитн:				
JUNIOR ACHIEVEMENT	\$250 00	336 MAIN, SB, IN	PUBLIC SUPPORTED	GENERAL OPERATING
TOTALS	\$250.00			
GENERAL: TOM & BRYAN FOUNDATION SOUTH BEND ALUMNI ASSOCIATION STUDEBAKER MUSEUM UNITED WAY FOOD BANK OF NORTHERN INDIANA PLANNED PARENTHOOD OF INDIANA	\$100 00 \$200 00 \$1,000 00 \$990 00 \$750 00 \$200 00	MISHAWAKA, IN 635 S MAIN SB, IN 46601 SOUTH BEND, IN 46601 3517 E JEFFERSON, SB,IN SOUTH BEND, IN INDIANAPOLIS, IN	PUBLIC SUPPORTED PUBLIC SUPPORTED PUBLIC SUPPORTED PUBLIC SUPPORTED PUBLIC SUPPORTED PUBLIC SUPPORTED	GENERAL OPERATING GENERAL OPERATING GENERAL OPERATING GENERAL OPERATING GENERAL OPERATING
SOUTH BEND ROTARY FOUNDATION	\$100 00	•		
TOTALS	\$3,340.00	1597		
CHECK PRINTING FOR NEW CHECKING ACCOUNT AT MUTURAL BANK DREVS & HANCZ CPAS MERILL-LYNCH WCMAS FEE'S *** SECRETARY OF STATE - DOMESTIC REPORT TRI-COUNTY NEWS - ANNUAL ADVERTISEMENT US TREASURY	\$94 68 \$567 00 \$300 00 \$7 14 \$4 75 \$4 00 \$82.89	316 S EDDY ST, SB, IN SOUTH BEND, IN 46601 STATE OF INDIANA		ADMINISTRATIVE ADMINISTRATIVE ADMINISTRATIVE ADMINISTRATIVE ADMINISTRATIVE
GRAND TOTAL	\$8,479.89			
EDUCATION RELIGIOUS NATURE YOUTH GENERAL FOUNDATION EXPENSES		\$0 00 \$3,807 00 \$200 00 \$3,340 00 \$82 89 \$8,479 89		

#### PROOF OF PUBLICATION

NOTICE
Freeman-Spicer Chanties, Inc offers those who
wish to review its angual financial statement to
contact Edward C Levy at 574-234-0069
11.4-30

### TRI COUNTY NEWS

P.O. BOX 6666 SOUTH BEND, IN 46660-6666 TELE: (574) 243-4664

FAX: (574) 243-4916

#### PROOF OF PUBLICATION

State of Indiana, St Joseph County, ss

Personally came before me, the undersigned, Richard J Andrysiak, Office Manager of the Tri County News, that he is authorized to make this affidavit in it's behalf, that the Tri County News is a public newspaper of general circulation printed and published in the English language in the City of South Bend, in the aforesaid county and state, that a notice of which the copy attached hereto is a true and correct copy, was published in said newspaper.

Pichard f. Ondonpen  1 time(s), the date of publication being as follows
4/30/2010
Fee \$4 75
Subscribed and sworn to before me this 30th day of April, 2010  Luca J. Ondryslak

Lisa J Andrysiak, Notary Public Resident, St Joseph County My Commission expires April 15, 2016