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

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 , and ending

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

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of foundation THE AIKMAN FOUNDATION INC	A Employer identification number 35-1977785
	Number and street (or P O box number if mail is not delivered to street address) Room/suite 8949 BAKER ROAD	B Telephone number (see page 10 of the instructions) 317-862-4341
	City or town, state, and ZIP code INDIANAPOLIS IN 46259	C If exemption application is pending, check here <input type="checkbox"/>
	H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation	D 1 Foreign organizations check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
	I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 369,052 (Part I, column (d) must be on cash basis)	E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

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 page 11 of the instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	8	8		
	4 Dividends and interest from securities	10,375	10,375		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	41,903			
	b Gross sales price for all assets for line 6a	409,010			
	7 Capital gain net income (from Part IV, line 2)		41,903		
	8 Net short-term capital gain			0	
	9 Income modifications				
	10a Gross sales less returns & allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule) STMT 1	1,526	1,526			
12 Total. Add lines 1 through 11	53,812	53,812	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule) SEE STMT 2	75			75
	b Accounting fees (attach schedule) STMT 3	2,000			2,000
	c Other professional fees (attach schedule) STMT 4	2,680	2,680		
	17 Interest				
	18 Taxes (attach schedule) (see page 14 of the instructions) STMT 5	237	237		
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (att sch)				
	24 Total operating and administrative expenses. Add lines 13 through 23	4,992	2,917		2,075
25 Contributions, gifts, grants paid	13,100			13,100	
26 Total expenses and disbursements. Add lines 24 and 25	18,092	2,917	0	15,175	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	35,720				
b Net investment income (if negative, enter -0-)		50,895			
c Adjusted net income (if negative, enter -0-)			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	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing				167	167
	2	Savings and temporary cash investments		27,450	154,092	154,092	
	3	Accounts receivable ▶	25				
		Less allowance for doubtful accounts ▶		25	25	25	
	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 ▶					
	8	Inventories for sale or use					
	9	Prepaid expenses and deferred charges		160	160	160	
	10a	Investments—U S and state government obligations (attach schedule) STMT 6			30,984	29,704	
	b	Investments—corporate stock (attach schedule) SEE STMT 7		222,135	132,241	135,352	
	c	Investments—corporate bonds (attach schedule) SEE STMT 8			18,147	18,245	
	11	Investments—land, buildings, and equipment basis ▶					
	Less accumulated depreciation (attach sch) ▶						
12	Investments—mortgage loans						
13	Investments—other (attach schedule) SEE STATEMENT 9		81,041	30,715	31,307		
14	Land, buildings, and equipment basis ▶						
	Less accumulated depreciation (attach sch) ▶						
15	Other assets (describe ▶)						
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item l)		330,811	366,531	369,052		
Liabilities	17	Accounts payable and accrued expenses					
	18	Grants payable					
	19	Deferred revenue SEE STATEMENT 10		20	20		
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable (attach schedule)					
	22	Other liabilities (describe ▶)					
	23	Total liabilities (add lines 17 through 22)		20	20		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/>			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 ▶ <input checked="" type="checkbox"/>			and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds					
	28	Paid-in or capital surplus, or land, bldg, and equipment fund					
	29	Retained earnings, accumulated income, endowment, or other funds		330,791	366,511		
	30	Total net assets or fund balances (see page 17 of the instructions)		330,791	366,511		
31	Total liabilities and net assets/fund balances (see page 17 of the instructions)		330,811	366,531			

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	330,791
2	Enter amount from Part I, line 27a	2	35,720
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	366,511
5	Decreases 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 (b), line 30	6	366,511

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 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	SEE WORKSHEET			
b				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

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

(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	[If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7]	2	41,903
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 pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8		3	14,259

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 page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2008	25,181	396,220	0.063553
2007	24,029	493,370	0.048704
2006	23,850	494,876	0.048194
2005	25,679	640,314	0.040104
2004	21,719	657,172	0.033049

2 Total of line 1, column (d)	2	0.233604
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	0.046721
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	419,022
5 Multiply line 4 by line 3	5	19,577
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	509
7 Add lines 5 and 6	7	20,086
8 Enter qualifying distributions from Part XII, line 4 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 on page 18.	8	15,175

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	1,018
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2	3	1,018
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	1,018
6	Credits/Payments		
a	2009 estimated tax payments and 2008 overpayment credited to 2009	6a	302
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	302
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	716
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be Credited to 2010 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a 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 page 19 of the instructions for definition)? If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 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
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 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 • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) <input type="checkbox"/> IN		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	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 on page 27)? 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

N/A

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 page 20 of the instructions)			X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?			X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ N/A	X		
14	The books are in care of ▶ JAMES W AIKMAN 8949 BAKER ROAD Located at ▶ INDIANAPOLIS, IN	Telephone no ▶ 317-862-4341 ZIP+4 ▶ 46259		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year	▶	15	▶ <input type="checkbox"/>

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

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

			Yes	No
1a 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 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 page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here		N/A	1b	
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?		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))				
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? If "Yes," list the years ▶ 20 08 , 20 , 20 , 20	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see page 20 of the instructions)			X	2b
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20 , 20 , 20 , 20				
3a 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 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)		N/A	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?				X
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?				X

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 page 22 of the 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 page 22 of the instructions)? Yes No **N/A** **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? **N/A** 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? Yes No **6b** **X**

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

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Yes No **N/A** **7b**

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 page 22 of the 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
SEE STATEMENT 11				

2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the 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				

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

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 page 23 of the instructions). If none, enter "NONE."

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

Total number of others receiving over \$50,000 for professional services ▶

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 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)

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

	Amount
1 N/A	
2	
3 All other program-related investments See page 24 of the instructions	

Total. Add lines 1 through 3 ▶

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, 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		
a	Average monthly fair market value of securities	1a	243,694
b	Average of monthly cash balances	1b	181,709
c	Fair market value of all other assets (see page 24 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	425,403
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	425,403
4	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 25 of the instructions)	4	6,381
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	419,022
6	Minimum investment return. Enter 5% of line 5	6	20,951

Part XI Distributable Amount (see page 25 of the 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	20,951
2a	Tax on investment income for 2009 from Part VI, line 5	2a	1,018
b	Income tax for 2009 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	1,018
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	19,933
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	19,933
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	19,933

Part XII Qualifying Distributions (see page 25 of the 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	15,175
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	15,175
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	15,175

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 page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				19,933
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			18,661	
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2009				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e				
4 Qualifying distributions for 2009 from Part XII, line 4 ▶ \$ <u>15,175</u>				
a Applied to 2008, but not more than line 2a			15,175	
b Applied to undistributed income of prior years (Election required—see page 26 of the instructions)				
c Treated as distributions out of corpus (Election required—see page 26 of the instructions)				
d Applied to 2009 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions				
e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions			3,486	
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010				19,933
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)				
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				

Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9)

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

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

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

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see page 28 of the 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))

N/A

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

N/A

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 page 28 of the 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

**JIM AIKMAN 317-862-4341
8949 BAKER ROAD INDIANAPOLIS IN 46259**

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

NONE ESTABLISHED

c Any submission deadlines

NONE

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

NONE

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year ALL AMERICAN HORSE CHARIT 11773 N 200 E ALEXANDRIA IN 46001	NONE	EXEMPT	PROVIDE SUPPORT	2,000
WHEELER MISSION 205 E NEW YORK ST INDIANAPOLIS IN 46204	NONE	EXEMPT	PROVIDE SUPPORT	2,000
SOUTHMINSTER PRESBYTERIAN 9950 SOUTHEASTERN AVE INDIANAPOLIS IN 46239	NONE	EXEMPT	PROVIDE SUPPORT	2,000
SALVATION ARMY 540 N ALABAMA ST INDIANAPOLIS IN 46204	NONE	EXEMPT	PROVIDE SUPPORT	1,000
RILEY HOSPITAL 50 S MERIDIAN ST SUITE 50 INDIANAPOLIS IN 46204	NONE	EXEMPT	PROVIDE SUPPORT	1,000
OLIVET FOUNDATION 11070 N SHELBY 800 W NEW PALESTINE IN 46163	NONE	EXEMPT	PROVIDE SUPPORT	5,100
Total			▶ 3a	13,100
b Approved for future payment N/A				
Total			▶ 3b	

Capital Gains and Losses for Tax on Investment Income

Form **990-PF** **2009**

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

Name **THE AIKMAN FOUNDATION INC** Employer Identification Number **35-1977785**

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
(1) 18 SHS INTERNATIONAL BUSINESS	P	12/10/08	06/19/09
(2) 18 SHS PRAXAIR INCORPORATED	P	01/08/09	06/19/09
(3) 74 SHS HONEYWELL INTERNATIONAL	P	04/29/03	06/19/09
(4) 175 SHS JOHNSON & JOHNSON	P	09/30/98	01/08/09
(5) 50 SHS NATIONAL FUEL GAS COMPANY	P	05/30/07	06/19/09
(6) 250 SHS PETROLEO BRASILEIRO	P	03/03/05	06/19/09
(7) 90 SHS PFIZER INCORPORATED	P	03/14/06	06/19/09
(8) 50 SHS PROCTOR & GAMBLE COMPANY	P	09/02/05	01/08/09
(9) 250 SHS PROCTOR & GAMBLE COMPANY	P	01/03/97	01/08/09
(10) 100 SHS TERADATA CORPORATION	P	06/11/08	06/19/09
(11) 100 SHS 3M COMPANY	P	01/25/01	11/24/09
(12) 200 SHS ABBOTT LABORATORIES	P	05/06/96	11/24/09
(13) 700 SHS BANK OF AMERICA CORP	P	05/20/09	11/24/09
(14) 200 SHS CAMECO CP	P	02/10/06	11/24/09
(15) 100 SHS CISCO SYSTEMS INC	P	04/14/09	11/24/09

(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)
(1) 1,901		1,492	409
(2) 1,293		1,125	168
(3) 2,436		1,708	728
(4) 10,288		6,907	3,381
(5) 1,802		2,270	-468
(6) 8,123		2,641	5,482
(7) 1,351		2,325	-974
(8) 3,011		2,795	216
(9) 15,055		3,493	11,562
(10) 2,287		2,419	-132
(11) 7,736		5,391	2,345
(12) 10,848		3,693	7,155
(13) 11,347		7,861	3,486
(14) 5,820		6,987	-1,167
(15) 2,370		1,795	575

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

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(1)			409
(2)			168
(3)			728
(4)			3,381
(5)			-468
(6)			5,482
(7)			-974
(8)			216
(9)			11,562
(10)			-132
(11)			2,345
(12)			7,155
(13)			3,486
(14)			-1,167
(15)			575

Capital Gains and Losses for Tax on Investment Income

Form **990-PF**

2009

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

Name
THE AIKMAN FOUNDATION INC

Employer Identification Number
35-1977785

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
(1) 100 SHS CISCO SYSTEMS INC	P	04/14/09	11/24/09
(2) 50 SHS CISCO SYSTEMS INC	P	04/14/09	11/24/09
(3) 130 SHS CITIGROUP INC	P	04/29/03	11/24/09
(4) 90 SHS CITIGROUP INC	P	09/12/08	11/24/09
(5) 200 SHS CLIFFS NATURAL RES	P	10/16/07	11/24/09
(6) 130 SHS CONOCO PHILLIPS	P	01/25/01	11/24/09
(7) 100 SHS CONSOL ENERGY INC	P	02/01/06	11/24/09
(8) 100 SHS CONSOL ENERGY INC	P	02/01/06	11/24/09
(9) 40 SHS CONSOL ENERGY INC	P	02/01/06	11/24/09
(10) 66 SHS ENCANNA CORPORATION	P	06/19/09	11/24/09
(11) 700 SHS FIRST TR ACTIVE DIV	P	09/20/07	11/24/09
(12) 100 SHS FIRST TR ACTIVE DIV	P	09/20/07	11/24/09
(13) 100 SHS FIRST TR ACTIVE DIV	P	09/20/07	11/24/09
(14) 100 SHS FIRST TR ACTIVE DIV	P	09/20/07	11/24/09
(15) 85 SHS FPL GROUP	P	04/08/09	11/24/09

(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)
(1) 2,370		1,795	575
(2) 1,185		897	288
(3) 551		5,080	-4,529
(4) 382		1,669	-1,287
(5) 8,618		9,768	-1,150
(6) 6,822		3,790	3,032
(7) 4,605		3,623	982
(8) 4,605		3,623	982
(9) 1,842		1,449	393
(10) 3,495		3,342	153
(11) 8,335		14,003	-5,668
(12) 1,194		2,000	-806
(13) 1,192		2,000	-808
(14) 1,192		2,000	-808
(15) 4,420		4,407	13

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

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(1)			575
(2)			288
(3)			-4,529
(4)			-1,287
(5)			-1,150
(6)			3,032
(7)			982
(8)			982
(9)			393
(10)			153
(11)			-5,668
(12)			-806
(13)			-808
(14)			-808
(15)			13

Capital Gains and Losses for Tax on Investment Income

Form **990-PF**

2009

For calendar year 2009, or tax year beginning

, and ending

Name

Employer Identification Number

THE AIKMAN FOUNDATION INC

35-1977785

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
(1) 219 SHS GDF SUEZ ADR	P	01/27/06	11/24/09
(2) 400 SHS GENERAL ELECTRIC CO	P	02/02/98	11/24/09
(3) 100 SHS GLAXOSMITHKLINE PLC	P	06/01/05	11/24/09
(4) 30 SHS GLAXOSMITHKLINE PLC	P	06/01/05	11/24/09
(5) 280 SHS GOLDCORP INC NEW	P	02/16/06	11/24/09
(6) 100 SHS HALLIBURTON CO HLDG CO	P	05/15/08	11/24/09
(7) 100 SHS HALLIBURTON CO HLDG CO	P	05/15/08	11/24/09
(8) 136 SHS HONEYWELL INTERNATIONAL	P	04/29/03	11/24/09
(9) 42 SHS IBM	P	12/10/08	11/24/09
(10) 125 SHS JOHNSON & JOHNSON	P	07/16/99	11/24/09
(11) 100 SHS JP MORGAN CHASE	P	04/29/03	11/24/09
(12) 100 SHS JP MORGAN CHASE	P	04/29/03	11/24/09
(13) 300 SHS LIMITED BRANDS INCORPORATED	P	05/16/07	11/24/09
(14) 632 SHS MAGELLAN MIDSTREAM PTNRS	P	02/09/06	11/24/09
(15) 200 SHS MICROSOFT CORP	P	04/29/03	11/24/09

(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)
(1) 9,504		8,402	1,102
(2) 6,464		10,342	-3,878
(3) 4,226		4,984	-758
(4) 1,268		1,495	-227
(5) 12,121		6,594	5,527
(6) 3,045		4,758	-1,713
(7) 3,045		4,758	-1,713
(8) 5,240		3,139	2,101
(9) 5,367		3,481	1,886
(10) 7,881		5,639	2,242
(11) 4,239		2,900	1,339
(12) 3,391		2,320	1,071
(13) 5,016		7,680	-2,664
(14) 25,144		24,504	640
(15) 5,979		5,174	805

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

(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than 0-) or Losses (from col (h))
			1,102
			-3,878
			-758
			-227
			5,527
			-1,713
			-1,713
			2,101
			1,886
			2,242
			1,339
			1,071
			-2,664
			640
			805

Capital Gains and Losses for Tax on Investment Income

Form **990-PF**

2009

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

Name

Employer Identification Number

THE AIKMAN FOUNDATION INC

35-1977785

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
(1) 50 SHS MONSANTO CO NEW	P	05/15/09	11/24/09
(2) 100 SHS NATIONAL FUEL GAS CO	P	05/30/07	11/24/09
(3) 20 SHS NATIONAL FUEL GAS CO	P	05/30/07	11/24/09
(4) 200 SHS NOKIA ADR	P	03/19/08	11/24/09
(5) 100 SHS NORFOLK SOUTHERN CORP	P	03/06/08	11/24/09
(6) 100 SHS OVERSEAS SHIPHOLDING GROUP	P	12/28/07	11/24/09
(7) 220 SHS PETROLEO BRASILEIRO	P	03/03/05	11/24/09
(8) 300 SHS PFIZER INCORPORATED	P	03/14/06	11/24/09
(9) 47 SHS POTASH CORP	P	06/19/09	11/24/09
(10) 62 SHS PRAXAIR	P	01/08/09	11/24/09
(11) 100 SHS PROCTOR & GAMBLE	P	09/02/05	11/24/09
(12) 3000 SHS STANDARD MANAGEMENT CORP	P	08/06/01	11/24/09
(13) 130 SHS STRYKER CORP	P	04/19/96	11/24/09
(14) 300 SHS TECO ENERGY	P	03/14/07	11/24/09
(15) 200 SHS TECO ENERGY	P	03/14/07	11/24/09

(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)
(1) 4,000		4,461	-461
(2) 4,755		4,539	216
(3) 951		908	43
(4) 2,670		6,022	-3,352
(5) 5,140		5,250	-110
(6) 3,888		7,583	-3,695
(7) 10,008		2,324	7,684
(8) 5,496		7,749	-2,253
(9) 5,262		4,429	833
(10) 5,120		3,876	1,244
(11) 6,257		2,096	4,161
(12) 3		5,004	-5,001
(13) 6,502		729	5,773
(14) 4,443		4,935	-492
(15) 2,962		3,290	-328

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

(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(1)			-461
(2)			216
(3)			43
(4)			-3,352
(5)			-110
(6)			-3,695
(7)			7,684
(8)			-2,253
(9)			833
(10)			1,244
(11)			4,161
(12)			-5,001
(13)			5,773
(14)			-492
(15)			-328

Capital Gains and Losses for Tax on Investment Income

Form **990-PF**

2009

For calendar year 2009, or tax year beginning

, and ending

Name

Employer Identification Number

THE AIKMAN FOUNDATION INC

35-1977785

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
(1) 100 SHS TERADATA CORP	P	06/11/08	11/24/09
(2) 320 SHS UNITED HEALTH	P	07/25/02	11/24/09
(3) 242 SHS VALE SA ADR	P	06/19/09	11/24/09
(4) 25 SHS VAN KAMPEN BLACKROCK	P	03/26/09	11/30/09
(5) 4557.853 SHS VAN KAMPEN EQUITY	P	04/14/99	11/24/09
(6) 19.772 SHS VAN KAMPEN EQUITY	P	09/09/09	11/24/09
(7) 140 SHS VERIZON COMMUNICATIONS	P	04/29/03	11/24/09
(8) 60 SHS VERIZON COMMUNICATIONS	P	03/14/06	11/24/09
(9) 500 SHS WELLS FARGO & CO	P	04/23/02	11/24/09
(10) MAGELLAN MIDSTREAM CASH IN LIEU	P	VARIOUS	09/30/09
(11) CHARLES SCHWAB			
(12)			
(13)			
(14)			
(15)			

(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)
(1) 2,965		2,419	546
(2) 9,433		7,102	2,331
(3) 6,943		4,504	2,439
(4) 27,550		24,908	2,642
(5) 35,642		36,913	-1,271
(6) 155		146	9
(7) 4,470		4,885	-415
(8) 1,916		1,969	-53
(9) 13,845		12,548	1,297
(10) 19			19
(11) 209			209
(12)			
(13)			
(14)			
(15)			

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

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(1)			546
(2)			2,331
(3)			2,439
(4)			2,642
(5)			-1,271
(6)			9
(7)			-415
(8)			-53
(9)			1,297
(10)			19
(11)			209
(12)			
(13)			
(14)			
(15)			

Federal Statements

35-1977785

Statement 1 - Form 990-PF, Part I, Line 11 - Other Income

Description	Revenue per Books	Net Investment Income	Adjusted Net Income
MAGELLAN MIDSTREAM HLDGS LP	\$ 1,526	\$ 1,526	\$ 0
TOTAL	\$ 1,526	\$ 1,526	\$ 0

Statement 2 - Form 990-PF, Part I, Line 16a - Legal Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
LEGAL FEES	\$ 75	\$ 0	\$ 0	\$ 75
TOTAL	\$ 75	\$ 0	\$ 0	\$ 75

Statement 3 - Form 990-PF, Part I, Line 16b - Accounting Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
ACCOUNTING FEES	\$ 2,000	\$ 0	\$ 0	\$ 2,000
TOTAL	\$ 2,000	\$ 0	\$ 0	\$ 2,000

Statement 4 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
INVESTMENT MANAGEMENT FEES	\$ 2,680	\$ 2,680	\$ 0	\$ 0
TOTAL	\$ 2,680	\$ 2,680	\$ 0	\$ 0

Federal Statements

Statement 5 - Form 990-PF, Part I, Line 18 - Taxes

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
FED EXCISE TAX ON NET INVEST INC	\$ 237	237	\$	\$
FOREIGN TAXES	\$ 237	237	\$	\$
TOTAL	\$ 474	474	\$ 0	\$ 0

Federal Statements

Statement 6 - Form 990-PF, Part II, Line 10a - US and State Government Investments

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
MUNICIPAL BONDS	\$	\$ 30,984	COST	\$ 29,704
TOTAL	\$ 0	\$ 30,984		\$ 29,704

Statement 7 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
CORPORATE STOCKS/EQUITY FUNDS	\$ 222,135	\$ 132,241	COST	\$ 135,352
TOTAL	\$ 222,135	\$ 132,241		\$ 135,352

Statement 8 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
BOND FUND	\$	\$ 18,147	COST	\$ 18,245
TOTAL	\$ 0	\$ 18,147		\$ 18,245

Statement 9 - Form 990-PF, Part II, Line 13 - Other Investments

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
OTHER	\$ 81,041	\$ 30,715	COST	\$ 31,307
TOTAL	\$ 81,041	\$ 30,715		\$ 31,307

Statement 10 - Form 990-PF, Part II, Line 19 - Deferred Revenue

Description	Beginning of Year	End of Year
DEFERRED REVENUE	\$ 20	\$ 20
TOTAL	\$ 20	\$ 20

The Aikman Foundation, Inc
 EIN 35-1977785
 12/31/2009

		Cost	Market
Municipal Bonds			
10,000 California St 6 2%	12/17/2009	10,193 48	9,735 40
10,000 Nevada St 4 955%	12/22/2009	10,178 27	9,774 10
10,000 State Univ Iowa Uni 5%	12/17/2009	10,611 76	10,194 40
		30,983 51	29,703 90
Bond Funds			
1361 0570 Loomis Sayles Bond	12/1/2009	18,059 00	18,156 50
6 6560 Loomis Sayles Bond	12/11/2009	88 06	88 79
		18,147 06	18,245 29
Equity Funds			
515 3140 DFA Emerging Markets Core Equity	12/1/2009	9,043 00	9,394 17
1 951 DFA Emerging Markets Core Equity	12/8/2009	34 53	35 57
480 9870 DFA Intl Small Cap Value	12/1/2009	7,235 00	7,258 09
2 422 DFA Intl Small Cap Value	12/9/2009	36 07	36 55
508 4630 DFA Intl Small Company	12/1/2009	7,235 00	7,235 43
3 133 DFA Intl Small Company	12/9/2009	44 24	44 58
638 7840 DFA Intl Value Portfolio	12/1/2009	10,846 00	10,891 27
3 308 DFA Intl Value Portfolio	12/9/2009	55 57	56 40
578 9730 DFA Large Cap Intl Port	12/1/2009	10,846 00	10,855 74
4 997 DFA Large Cap Intl Port	12/8/2009	92 64	93 70
441 2480 DFA Real Estate Securities Portfolio	12/1/2009	7,235 00	7,602 70
5 935 DFA Real Estate Securities Portfolio	12/8/2009	97 52	102 26
1889 701 DFA US Large Cap Value	12/1/2009	31,583 00	32,238 30
9 987 DFA US Large Cap Value	12/9/2009	166 29	170 38
944 5320 DFA US Small Cap Port	12/1/2009	14,448 00	15,565 89
3 182 DFA US Small Cap Port	12/9/2009	50 06	52 44
1192 969 DFA US Targeted Value Portfolio	12/1/2009	14,448 00	15,520 53
3 662 DFA US Targeted Value Portfolio	12/9/2009	45 33	47 64
2114 185 Pimco Commodity Real Return	12/1/2009	18,059 00	17,505 45
25 989 Pimco Commodity Real Return	12/9/2009	209 47	215 19
51 941 Pimco Commodity Real Return	12/30/2009	431 63	430 07
		132,241 35	135,352 35
Other Assets			
280 Ishares Trust S&P	12/3/2009	30,714 88	31,306 80
Cash		167 42	167 42
Money Market Fund		154,092 16	154,092 16
		<u>366,346 38</u>	<u>368,867 92</u>

35-1977785

Federal Statements

Statement 11 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
JAMES W AIKMAN 8949 BAKER ROAD INDIANAPOLIS IN 46259	DIRECTOR	0.00	0	0	0
JAMES WHITTON AIKMAN 5100 KNOLLTON ROAD INDIANAPOLIS IN 46208	DIRECTOR	0.00	0	0	0
JENNIFER THOMAS ADAMS 5100 KNOLLTON ROAD INDIANAPOLIS IN 46208	DIRECTOR	0.00	0	0	0
BRAD R COUGILL 8440 WOODFIELD CROS INDIANAPOLIS IN 46240	DIRECTOR	0.00	0	0	0
JOHN A HALE 1309 N CATAMARAN CIRCLE CICERO IN 46034	DIRECTOR	0.00	0	0	0

Federal Statements

Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description

NONE ESTABLISHED

Form 990-PF, Part XV, Line 2c - Submission Deadlines

Description

NONE

Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

NONE

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization THE AIKMAN FOUNDATION INC	Employer identification number 35-1977785
	Number, street, and room or suite no If a P O box, see instructions 8949 BAKER ROAD	
	City, town or post office, state, and ZIP code For a foreign address, see instructions INDIANAPOLIS IN 46259	

Check type of return to be filed (file a separate application for each return)

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **JAMES W AIKMAN**

Telephone No ▶ **317-862-4341** FAX No ▶

- If the organization does not have an office or place of business in the United States, check this box

● If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15/10**, to file the exempt organization return for the organization named above The extension is for the organization's return for
▶ calendar year **2009** or
▶ tax year beginning _____, and ending _____

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	\$	0
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	\$	302
c Balance Due Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	\$	0

Caution If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization THE AIKMAN FOUNDATION INC	Employer identification number 35-1977785
	Number, street, and room or suite no. If a P O box, see instructions 8949 BAKER ROAD	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions INDIANAPOLIS IN 46259	

Check type of return to be filed (File a separate application for each return)

<input type="checkbox"/> Form 990	<input checked="" type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **JAMES W AIKMAN**
Telephone No **317-862-4341** FAX No
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- I request an additional 3-month extension of time until **11/15/10**
- For calendar year **2009**, or other tax year beginning , and ending
- If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
- State in detail why you need the extension

ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	\$	0
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	302
c	Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$	0

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct and complete, and that I am authorized to prepare this form

Signature Lisa L. Pinegar, CPA Title CPA/Agent Date 08/12/10
Form 8868 (Rev 4-2009)

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
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Type or print File by the due date for filing your return See instructions	Name of Exempt Organization THE AIKMAN FOUNDATION INC	Employer identification number 35-1977785
	Number, street, and room or suite no If a P O box, see instructions 8949 BAKER ROAD	
	City, town or post office, state, and ZIP code For a foreign address, see instructions INDIANAPOLIS IN 46259	

Check type of return to be filed (file a separate application for each return)

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **JAMES W AIKMAN**

Telephone No ▶ **317-862-4341** FAX No ▶

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a list with the names and EINs of all members the extension will cover

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3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	\$	0
3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	\$	302
3c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	\$	0

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Check type of return to be filed (File a separate application for each return)

<input type="checkbox"/> Form 990	<input checked="" type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

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- The books are in the care of **JAMES W AIKMAN**
Telephone No **317-862-4341** FAX No
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- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

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

6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.

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c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$	0

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct and complete, and that I am authorized to prepare this form

Signature Lisa L. Pinegar, CPA Title CPA/Agent Date 08/12/10

Form 8868 (Rev 4-2009)