

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



SCANNED NOV 1 5 2010

Form **990-PF** 

Department of the Treasury Internal Revenue Service **Return of Private Foundation** 

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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

2009

OMB No 1545-0052

For caler	ndar year 2009, or tax ye	ar beginning		, and ending	·	
<b>G</b> Check	k all that apply:	Initial return	Initial return of a for	· · · —	Final return	1
		Amended return	Address chang	je	Name change	
Use the	IRS Name of foundation	•			A Employer identification	number
label						
Otherwi	ise, ADL CHARI'				35-2033079	<u> </u>
print	·   '	O box number if mail is not de	•	Room/suite	B Telephone number	0.405
or type See Spe	SES OF TORD	<u>UE ROAD, SUI</u>	TE 230		(317) 870-	2425
Instructi	one   Gity Of TOWIT, State, a				C If exemption application is p	
	INDIANAPO.				D 1. Foreign organizations	
	•	X Section 501(c)(3) ex			Foreign organizations me check here and attach co	emputation
	ection 4947(a)(1) nonexer		Other taxable private founda		E If private foundation sta	tus was terminated
	arket value of all assets at	· 1	•	Accrual	under section 507(b)(1)	
-	Part II, col. (c), line 16)	7 000 (Part Look)	ther (specify) mn (d) must be on cash b	nacie I	F If the foundation is in a	
<b>▶</b> \$					under section 507(b)(1	(d) Disbursements
Part I	(The total of amounts in col necessarily equal the amou	umns (b), (c), and (d) may not ints in column (a) )	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
1	Contributions, gifts, gran	nts, etc., received			N/A	
2	Check X if the foundati					
3	Interest on savings and temp cash investments	porary	186,069.	186,069.		-
4	Dividends and interest fr	rom securities	26,845.	26,845.		
5a	a Gross rents			<del></del>	RE	CEIVED
t	Net rental income or (loss)		105 010			1-01
<u>a</u> 6a	Net gain or (loss) from sale o     Gross sales price for all		136,942.		S NOV	1 0 2010
Revenue 7	assets on line 6a	<u>2,885,485.</u>		126 040	10	1 0 2010 0
æ  7	· -			136,942.	1 -000	
8	Net short-term capital ga	ain			L OG[	EN, UT
9 10a	Income modifications Gross sales less returns and allowances					
t	Less Cost of goods sold				•	
(	<b>c</b> Gross profit or (loss)			<del></del>	· ·	
11	Other income		3,181.	3,181.	·	STATEMENT 1
12_	Total. Add lines 1 throu	igh 11	353,037.	353,037		
13	Compensation of officers, di		0.	0,		0.
14	Other employee salaries	•				
<sub>0</sub> 15		_	100			120
စ္တ   16	a Legal fees	STMT 2	130.	0.		130.
e l	<b>b</b> Accounting fees	STMT 3	10,375.	0.		10,375.
Δ) ·	c Other professional fees	STMT 4	5,558.	5,558		0.
.9 17 			1.	1,	·	0.
and Administrative Expenses 12 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
: <u></u> 19	·	ION	0 000	0		9,000.
토 20		d maatinas	9,000.	<u> </u>	•	3,000.
Ž 21		-				
E 22	= :	s <b>TMT</b> 5	4,244.	4,244		0.
Operating 82	•		4,244.	4,444	•	<del> </del>
e a	expenses. Add lines 13		29,308.	9,803		19,505.
Ö 25			666,450.	7,003	•	666,450.
- 1			000,430.			00073301
26	Add lines 24 and 25	20013611161118	695,758.	9,803	.]	685,955.
97	Subtract line 26 from line	ne 12°	0,5,1,50.	7,003		000,000
Į.			-342,721.			
1	a Excess of revenue over expension Net investment income		242,121.	343,234	1	
	c Adjusted net income (#			343,434	N/A	
923501	o Aujusten het mennie (#	negative, effer -0-)			1 11/11	Form <b>QQQ</b> - <b>PF</b> (2000)

# 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) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 O.

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

5,171,848. Form **990-PF** (2009)

Part IV Capital Gains and	Losses for Tax on In	vestment	Income						
(a) List and describe the 2-story brick warehold	ne kınd(s) of property sold (e.g ise; or common stock, 200 shs	., real estate, s. MLC Co.)		( <b>b)</b> I	low acc - Purch - Dona	quired nase tion	c) Date a (mo., da		(d) Date sold (mo., day, yr.)
1a				<u> </u>			,		
b SEE ATTACHED ST	TATEMENT			<u> </u>					
<u>c</u>	·			<u> </u>					
<u>d</u>				-					
е		<u>.                                    </u>		Ц,					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	1 107	t or other basis xpense of sale		·			ain or (loss (f) minus	
a									
b									
C	<del></del>								
d	<u>.</u>								125 212
e 2,885,485.			<u>2,748,54</u>	.3.					<u>136,942.</u>
Complete only for assets showing gain	n in column (h) and owned by	the foundation	on 12/31/69					ol. (h) gair	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any			COL		ot less tha (from col.	
a									
b									
C									
d									
e									136,942.
	( If gain, also enter	r in Dart I. lina	7	7					1
2 Capital gain net income or (net capital	loss) (If (loss), enter -0	I- ın Part İ, line		}	2				136,942.
3 Net short-term capital gain or (loss) as		nd (6):		٦					
If gain, also enter in Part I, line 8, colur	nn (c).			<b> </b>				N/A	
If (loss), enter -0- in Part I, line 8   Part V   Qualification Under	er Section 4940(e) for	Reduced	Tay on Not	lpy	oetm	ent Inc	ame.	IN / F	7
<u> </u>						10111111110	<del></del>		<u> </u>
(For optional use by domestic private four	idations subject to the section	4940(a) tax on	net investment ii	ncom	e.)				
If section 4940(d)(2) applies, leave this pa	rt blank.								
Was the foundation liable for the section 4			·	riod?					Yes X No
If "Yes," the foundation does not qualify ur									· · · · · · · · · · · · · · · · · · ·
1 Enter the appropriate amount in each	column for each year; see instr	uctions before	making any entri	ies.			1		/4/
(a) Base period years	(b)			(c)	)			Distri	(d) bution ratio
Calendar year (or tax year beginning in	Adjusted qualifying dis		Net value of no						vided by col. (c))
2008		4,537.		5	<u>,81</u>	6,254	•		.088465
2007	40	7,765.		6	,32	<u>5,462</u>	•		.064464
2006	60	4,410.		6	,15	9,836	•		.098121
2005	45	59,542.		6	,39	3,288			.071879
2004	42	24,002.				7,949			.062556
	<u>.</u>	•	· - · · · · · · · · · · · · · · · · · ·						
2 Total of line 1, column (d)							2		.385485
3 Average distribution ratio for the 5-year	r base period - divide the total	on line 2 by 5.	or by the numbe	r of ve	ears				
the foundation has been in existence if	•		,	,			3		.077097
the loandation has been in existence in	icos tilair o years							-	
4 Enter the net value of noncharitable-us	e assets for 2009 from Part X,	line 5					4		5,736,119.
							_	[	440 000
5 Multiply line 4 by line 3							5_		442,238.
6 Enter 1% of net investment income (1	% of Part I, line 27b)						_6_		3,432.
7 Add lines 5 and 6							7	<u> </u>	445,670.
8 Enter qualifying distributions from Par							8	1	685,955.
If line 8 is equal to or greater than line See the Part VI instructions.	7, check the box in Part VI, line	e 1b, and comp	plete that part usi	ng a 1	l% tax ı	rate.			

	rt VI   Excise Tax Based on Investment Income (Section 4940	)(a) (	4940(	h) 4940/e			<u> 4033</u> - see ii			aye 4
					5, OI 4	<del></del>	300 11	istru	CLIOI	
ıa	Exempt operating foundations described in section 4940(d)(2), check here  and en									
	Date of ruling or determination letter: (attach copy of letter if nece				1		1	. د د	, - <u>; :</u>	 20
D	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	نما	ano en	ter 1%	r	1			<b>7,4</b>	<u>34.</u>
	of Part I, line 27b			40 1 (1)				,	•	ι,
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%				ノ					_
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Other	hers er	nter -0-)			2				0.
-	Add lines 1 and 2					3			3,4	
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Ot	hers e	nter -0-	)		4				<u>0.</u>
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-					5			3,4	<u>32.</u>
6	Credits/Payments:	1	ı	_						
а	2009 estimated tax payments and 2008 overpayment credited to 2009	6a		6,	733.					
b	Exempt foreign organizations - tax withheld at source	6b					1			
C	Tax paid with application for extension of time to file (Form 8868)	6c		4,	000.					
d	Backup withholding erroneously withheld	6d	<u> </u>				ļ			
7	Total credits and payments. Add lines 6a through 6d					7	ļ	1	<u>7, C</u>	<u>33.</u>
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here If Form 2220 is attac	ched				8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed					9				
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			,	<b>&gt;</b>	10			7,3	<u>01.</u>
	Enter the amount of line 10 to be: Credited to 2010 estimated tax		<u>7,3</u>	01. Refun	ded ►	11_		,		<u>0.</u>
	rt VII-A Statements Regarding Activities									
1a	During the tax year, did the foundation attempt to influence any national, state, or local legisle	ation o	or did it	participate or	ıntervene	ın			Yes	
	any political campaign?							1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos	es (se	e ınstru	ctions for defi	nition)?			1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	І сорю	es of ar	ny materials i	oublishe	d or				
	distributed by the foundation in connection with the activities									
C	Did the foundation file Form 1120-POL for this year?							1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	year:								
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers.	. > \$	}		0.					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expendit	ture ta:	x impos	ed on foundat	ion					
	managers. ► \$0 .									
2	Has the foundation engaged in any activities that have not previously been reported to the IR	RS?						2		X
	If "Yes," attach a detailed description of the activities.									
3	Has the foundation made any changes, not previously reported to the IRS, in its governing in	nstrum	nent, art	icles of incorp	oration, c	r				-
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change	es						3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year	ιγ						4a		_X_
b	If "Yes," has it filed a tax return on Form 990-T for this year?					N	I/A	4b		
5	$Was there \ a \ liquidation, termination, \ dissolution, \ or \ substantial \ contraction \ during \ the \ year?$							5		X
	If "Yes," attach the statement required by General Instruction T									
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied $\frac{1}{2}$	ther:								
	By language in the governing instrument, or									
	• By state legislation that effectively amends the governing instrument so that no mandatory	y direc	tions th	at conflict with	the state	law				
	remain in the governing instrument?							6	_X_	
7	Did the foundation have at least \$5,000 in assets at any time during the year?							7	Х	
	If "Yes," complete Part II, col. (c), and Part XV.									
8a	Enter the states to which the foundation reports or with which it is registered (see instruction	ns) 🕨	·							
	IN									
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Al	ttorney	y Genera	al (or designat	e)					
	of each state as required by General Instruction G? If "No," attach explanation							8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of sec	ction 4	1942(j)(	3) or 4942(j)(	5) for cale	ndar				
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," co	omple	ete Par	t XIV				9	<u> </u>	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedu	le listin	g their na	mes and addres	ses			10		Х
					_		For	m <b>990</b>	-PF	(2009)

Form **990-PF** (2009)

Form 990-PF (2009) ADL CHARITABLE TRUST			<u>35-20330</u>	<u>79                                    </u>	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	Required (continu	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	☐ Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire	ctly,		^	£34£;
any voter registration drive?			s X No		£. x
(3) Provide a grant to an individual for travel, study, or other similar purposes?	7		s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization					
509(a)(1), (2), or (3), or section 4940(d)(2)?		☐ Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or fo				
the prevention of cruelty to children or animals?	or educational purposes, or re		s X No		
•	lor the eventions described i		s Lau 110		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n negulations	NT / 2	-	
section 53.4945 or in a current notice regarding disaster assistance (see instru	·		N/A	5b	<del></del>
Organizations relying on a current notice regarding disaster assistance check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr					
expenditure responsibility for the grant?		`/A	s L No	Ì	
If "Yes," attach the statement required by Regulations section 53 4945	* *				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on				
a personal benefit contract?		Ye	s X No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	<u> </u>
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	☐ Ye	s X No		<u> </u>
b If yes, did the foundation receive any proceeds or have any net income attribute	able to the transaction?		N/A	7b	
Part VIII Information About Officers, Directors, Truston Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	/		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e)	Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	acco	Expense unt, other owances
ALEXANDER C. LANGE	TRUSTEE	cinci o j	compensation		
8910 PURDUE ROAD, SUITE 230	INOUIDE				
	1.00	0	0.		0.
	SUCCESSOR/CO-	mpucmee	· ·		
	SUCCESSOR/CU-	TRUSTEE			
8910 PURDUE ROAD, SUITE 230	1 00		0		•
INDIANAPOLIS, IN 46268	1.00	0.	0.		0.
	SUCCESSOR/CO-	TRUSTEE			
8910 PURDUE ROAD, SUITE 230		_			_
INDIANAPOLIS, IN 46268	1.00	0.	0.	ļ	<u> </u>
CYNTHIA M. LANGE	SUCCESSOR/CO-	TRUSTEE			
8910 PURDUE ROAD, SUITE 230					
INDIANAPOLIS, IN 46268	1.00	0.	0.		0.
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). 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) accc	Expense bunt, other owances
NONE					
	1				
<del></del>	1				
	1				
			-		
	1				
		<del> </del>			
	-				
		<u> </u>	l		
Total number of other employees paid over \$50,000					0

ADL CHARITABLE TRUST	35-2	033079 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundary Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(2) 1) 10 10 10 10 10 10 10 10 10 10 10 10 10	(4)
1101111	—	
		• •
	$\dashv$	
		<del></del>
Total number of others receiving over \$50,000 for professional services	·	▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis	stical information such as the	<del></del>
number of organizations and other beneficiaries served, conferences convened, research papers pro	duced, etc.	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year or	1 lines 1 and 2.	Amount
1 <u>N/A</u>		
2		
·		
All other program-related investments. See instructions.		
3		

0.

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	dation	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	3,996,067.
b	Average of monthly cash balances	1b	1,536,638.
C	Fair market value of all other assets	1c	290,766.
ď	Total (add lines 1a, b, and c)	1d	5,823,471.
e	Reduction claimed for blockage or other factors reported on lines 1a and		<u> </u>
•	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	5,823,471.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	87,352.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	5,736,119.
6	Minimum investment return. Enter 5% of line 5	6	286,806.
_	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here  and do not complete this part.)	d certai	
1	Minimum investment return from Part X, line 6	1	286,806.
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.)	- 1	
C	Add lines 2a and 2b	2c	3,432.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	283,374.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	283,374.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	283,374.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	685,955.
b	Program-related investments - total from Part IX-B	1b	0.
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	
. р	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	685,955.
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	5	3,432.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	682,523.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies	for the section

Form **990-PF** (2009)

4940(e) reduction of tax in those years.

# Part XIII Undistributed Income (see instructions)

,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,	Corpus	Todio pilo to 2000		2000
line 7				283,374.
2 Undistributed income, if any, as of the end of 2009				203/3/11
a Enter amount for 2008 only			0.	
b Total for prior years:				
		0.		:
3 Excess distributions carryover, if any, to 2009:		<u> </u>		
a From 2004 86,037.				
b From 2005 143,000.				
c From 2006 300,992.				
d From 2007 97,512.				
e From 2008 227, 798.				
f Total of lines 3a through e	855,339.			
4 Qualifying distributions for 2009 from				·
Part XII, line 4: ▶\$ 685,955.				
a Applied to 2008, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior			-	
years (Election required - see instructions)		0.		,
c Treated as distributions out of corpus	-			
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount				283,374.
e Remaining amount distributed out of corpus	402,581.			
5 Excess distributions carryover applied to 2009	0.			0.
(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	1,257,920.		:	
<b>b</b> Prior years' undistributed income. Subtract	=/			
line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				1,3,4,4
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	86,037.			·
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	1,171,883.			
10 Analysis of line 9:				
a Excess from 2005 143,000.				
b Excess from 2006 300,992.				
c Excess from 2007 97,512.				1
d Excess from 2008 227,798.				
e Excess from 2009 402,581.				

	RITABLE TRU			35-20	33079 Page 10
Part XIV Private Operating F	oundations (see in:	structions and Part VII	I-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	t it is a private operating			
foundation, and the ruling is effective fo	r 2009, enter the date of t	the ruling	<b>▶</b>		
b Check box to indicate whether the found	dation is a private operatii	ng foundation described i	in section	] 4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a				1 - 1 1	
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	1				
exempt activities				1	
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				İ	
investment income (interest,					
dividends, rents, payments on securities loans (section		1			
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 Info			if the foundation	n had \$5,000 or m	ore in assets
at any time during t	the year-see the	instructions.)			
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh			tributions received by th	e foundation before the clo	se of any tax
year (but only if they have contributed r	nore than \$5,000). (See s	section 507(d)(2).)			
ALEXANDER C. LANGE					
b List any managers of the foundation wh other entity) of which the foundation ha			(or an equally large port	tion of the ownership of a p	partnership or
NONE	· · · · · · · · · · · · · · · · · · ·				
2 Information Regarding Contribut					
Check here 🕨 🗶 if the foundation of					
the foundation makes gifts, grants, etc.	(see instructions) to indi	viduals or organizations (	under other conditions,	complete items 2a, b, c, an	d d
a The name, address, and telephone num	ber of the person to who	m applications should be	addressed:		
ALEXANDER C. LANGE					
8910 PURDUE RD., SUI	TE 230, INC	DIANAPOLIS,	IN 46268		
<b>b</b> The form in which applications should i		ition and materials they s	hould include:		
NO SPECIFIC FORM REQ	UIRED.				
c Any submission deadlines: NONE					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields	, kınds of ınstıtutıons, oı	r other factors:	
NONE					
					5 000 PE (000)

35-2033079 Page 11

Grants and Contributions Paid During the	e Year or Approved for Future F	ayment		
• 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
	Of Substantial Continuator	recipient		
a Paid during the year EE STATEMENT				666,450
BE STATEMENT				000,430
	i			
Total			► 3a	666,450
b Approved for future payment				
NONE				

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

Enter gross	amounts unless otherwise indicated.	Unrelate	ed business income		ed by section 512, 513, or 514	(e)
	n service revenue:	(a) Business code	( <b>b)</b> Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
=	· · · · · · · · · · · · · · · · · · ·					
				1		
	-			+ +		
		-				
e				+		
' <u>-</u>		-		+ +		
-	and contracts from government agencies					
	rship dues and assessments					
3 Interest	on savings and temporary cash					
ınvestm	ents			14	186,069.	
4 Dividen	ds and interest from securities			14	186,069. 26,845.	
5 Net ren	tal income or (loss) from real estate:					
a Deb	t-financed property				·	
	debt-financed property					
	tal income or (loss) from personal			1 1		
propert						
				14	3,181.	
	vestment income			14	3,101.	
	(loss) from sales of assets other			1.0	126 042	
than in	-	<del></del>	<del></del>	18	136,942.	
	ome or (loss) from special events					
-	profit or (loss) from sales of inventory	-		+		
11 Other re	evenue:					
a				$\perp$		
b						
c				<u> </u>		
d						
е		<u> </u>				
12 Subtota	al. Add columns (b), (d), and (e)		0	).	353,037.	0.
13 Total.	Add line 12, columns (b), (d), and (e)		•		13	353,037.
(See works	sheet in line 13 instructions to verify calculations.)		•			
Part X	VI-B Relationship of Activities t	to the Acc	omplishment of l	Exempt	Purposes	
Line No	Explain below how each activity for which inco	me is reported	ın column (e) of Part XV	I-A contribu	ited importantly to the accom	plishment of
▼	the foundation's exempt purposes (other than	by providing fu	inds for such purposes).			
	N/A					
						<del></del> .
		• • • • • • • • • • • • • • • • • • • •				

# Form 990-PF (2009) ADL CHARITABLE TRUST 35-2033079 Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

1	Did the organization directly or indirectly engage in any of the following	g with any other organization	described in section 501(c) of		/es	No
	the Code (other than section 501(c)(3) organizations) or in section 52			$\vdash$		
2	Transfers from the reporting foundation to a noncharitable exempt org			1 1		
•	(1) Cash	gamzanon oi.		1a(1)	- 1	Х
	(2) Other assets			-		X
	•		-	1a(2)		
D	Other transactions:			الميما		v
	(1) Sales of assets to a noncharitable exempt organization	•	••	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization			1b(2)		Х
	(3) Rental of facilities, equipment, or other assets	-		1b(3)		X
	(4) Reimbursement arrangements			1b(4)		X
	(5) Loans or loan guarantees			1b(5)		X
	(6) Performance of services or membership or fundraising solicitation	ns		1b(6)		X
C	Sharing of facilities, equipment, mailing lists, other assets, or paid em	ployees		1c		X
	If the answer to any of the above is "Yes," complete the following sche		vays show the fair market value of the goods, of	her asse	ts,	
	or services given by the reporting foundation. If the foundation receive				•	
	column (d) the value of the goods, other assets, or services received.					
a)ı	ine no (b) Amount involved (c) Name of noncharitable	exempt organization	(d) Description of transfers, transactions, and si	haring arra	ngeme	ents
-/-	N/A		(a) becompact of database, database, and a	у са-са	goc	
	N/A					
				-		
	<del>-  </del>					
_			<u> </u>			
2a	Is the foundation directly or indirectly affiliated with, or related to, one		rations described	_		_
	in section 501(c) of the Code (other than section 501(c)(3)) or in sect	tion 527?		Yes	LX.	□No
b	If "Yes," complete the following schedule.					
	(a) Name of organization	(b) Type of organization	(c) Description of relationsh	ıp		
	N/A					
_						
	Λ					
Т	Under penalties of perjury, I declare that I have examined this return, including acco	I I I I I I I I I I I I I I I I I I I	ents, and to the best of my knowledge and belief, it is to	rue, correc	et,	
-	and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on	all information of which preparer	,			
		11/13/10	1 motes			
ا م	Signature of officer or trustee		Title'			
<u> </u>	<u> </u>	Date '	· · · · · · · · · · · · · · · · · · ·	's identifyi	יים חויי	nber
	Preparer's WALLAND TOLK E. A. A.	/   \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	self-	J radinity		
<u>.</u>	signature Signature CLIFTON GUNDERSON L is self-employed), 9339 PRIORITY WAY W					
	Firm's name (or yours CLIFTON GUNDERSON L	LP	EIN ►			
ľ	il self-employed), >9339 PRIORITY WAY W					
	address, and ZIP code INDIANAPOLIS, IN 46	240	Phone no. (317)	574	<u>4 – 9</u>	100
	<u>-</u>		For	m <b>990</b> -	-PF	(2009)

Part IV   Capital Gains and Los	sses for Tax on Investment Income	<u>.                                    </u>		····
	describe the kind(s) of property solorick warehouse; or common stock, 26		(b) How acquired P - Purchase D - Donation	(c) Date acquired (d) Date sold (mo., day, yr.)
1a GS PRIVATE EQU	ITY PARTNERS III	<del></del>	P	VARIOUS VARIOUS
	COMMODITY INDEX	TRACKING FUND	P	VARIOUS VARIOUS
		GAINS DISTRIBUTION		VARIOUS VARIOUS
	FEDERAL HOME LN		P	05/13/0801/15/09
	FEDERAL NATL MT		P	03/01/0702/15/09
	FEDERAL HOME LN		P	05/13/0806/12/09
	FEDERAL HOME LN		P	04/28/0507/15/09
		G ASSN BENCHMARK N		06/20/0711/02/09
		MTG CORP REFERENCE	-	06/20/0711/02/09
	FEDERAL NATL MT		P	09/18/0711/02/09
	FEDERAL NATE MI	G ASSN	F	03/18/07/11/02/03
<u>k</u>	<del></del> -			-
m	<del></del>		<del></del>	
n				
0				<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		ı) Gaın or (loss) plus (f) mınus (g)
a		154.		-154.
b 45,060.				45,060.
c 667.				667.
d 500,000.		497,500.	•	2,500.
e 200,000.		194,273.		5,727.
f 500,000.		515,230.		-15,230.
g 500,000.		504,955.		-4,955.
h 438,080.	-	384,332.		53,748.
443,335.		403,089.		40,246.
258,343.		249,010.		9,333.
1		240,010.		
K				· · · · · · · · · · · · · · · · · · ·
			<del></del>	
<u>m</u>			<del> </del>	
n				
Complete only for accets chayer	ng gain in column (h) and owned by	the foundation on 12/31/60		pages (from sol (b))
Complete only for assets shown				osses (from col. (h)) of col. (h) gain over col. (k),
(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		not less than "-0-")
	43 01 12/0 1/03	Over doi: (j), it diff		154
<u>a</u>				<u>-154.</u>
<u>b</u>			-	45,060.
C				667.
<u>d</u>		<u> </u>		2,500.
e				5,727.
<u>f</u>		ļ		-15,230.
9				-4,955.
h				53,748.
l				40,246.
<u> </u>				9,333.
k				
m				
n				
0	1			
<u> </u>	J <del></del>			· · · · · · · · · · · · · · · · · · ·
	If we are a season	run Dort I lung 7 -		406 040
2 Capital gain net income or (net ca	t ii (1000), uiitoi	, I		136,942
3 Net short-term capital gain or (lo	oss) as defined in sections 1222(5) a	, I		136,942.
	ss) as defined in sections 1222(5) a , column (c).	nd (6):	2	136,942.

FORM 990-PF	OTHER	INCOME	-		STATEMENT	1
DESCRIPTION		(A) REVENUE PER BOOKS		(B) NET INVEST- MENT INCOME	(C) ADJUSTE NET INCO	
GS PRIVATE EQUITY III PORTFOL INCOME NONREPORTABLE INTEREST INCOME		1. 3,180.		1. 3,180.		
TOTAL TO FORM 990-PF, PART I,	LINE 11 =	3	,181.	3,181.		
FORM 990-PF	LEGA	L FEES			STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	NET IN		(C) ADJUSTED NET INCOME		
LEGAL FEES - BAKER & DANIELS	130	•	0	•	1	30.
TO FM 990-PF, PG 1, LN 16A	130	. 0.		•	1	30.
FORM 990-PF	ACCOUNT	ING FEES	3		STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	NET IN				
ACCOUNTING FEES - CLIFTON GUNDERSON LLP	10,375		0.		10,3	75.
TO FORM 990-PF, PG 1, LN 16B	10,375		0	•	10,3	75.

FORM 990-PF (	OTHER PROFESSIONAL FEES			STATEMENT				
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC	ST-					
CREDIT SUISSE - INVESTMENT MGMT. FEE - 002180	5,558.	5,	558.			0.		
TO FORM 990-PF, PG 1, LN 16C	5,558.	5,	558.			0.		
FORM 990-PF	OTHER E	XPENSES			STATEMENT	5		
DESCRIPTION	(A) EXPENSES PER BOOKS		ST-	(C) ADJUSTED NET INCOM				
BANK FEES	150.		150.			0.		
PORTFOLIO DEDUCTIONS FROM GS PRIVATE EQUITY PTRP PORTFOLIO DEDUCTIONS FROM	1,211.	1,	211.			0.		
POWERSHARES DB COMMODITY INDEX TRACKING FUND POSTAGE	1,885. 20.		885. 20.			0. 0.		
MGMT FEES FROM GS PRIVATE EQUITY PARTNERS III	978.	978.				0.		
TO FORM 990-PF, PG 1, LN 23	4,244.	4,	244.			0.		
FORM 990-PF U.S. AND	STATE/CITY G	OVERNMENT	OBL	IGATIONS	STATEMENT	6		
DESCRIPTION	U.S GOV'		ВО	OK VALUE	FAIR MARKE VALUE	ET		
U.S. AND STATE OBLIGATIONS	x	<del>_</del>	:	3,633,605.	3,679,9	996.		
TOTAL U.S. GOVERNMENT OBLIGAT	rions	•		3,633,605.	3,679,9	996.		
TOTAL STATE AND MUNICIPAL GO	VERNMENT OBL	IGATIONS						
TOTAL TO FORM 990-PF, PART I	I, LINE 10A	•		3,633,605.	3,679,9	996.		

FORM 990-PF COR	PORATE STOCK		STATEMENT	7
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE	,
CORPORATE STOCK	28,550.	50,97	9.	
TOTAL TO FORM 990-PF, PART II, LINE	28,550.	50,979.		
FORM 990-PF OTHER INVESTMENTS			STATEMENT	8
	VALUATION		FAIR MARKET	1
DESCRIPTION	METHOD	BOOK VALUE	VALUE	
INV. IN GS PRIVATE EQUITY PARTNERS III, LP INV. IN POWERSHARES DB COMMODITY	COST	81,263.	68,40	3.
INDEX TRACKING	COSI	438,952.	438,95	52.
TOTAL TO FORM 990-PF, PART II, LINE 13		520,215. 507		

## **ADL Charitable Trust -- 2009**

AD	L Charita	aur	z Irusi	2009
Recipient		A	mount	Purpose
Angel Baskets Box 22000		\$	550	General Fund
Telluride, CO 81435  Big Brothers & Big Sisters 2960 N Meridian Street, Suite 150		\$	3,500	Event Sponsor
Indianapolis, IN 46208  Brebeuf Jesuit Preparatory School		\$	7,500	Annual Fund
2801 West 86th Street Indianapolis, IN 46268 Campus Crusade for Christ International	l (Keynote)	\$	25,400	General Fund
100 Lake Hart Drive Orlando, FL 32832				
College Park Church 2606 W 96th Street Indianapolis, IN 46268		\$	29,800	General Fund
Crossroads of America—Boy Scouts of Ar P O Box 1966 Indianapolis, IN 46206-1966	neriça	\$	250	Eagle Challenge
Eiteljorg Museum 500 West Washington Street Indianapolis, IN 46204-2707		\$	5,000	General Fund
Fort Tuthill Military Museum c/o Jim Warbasse 8236 North 15th Drive		\$	10,000	General Fund
Phoenix, AZ 85021				
Fuller Center 701 S Martin Luther King Blvd Americus, GA 31719		\$	500	General Fund
Gleaners Food Bank of Indiana, Inc 2203 East 16th Street Indianapolis, IN 46202		\$	500	General Fund
Habitat For Humanity of Boone Co 3220 S 875 E Zionsville, IN 46077		\$	5,000	Building Project
Indianapolis Symphony Orchestra 45 Monument Circle		\$	1,000	General Fund
Indianapolis, IN 46204 Inner Peace Yoga Center 5038 East 56th Street		\$	250	General Fund
Indianapolis, IN 46226  Michael J Fox Foundation P O Box 780		\$	100	General Fund
New York, MY 10008-0780 Outreach		\$	8,000	General Fund
2822 E New York Street Indianapolis, IN 46201 Riley Children's Foundation		\$	5,000	General Fund
30 S Meridian Street, Ste 200 Indianapolis, IN 46204 School on Wheels		\$	250	General Fund
2815 East 62nd Street, Suite 200 Indianapolis, IN 46220				
Shepherd Community Center 4107 East Washington Indianapolis, IN 46201		\$	36,000	General Fund
Starfish Initiative 814 N. Delaware Street, Suite A Indianapolis, IN 46204		\$	10,000	General Fund
Sycamore School 1750 West 64th Street Indianapolis, IN 46260		\$	1,000	Annual Fund
Telluride EMTs P O Box 236 Telluride, CO 81435		\$	250	General Fund
Telluride Volunteer Fire Dept P O Box 1602		\$	250	General Fund
Telluride, CO 81435 The Oaks Academy 2301 North Park Avenue		\$	5,000	General Fund
Indianapolis, IN 46205  United Christmas Service P O Box 663753		\$	2,500	General Fund
Indianapolis, IN 46266 University Centers of San Miguel P O Box 1521		\$	500	General Fund
Telluride, CO 81435 University High School of Indiana, Inc		\$	502,850	Annual Fund
2825 West 116th Street Carmel, IN 46032 Wheeler Mission		\$	5,500	General Fund
P O Box 817 Indianapolis, IN 46206-0817	Total 2009		666,450	
		<u>-</u>	31.00	

### Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

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 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 (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-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 <a href="https://www.irs.gov/efile">www.irs.gov/efile</a> and click on e-file for Charities & Nonprofits.	he additional -T. Instead, ation number
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 on 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 (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-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  ADL CHARITABLE TRUST  Number, street, and room or suite no. If a P.O. box, see instructions.  8910 PURDUE ROAD, SUITE 230  City, town or post office, state, and ZIP code. For a foreign address, see instructions.	he additional -T. Instead, ation number
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 one 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 functionation of the electronic file form 990-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  ADL CHARITABLE TRUST  Number, street, and room or suite no. If a P.O. box, see instructions.  But CHARITABLE TRUST  Number, street, and room or suite no. If a P.O. box, see instructions.  City, town or post office, state, and ZIP code. For a foreign address, see instructions.	he additional -T. Instead, ation number
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 on one of the form of the form of the file one of the form of the file one one of the file one of the form of the form of the file one of the form of the form of the form of the file one of the form of the file one of the form of the file one of the form of the file one of the form of the file one of the form of the file one of the form of the file one of the form of the file one of the form of the file one of the form of the file one of the form of the file one of the form of the file one of the form of the file one of the fi	he additional -T. Instead, ation number
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one on 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 (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-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  ADL CHARITABLE TRUST  Number, street, and room or suite no. If a P.O. box, see instructions.  8910 PURDUE ROAD, SUITE 230  City, town or post office, state, and ZIP code. For a foreign address, see instructions.	he additional -T. Instead, ation number
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 (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-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  ADL CHARITABLE TRUST  Number, street, and room or suite no. If a P.O. box, see instructions.  8910 PURDUE ROAD, SUITE 230  City, town or post office, state, and ZIP code. For a foreign address, see instructions.	he additional -T. Instead, ation number
print  ADL CHARITABLE TRUST  Number, street, and room or suite no. If a P.O. box, see instructions.  8910 PURDUE ROAD, SUITE 230  City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
ADL CHARITABLE TRUST  Number, street, and room or suite no. If a P.O. box, see instructions.  8910 PURDUE ROAD, SUITE 230  City, town or post office, state, and ZIP code. For a foreign address, see instructions.	79
Number, street, and room or suite no. If a P.O. box, see instructions.  8910 PURDUE ROAD, SUITE 230  City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
Check type of return to be filed (file a separate application for each return):	
Form 990	
ALEXANDER C. LANGE  The books are in the care of ▶ 8910 PURDUE RD, STE 230 - INDIANAPOLIS, IN 46268  Telephone No ▶ (317) 870-2425  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 grobox ▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extensi	
I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until  AUGUST 16, 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  ▼ X 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 according	ounting 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 \$	10,733.
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 \$	6,733.
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   \$  Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for paymen	4,000.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

Form 8	868_(Rev. 4-2009)				Page 2
• If yo	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check	his bo	 X		<b>X</b>
	Only complete Part II if you have already been granted an automatic 3-month extension on a previously				
	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	•			
Par	Additional (Not Automatic) 3-Month Extension of Time. Only file the original	(no co	pies neede	d).	
T	Name of Exempt Organization		Employer	identificati	on number
Type					
print	ADL CHARITABLE TRUST		35-2	033079	9
File by t extende			For IRS us	e only	
due date					
return. S	City, town or post office, state, and ZIP code. For a foreign address, see instructions.				
instruct	INDIANAPOLIS, IN 46268				
Chec	k type of return to be filed (File a separate application for each return).	_			
$\Box$	Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-	a [	Form 52	.27	Form 8870
	Form 990-BL X Form 990-PF Form 990-T (trust other than above) Form 4720		Form 60	<del>)6</del> 9	
STOP	Do not complete Part II if you were not already granted an automatic 3-month extension on a pr	evious	lv filed For	m 8868.	<del></del>
			<u> </u>		
	ALEXANDER C. LANGE		T17 40	0.00	
	books are in the care of $\triangleright$ 8910 PURDUE RD, STE 230 - INDIANAPOL	ils,	IN 46	268	
	ephone No. ► (317) 870-2425 FAX No. ►			— ,	$\overline{}$
	he organization does not have an office or place of business in the United States, check this box				<b>▶</b>
	his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	-			
box )		or all r	nembers th	e extension	is for.
	I request an additional 3-month extension of time until NOVEMBER 15, 2010.	47			
	For calendar year 2009, or other tax year beginning, and en	aing	Chas		nting period
	If this tax year is for less than 12 months, check reason: Initial return Final return  State in detail why you need the extension		Crian	je in accou	nung penoa
	ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION	NIE	CECCAR	ו חייי ע	A SILE
	COMPLETE AND ACCURATE RETURN.	1411	CHOOM	.1 10 1	100 11
	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 \$	1	10,733.
	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 \$	1	10,733.
c	Balance Due, Subtract line 8b from line 8a, Include your payment with this form, or, if required, depos	it	•	-	
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instruc	tions.	8c \$		0.
	Signature and Verification	<del>,</del>			
Under	penalties of periory. I declare that I have examined this form, including accompanying schedules and statements, an	d to the	best of my k	nowledge an	d bekef,
it is tru	ie, correct, and complete, and that I am authorized to prepare this form.			-1.1	
Signat	ure WHEN HOUNG Title COT		Date >	11160	[]
	10-7		•	Form 8868	3 (Rev. 4-2009)