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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Form 990-EZ

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

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

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning

and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization		D Employer identification number		
		JOHN RASCH CHARITABLE TRUST		35-6057774		
		Number and street (or P.O. box, if mail is not delivered to street address)		Room/suite	E Telephone number	
		INTEGRA BANK, PO BOX 868			812-464-9713	
City or town, state or country, and ZIP + 4		EVANSVILLE, IN 47705-0868		F Group Exemption Number ▶		

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☒ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶ N/A

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 118,885.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

SCANNED 01/09/2010	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	12,473.
	5a	Gross amount from sale of assets other than inventory STMT 1	5a	106,412.
	b	Less: cost or other basis and sales expenses	5b	105,202.
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	1,210.
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ _____)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	13,683.	
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 2	10	11,004.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	4,104.
	13	Professional fees and other payments to independent contractors	13	550.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ _____)	16	
	17	Total expenses. Add lines 10 through 16	17	15,658.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<1,975.>
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	358,943.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	356,968.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	0.	8,977.
23 Land and buildings		
24 Other assets (describe ▶ SCHEDULE ATTACHED)	358,943.	347,991.
25 Total assets	358,943.	356,968.
26 Total liabilities (describe ▶ _____)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	358,943.	356,968.

16

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

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28a	2,751.
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29a 2,751.

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30a	2,751.
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31a	2,751.
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32	11,004.
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[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 N/A		
b Gross receipts, included on line 9, for public use of club facilities N/A		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 0. ; section 4912 0. ; section 4955 0.		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed. IN		
42a The organization's books are in care of KENNY POWERS Telephone no. 812-464-9713		
Located at INTEGRA BANK, PO BOX 868, EVANSVILLE, IN ZIP + 4 47705-0868		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		
and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Form 990-EZ (2009)

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- | | Yes | No |
|---|-----|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | X |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | X |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | X |
| b If "Yes," was the related organization a section 527 organization? | 49b | |
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Preparation of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	Signature of officer <i>[Signature]</i>	Date 5/14/10	
	Type or print name and title Janet Esser, Vice Pres & Trust Officer		
Paid Preparer's Use Only	Preparer's signature SANDRA MCCULLY	Date 5/10/10	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 KEMPER CPA GROUP LLP 7200 EAGLE CREST BLVD EVANSVILLE, IN 47715	EIN Phone no. (812) 421-8000	Preparer's identifying number (See instr.)

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

JOHN RASCH CHARITABLE TRUST

Employer identification number

35-6057774

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☐ Type I
 - b ☐ Type II
 - c ☐ Type III - Functionally integrated
 - d ☒ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		<input checked="" type="checkbox"/>
(ii) A family member of a person described in (i) above?		<input checked="" type="checkbox"/>
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		<input checked="" type="checkbox"/>
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
UNIVERSITY OF EVANSVILLE		6		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		2,751.
EVANSVILLE ASSOC FOR BL		12		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		2,751.
GOOD SAMARITAN HO		7		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		2,751.
EVANSVILLE GOODWILL IND		8		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		2,751.
Total									11,004.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

FORM 990-EZ GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SAP				
AKTIENGESELLSCHAFT	3,688.	3,483.	0.	205.
WELLS FARGO	21.	18.	0.	3.
FED HOME LN MTG CORP	20,000.	20,000.	0.	0.
FED HOME LN BKS	15,000.	15,000.	0.	0.
FED NATL MTG ASSN	15,000.	15,000.	0.	0.
FED NATL MTG ASSN	20,000.	20,000.	0.	0.
AIR PRODS & CHEMS				
INC	6,453.	6,326.	0.	127.
VANDERBILT				
UNIVERSITY NT	26,250.	25,375.	0.	875.
TO FORM 990-EZ, LINE 5	106,412.	105,202.	0.	1,210.

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 2

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
EDUCATIONAL UNIVERSITY OF EVANSVILLE EVANSVILLE, IN 47714	NONE	2,751.
VOCATIONAL REHABILITATION EVANSVILLE GOODWILL INDUSTRIES EVANSVILLE, IN 47715	NONE	2,751.
VOCATIONAL REHABILITATION EVANSVILLE ASSOC FOR THE BLIND EVANSVILLE, IN 47710	NONE	2,751.
ELDERLY CARE GOOD SAMARITAN HOME EVANSVILLE, IN 47711	NONE	2,751.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		11,004.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 3

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

FORM 990-EZ

OTHER PROGRAM SERVICES

STATEMENT 4

DESCRIPTION

GRANTS

EXPENSES

GOOD SAMARITAN HOME, 601 N. BOEKE AVE, EVANSVILLE,
IN, 47714

2,751.

2,751.

TOTAL TO FORM 990-EZ, LINE 31

2,751.

2,751.

01/20/10

AS OF ACCOUNT HOLDINGS

REPORT PTR207 NI INTEGRA BANK, N.A.

AS OF DATE: 12/31/09

T/W

CUSIP NUMBER	SECURITY DESCRIPTION	UNITS	CARRYING VALUE	PRICE DATE	MARKET VALUE
0000IN-BK-5	INTEGRA MONEY MARKET DEMAND ACCOUNT	8,977.340	8,977.34	1.000 12/31/2009	8,977.34
002824-10-0	ABBOTT LABORATORIES COM	100.000	5,411.00	53.990 12/31/2009	5,399.00
054303-AW-2	AVON PRODS INC NT 6.50% DTD 03/02/2009 DUE 03/01/2019 CALLABLE	10,000.000	10,250.00	111.758 12/31/2009	11,175.80
055622-10-4	BP PLC SPON ADR	100.000	4,309.00	57.970 12/31/2009	5,797.00
060505-10-4	BANK OF AMERICA CORP COM	125.000	4,522.00	15.060 12/31/2009	1,882.50
064058-10-0	BANK NEW YORK MELLON CORP COM	150.000	7,146.00	27.970 12/31/2009	4,195.50
06739F-GF-2	BARCLAYS BK PLC SR NT 5.00% DTD 09/22/2009 DUE 09/22/2016 NON-CALLABLE	10,000.000	10,180.00	102.181 12/31/2009	10,218.10
071813-10-9	BAXTER INTERNATIONAL INC COM	85.000	4,929.15	58.680 12/31/2009	4,987.80
141784-DG-0	CARGILL INC MEDIUM TERM NTS TRANCHE # TR 00079 5.20% DTD 01/22/2008 DUE 01/22/2013 CALLABLE	25,000.000	25,550.00	106.034 12/31/2009	26,508.50
14912L-4E-8	CATERPILLAR FINL SVCS MTNS FR 7.15% DTD 02/12/2009 DUE 02/15/2019 NON-CALLABLE	10,000.000	10,300.00	115.639 12/31/2009	11,563.90
166764-10-0	CHEVRON CORP NEW COM	100.000	6,467.82	76.990 12/31/2009	7,699.00
189054-10-9	CLOROX CO COM	75.000	4,273.37	61.000 12/31/2009	4,575.00
191216-10-0	COCA COLA CO COM	200.000	9,612.72	57.000 12/31/2009	11,400.00
25746U-10-9	DOMINION RES INC VA NEW COM	150.000	5,693.31	38.920 12/31/2009	5,838.00
287560-AX-4	ELKHART IND PK DIST TAXABLE PK DIS BDS 2009B TAXABLE 4.15% DTD 12/17/2009 DUE 07/01/2015 NON-CALLABLE	10,000.000	10,000.00	96.429 12/31/2009	9,642.90

CUSIP NUMBER	SECURITY DESCRIPTION	UNITS	CARRYING VALUE	PRICE DATE	MARKET VALUE
287560-BR-6	ELKHART IND PK DIST TAXABLE PK DIS BDS 2009B TAXABLE 5.90% DTD 12/17/2009 DUE 07/01/2024 CALLABLE	25,000.000	25,000.00	92.220 12/31/2009	23,055.00
291011-10-4	EMERSON ELEC CO COM	150.000	6,520.51	42.600 12/31/2009	6,390.00
30161N-10-1	EXELON CORP COM	75.000	5,559.75	48.870 12/31/2009	3,665.25
30231G-10-2	EXXON MOBIL CORP COM	100.000	3,925.00	68.190 12/31/2009	6,819.00
3133XM-W7-2	FEDERAL HOME LOAN BKS CONS BDS 5.00% DTD 11/05/2007 DUE 11/05/2014 CALLABLE	25,000.000	25,250.00	103.656 12/31/2009	25,914.13
369604-10-3	GENERAL ELEC CO COM	197.000	10,441.02	15.130 12/31/2009	2,980.61
36962G-2S-2	GENERAL ELEC CAP CORP MTN FR 5.00% DTD 04/30/2007 DUE 12/01/2010 NON-CALLABLE	10,000.000	10,037.40	104.001 12/31/2009	10,400.10
459200-10-1	INTERNATIONAL BUSINESS MACHS CORP COM	50.000	4,245.71	130.900 12/31/2009	6,545.00
46625H-AX-8	J P MORGAN CHASE & CO GLOBAL SR NT 5.25% DTD 04/24/2003 DUE 05/01/2015	10,000.000	9,040.20	104.070 12/31/2009	10,407.00
481165-10-8	JOY GLOBAL INC COM	200.000	4,216.72	51.570 12/31/2009	10,314.00
487836-10-8	KELLOGG CO COM	100.000	4,697.96	53.200 12/31/2009	5,320.00
580135-10-1	MCDONALDS CORP COM	100.000	3,370.82	62.440 12/31/2009	6,244.00
58933Y-10-5	MERCK & CO INC NEW COM	150.000	4,721.73	36.540 12/31/2009	5,481.00
595017-10-4	MICROCHIP TECHNOLOGY INC COM	175.000	5,836.37	29.050 12/31/2009	5,083.75
606092-EY-6	MISSOURI JT MUN ELEC UTIL COMM PWR PROJ EV BDS 2009 B TAXABLE 4.693% DTD 12/17/2009 DUE 01/01/2016 CALLABLE	10,000.000	10,120.00	97.721 12/31/2009	9,772.10
713448-10-8	PEPSICO INC COM	100.000	5,942.50	60.800 12/31/2009	6,080.00

45-0537-01-4 JOHN RASCH CHARITABLE AS OF DATE: 12/31/09

T/W

CUSIP NUMBER	SECURITY DESCRIPTION	UNITS	CARRYING VALUE	PRICE DATE	MARKET VALUE
717081-10-3	PFIZER INC COM	150.000	4,818.00	18.190 12/31/2009	2,728.50
742718-10-9	PROCTER & GAMBLE CO COM	100.000	4,587.50	60.630 12/31/2009	6,063.00
806857-10-8	SCHLUMBERGER LTD COM	85.000	5,172.25	65.090 12/31/2009	5,532.65
81369Y-60-5	SELECT SECTOR SPDR TR FINANCIAL	350.000	5,410.37	14.400 12/31/2009	5,040.00
847560-10-9	SPECTRA ENERGY CORP COM	200.000	4,973.28	20.510 12/31/2009	4,102.00
871829-10-7	SYSCO CORP COM	100.000	3,067.82	27.940 12/31/2009	2,794.00
922042-85-8	VANGUARD INTL EQUITY INDEX FDS VANGUARD EMERGING MKTS ETF	350.000	14,036.23	41.000 12/31/2009	14,350.00
92240G-10-1	VECTREN CORPORATION COM	200.000	4,736.00	24.680 12/31/2009	4,936.00
92343V-10-4	VERIZON COMMUNICATIONS INC COM	175.000	5,731.80	33.130 12/31/2009	5,797.75
926744-AY-9	VIGO CNTY IND REDEV AUTH ECONO REF BDS TAXABLE 5.30% DTD 07/28/2005 DUE 02/01/2021 CALLABLE	10,000.000	9,620.00	88.787 12/31/2009	8,878.70
931142-10-3	WAL MART STORES INC COM	100.000	4,560.82	53.450 12/31/2009	5,345.00
949746-NX-5	WELLS FARGO & CO NEW SR NT 5.625% DTD 12/10/2007 DUE 12/11/2017 NON-CALLABLE	5,000.000	4,595.00	104.016 12/31/2009	5,200.80
949746-10-1	WELLS FARGO & CO NEW COM	219.000	9,272.06	26.990 12/31/2009	5,910.81
94980V-AA-6	WELLS FARGO BK NATL ASSN SB NT ACRD 4.75% DTD 02/07/2005 DUE 02/09/2015 NON-CALLABLE	10,000.000	9,839.00	101.969 12/31/2009	10,196.90

REPORT PTR207 NI INTEGRA BANK, N.A.
45-0537-01-4 JOHN RASCH CHARITABLE
CUSIP NUMBER SECURITY DESCRIPTION

AS OF ACCOUNT HOLDINGS

T/W AS OF DATE: 12/31/09

	UNITS	CARRYING VALUE	PRICE PRICE DATE	MARKET VALUE
TOTAL HOLDINGS		356,967.53		361,207.39
TOTAL INCOME CASH		4,123.44		4,123.44
TOTAL PRINCIPAL CASH		4,123.44-		4,123.44-
TOTAL ACCOUNT		356,967.53		361,207.39

(8977) Cash

347,991 Investments

01/20/10

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