Form **990** | **Return of Organization Exempt From Income Tax** | OMB No 1545-0047

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

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

Department of the Treasury
Internal Revenue Service

2009
Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , and ending

B Check if applicable:
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: INDIANA UTILTIY RATE PAYER TRUST
Doing Business As
Number and street (or P O box if mail is not delivered to street address): 55 MONUMENT CIRCLE — Room/suite: 800
City or town, state or country, and ZIP + 4: INDIANAPOLIS IN 46204

D Employer identification number: 35-6651129
E Telephone number: (317)848-1873
G Gross receipts $ 1,037,233

F Name and address of principal officer: HOOSIER TRUST COMPANY 55 MONUMENT CIRCLE, INDIANAPOLIS,

H(a) Is this a group return for affiliates? [ ] Yes [X] No
H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c) (4) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ N/A

K Form of organization: [ ] Corporation [X] Trust [ ] Association [ ] Other ▶
L Year of formation 1997
M State of legal domicile IN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
TO PROVIDE FUNDS TO HELP COVER LEGAL AND OTHER EXPENSES TO ANY AND ALL WHO ARE AFFECTED DETRIMENTALLY BY UTILITY RATES AND PRACTICES IN INDIANA

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5	Total number of employees (Part V, line 2a)	5	
6	Total number of volunteers (estimate if necessary)	6	
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	293,115	200,000
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	80,473	96,911
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	373,588	296,912
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	146,504	159,330
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	27,250	48,691
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	23,756	6,379
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	197,510	214,400
	19	Revenue less expenses. Subtract line 18 from line 12	176,078	82,512
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	3,160,531	3,243,043
	21	Total liabilities (Part X, line 26)		
	22	Net assets or fund balances. Subtract line 21 from line 20	3,160,531	3,243,043

RECEIVED
APR 19 2010
OGDEN, UT
IRS-OSC

SCANNED MAY 18 2010

Part II Signature Block

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 Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here
▶ Signature of officer — Date 2/14/2010
▶ Connie S. Allman, Trust Officer
Type or print name and title

Paid Preparer's Use Only
Preparer's signature ▶ — Date 2/14/2010 — Check if self-employed ▶ [X] — Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Stephen K. Miller, 401 W. 63rd Street, Indianapolis, IN 46260-4719 — EIN ▶ — Phone no ▶ (317)257-2376

May the IRS discuss this return with the preparer shown above? (see instructions) [ ] Yes [X] No

9/13 14

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
TO PROVIDE FUNDS TO HELP COVER LEGAL AND OTHER EXPENSES TO ANY AND ALL WHO ARE AFFECTED DETRIMENTALLY BY UTILITY RATES AND PRACTICES IN INDIANA

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ including grants of $) (Revenue $)
SEE ATTACHED FOR 2009 GRANTS

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services. (Describe in Schedule O.)
(Expenses $ 159,330 including grants of $ 159,330) (Revenue $)

4e **Total program service expenses** ► 159,330

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	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*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11		X
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.*	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.* — 12A: Yes ☐ No X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization 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*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)		2b		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	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)?		4a		X
b	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.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		X
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a 5			
b	Enter the number of voting members that are independent	1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .		3	X	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . .		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9a		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official.	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		X

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► IN

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► HOOSIER TRUST COM (317)816-4288
55 MONUMENT CIRCLE, STE 800, INDIANAPOLIS, IN 46204

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
ROBERT GRAY EXECUTIVE COMMITTEE	2.5	X						5,450		
CHRIS WILLIAMS EXECUTIVE COMMITTEE	2.5	X						5,450		
ANN BECKER EXECUTIVE COMMITTEE	2.5	X						5,450		
JUNE LYLE EXECUTIVE COMMITTEE	2.5	X						5,450		
JOHN F. WICKS EXECUTIVE COMMITTEE	4.5	X						5,450		
HOOSIER TRUST COMPANY TRUSTEE	4.5		X					21,440		

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total . . . ▶								46,017		

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	200,000				
	g Noncash contributions included in lines 1a-1f: $						
	h Total. Add lines 1a–1f ▶			200,000			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a–2f ▶						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			102,232			102,232
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶						
	7a Gross amount from sales of assets other than inventory	(i) Securities 735,000	(ii) Other				
	b Less: cost or other basis and sales expenses	740,458	-137				
	c Gain or (loss)	-5,458	137				
	d Net gain or (loss) ▶			-5,321			-5,321
	8a Gross income from fundraising events (not including $ ________ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events ▶						
	9a Gross income from gaming activities. See Part IV, line 19.	a					
	b Less. direct expenses	b					
	c Net income or (loss) from gaming activities ▶						
	10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory ▶						
	Miscellaneous Revenue		Business Code				
	11a rounding error			1			1
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a–11d ▶			1			
	12 Total revenue. See instructions. ▶			296,912			96,912

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	159,330	159,330		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	48,691		48,691	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	2,400		2,400	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	FEDERATED SUB ACCT FEE	162		162	
b	INSURANCE	1,344		1,344	
c	TRAVEL, MEETING AND MISC EXP	2,473		2,473	
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	214,400	159,330	55,070	
26	**Joint costs.** Check here ► ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	957,247	2	346,271
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a			
	b	Less: accumulated depreciation — 10b		10c	
	11	Investments—publicly traded securities	2,203,284	11	2,896,772
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	3,160,531	16	3,243,043
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25		26	
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☒ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	3,160,531	30	3,243,043
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	3,160,531	33	3,243,043
	34	Total liabilities and net assets/fund balances	3,160,531	34	3,243,043

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: [X] Cash [ ] Accrual [ ] Other ______ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

INDIANA UTILITY RATE PAYER TRUST #35-6651129
2009 GRANTS AND DISTRIBUTIONS

		2009 Grants	2009 Distributions
2003-2	**Indiana Clean Energy Campaign** Attn: Richard Hill, Save the Valley, Inc. P.O. Box 813, Madison, IN 47250 PURPOSE: pay attorneys' and expert witnesses fees and related expenses to represent the interests of the Indiana Clean Energy Campaaign with respect to the review by the Indiana Department of Environmental Management of the environmental impacts of the Clifty Creek Electric Generating Station in Madison, IN	$0.00	$11,665.22
2006-6	**C.A.C.E.F. Duke Energy/Vectren IURC** Citizens Action Coalition Education Fund, Inc. (CACEF) 5420 N College Ave, Indpls IN 46220 PURPOSE: To pay for legal and expert witness expenses in a proceeding where Duke Energy and Vectren are requesting approval of construction, cost recovery, and incentives for a $1.5 billion baseload coal power plan usign commericially unproven technology	$0.00	$1,981.15
2007-3	**C.A.C.E.F. Coal Gasification Facility** Citizens Action Coalition Education Fund, Inc. (CACEF) 5420 N College Ave, Indpls IN 46220 PURPOSE: To pay for expert witness and legal fees solely related to a proceeding before the Indiana Utility Regulatory Commission in which utilities are seeking a certificate of need and deregulation for an unproven coal gasification facility and approvals of 30 year synthetic gas and electric power supply contracts that shift risk from the utilities to ratepayers.	$0.00	$3,223.77
2007-5	**CAC-Duke Indiana DSM Cost Recovery** Citizens Action Coalition Education Fund, Inc. (CACEF) 5420 N College Ave, Indpls IN 46220 PURPOSE: The funding is needed to pay for an expert witness and legal fees solely related to analyzing and responding to a unique, complex and highly controversial demand-side management (DSM) program and cost recovery scheme that could cost ratepayers millions of dollars more than traditional approaches.	$12,000.00	$8,387.61
2008-2	**CARD - Upper Story Rural Sewer Utility** Citizens for Appropriate Rural Development (CARD) P.O. Box 493, Nashville, IN 47448 PURPOSE: Pay the fees and expenses for two expert consultants and witnesses, one an expert in alternative sewage collection, treatment and disposal technologies and the other in financing, operating and maintaining a rural sewer utility.	$15,000.00	$20,163.12
2009-1	**C.A.C.E.F. Nipsco** Citizens Action Coalition Education Fund, Inc. (CACEF) 603 E. Washington St., Suite 502, Indpls IN 46204 PURPOSE: The funding is needed to pay for fees and expenses associated with litigation and, if possible, settlement negotiations regarding NIPSCO's request to increase base rates, implement demand-side management programs, and reallocate fuel costs.	$20,000.00	$1,877.50
2009-2	**Indiana Municipal Utilities Group** Attn: Mr. Ted Sommer, One Independence Center, 1776 N Meridian, Ste 500, Indpls IN 46202 PURPOSE: To pay costs of continued participation in NIPSCO general rate proceeding.	$50,000.00	$100,000.00
2009-3	**USAF - United Senior Action Foundation** Attn: Michelle Niemier, 324 West Morris Street, Suite 114, Indpls IN 46204 PURPOSE: The funding is needed to pay for expert witness and legal counsel fees and expenses associated with litigation and, if possible, settlement negotiations regarding the universal service programs.	$20,000.00	$12,031.25
	TOTALS	$117,000.00	$159,329.62

PREPARED FOR ACCOUNT # 23 00 4220 0 02 - INDIANA UTILITY RATE PAYER TRUST DTD 07/29/1997

ACCOUNT SITUS = IN
TAX ID# = 356651129
STATE TAX ID# =

PROCESS DATE 01/12/2010

FOR TAX YEAR ENDED 12/31/2009

SECTION A - CAPITAL GAINS & LOSSES

SHORT TERM SALES & MATURITIES

SHARES/PAR	SECURITY	REG	DATE ACQUIRED	DATE SOLD	CAPITAL INCOME CASH	PROCEEDS TO PRINCIPAL CASH	COST BASIS	SHORT TERM GAIN OR LOSS
100000.0000	FHLB 4.050% DUE 04/07/16 C (3133XTDN3)	0	03/17/09	10/19/09		100000.00	-100000.00	0.00
100000.0000	FHLB 4.750% DUE 04/08/19 C (3133XTDP8)	0	03/17/09	10/16/09		100000.00	-100000.00	0.00
100000.0000	FHLB 4.750% DUE 04/01/19 C (3133XTE69)	0	03/27/09	10/19/09		100000.00	-100500.00	-500.00
35000.0000	FHLB 5.000% DUE 06/18/18 C (31339XBQ6)	0	01/13/09	03/18/09		35000.00	-35205.10	-205.10
100000.0000	FHLB 5.050% DUE 06/18/18 C (31339XJK1)	0	01/13/09	09/18/09		100000.00	-100609.00	-609.00
	TOTAL SHORT TERM SALES & MATURITIES					435000.00	436314.10	-1314.10
	TOTAL SHORT TERM GAIN & LOSSES							-1314.10

LONG TERM SALES & MATURITIES

SHARES/PAR	SECURITY	REG	DATE ACQUIRED	DATE SOLD	CAPITAL INCOME CASH	PROCEEDS TO PRINCIPAL CASH	COST BASIS	LONG TERM GAIN OR LOSS
100000.0000	FHLB 5.000% DUE 09/18/09 (3133XGNJ9)	0	12/05/06	09/18/09		100000.00	-101483.00	-1483.00
50000.0000	FHLB 3.000% DUE 04/15/09 (3133X4ZC8)	0	03/25/08	04/15/09		50000.00	-50848.50	-848.50
150000.0000	FHLMC 4.000% DUE 12/15/09 (3134A4UW2)	0	12/11/07	12/15/09		150000.00	-151812.00	-1812.00
	TOTAL LONG TERM SALES & MATURITIES					300000.00	304143.50	-4143.50
	TOTAL LONG TERM GAIN & LOSSES							-4143.50
	TOTAL CAPITAL GAINS & LOSSES							-5457.60

Report Date	*January 27, 2010*	**HOOSIER TRUST COMPANY**
Time Prepared	*11:57:58 AM*	
Requested By	*Connie Allman*	
Includes	*Account: 23 00 4220 0 02*	*INDIANA UTILITY RATE PAYER TRUST DTD 07/29/1997*

Account Holdings as of 12/31/2009

Cusip No	Security Name	Shares / Par	Investment	Unit Price	Market Value	Price Date
002824100	ABBOTT LABORATORIES	600 0000	26,850.10	53.99	32,394 00	12/31/2009
086516101	BEST BUY COMPANY INC	450.0000	20,308.38	39.46	17,757 00	12/31/2009
126650100	CVS/CAREMARK CORP	500 0000	15,504.92	32.21	16,105.00	12/31/2009
166764100	CHEVRON CORPORATION	225.0000	14,886.29	76.99	17,322 75	12/31/2009
17275R102	CISCO SYSTEMS INC	900.0000	24,473.67	23 94	21,546 00	12/31/2009
20825C104	CONOCO PHILLIPS	525.0000	36,216.14	51 07	26,811 75	12/31/2009
235851102	DANAHER CORPORATION	375.0000	20,124.90	75.20	28,200.00	12/31/2009
25179M103	DEVON ENERGY CORP	250.0000	15,309.64	73.50	18,375 00	12/31/2009
3128X0Y78	FHLMC 4 15% 04/01/10	150,000.0000	151,795.50	100 939	151,408.50	12/31/2009
3128X2HT5	FHLMC 4 50% 12/16/10	215,000 0000	217,885.60	103.594	222,727.10	12/31/2009
31331G5E5	FFCB 3 60% 12/07/16C	150,000.0000	149,625.00	97 094	145,641.00	12/31/2009
31331G6J3	FFCB 3 80% 12/14/17C	150,000.0000	148,875.00	98.875	148,312 50	12/31/2009
31331GRV3	FFCB 4.20% 04/01/19C	100,000.0000	100,100.00	97 125	97,125.00	12/31/2009
31331GRW1	FFCB 4 65% 04/01/24C	100,000.0000	100,075.00	93.969	93,969 00	12/31/2009
31331GSE0	FFCB 4 25% 04/02/19C	100,000 0000	100,150.00	97 688	97,688 00	12/31/2009
31331YER7	FFCB 4 350% 11/21/11	150,000.0000	153,373.50	105.781	158,671 50	12/31/2009
3133XP2W3	FHLB 3.375% 02/27/13	100,000.0000	100,947.00	104.094	104,094.00	12/31/2009
3133XTEK8	FHLB 4 50% 03/26/21C	100,000.0000	100,150.00	98.594	98,594 00	12/31/2009
3133XTFR2	FHLB 4.75% 04/02/24C	50,000.0000	50,000.00	94 563	47,281 50	12/31/2009
3134A4QD9	FHLMC 5 125% 7/15/12	200,000 0000	198,164.00	108 625	217,250 00	12/31/2009
31359MJH7	FNMA 6 000% 05/15/11	200,000.0000	199,276.00	107 063	214,126 00	12/31/2009
31398AMV1	FNMA 2 500% 04/09/10	135,000 0000	136,082.70	100 625	135,843 75	12/31/2009
31398APG1	FNMA 2 750% 04/11/11	150,000 0000	151,026.00	102 50	153,750 00	12/31/2009
36966RV78	GE CAP 5 45% 2/15/23	100,000.0000	100,000.00	95.412	95,412 00	12/31/2009
412822108	HARLEY DAVIDSON INC	425 0000	22,228.73	25 20	10,710.00	12/31/2009
428236103	HEWLETT PACKARD CO	450.0000	22,801.13	51 51	23,179 50	12/31/2009
452308109	ILLINOIS TOOL WORKS	500.0000	24,171.15	47.99	23,995.00	12/31/2009
459200101	IBM CORP	200 0000	22,879.96	130.90	26,180.00	12/31/2009
46625H100	JP MORGAN CHASE & CO	500.0000	23,395.11	41 67	20,835 00	12/31/2009
478160104	JOHNSON & JOHNSON	400.0000	26,205.93	64 41	25,764 00	12/31/2009
502424104	L3 COMMUNICATIONS	275 0000	22,765.44	86 95	23,911 25	12/31/2009
518439104	ESTEE LAUDER CO INC	400.0000	14,564.03	48.36	19,344 00	12/31/2009
548661107	LOWES COMPANIES	700.0000	23,406.96	23 39	16,373.00	12/31/2009
585055106	MEDTRONIC INC	475.0000	27,299.23	43 98	20,890 50	12/31/2009
594918104	MICROSOFT CORP	175.0000	5,270.74	30 48	5,334.00	12/31/2009
60934N807	FED GOVT OBLIG #395	167,473.9400	167,473.94	1 00	167,473 94	12/31/2009
60934N801	FED GOV OBLIG #395-I	178,796.8100	178,796.81	1 00	178,796 81	12/31/2009
617446448	MORGAN STANLEY COM	550.0000	28,430.37	29.60	16,280 00	12/31/2009
68389X105	ORACLE CORP	575.0000	12,389.55	24.53	14,104 75	12/31/2009
713448108	PEPSICO INC	400.0000	22,750.44	60 80	24,320 00	12/31/2009
742718109	PROCTER & GAMBLE CO	500 0000	28,204.10	60 63	30,315 00	12/31/2009
81369Y100	SECTOR SPDR TR MAT	625.0000	25,346.22	32.99	20,618.75	12/31/2009
863667101	STRYKER CORP	475.0000	24,230.49	50 37	23,925 75	12/31/2009
882508104	TEXAS INSTRUMENTS	375.0000	12,509.77	26 06	9,772.50	12/31/2009
902973304	US BANCORP	1,000.0000	30,635.97	22.51	22,510.00	12/31/2009
921813AA9	VANDERBT 5 25 4/1/19	100,000.0000	101,000.00	104 227	104,227.00	12/31/2009
931142103	WAL MART STORES INC	400.0000	19,452.00	53 45	21,380.00	12/31/2009
949746101	WELLS FARGO & CO NEW	850.0000	25,635.24	26.99	22,941.50	12/31/2009
	Total Securities	**2,610,345.7500**	**3,243,042.65**		**3,233,587.60**	
	Income Cash		**0.00**		**0.00**	
	Principal Cash		**0.00**		**0.00**	
	Account Total		**3,243,042.65**		**3,233,587.60**	

Report Date	*January 27, 2010*	**HOOSIER TRUST COMPANY**
Time Prepared	*11:57:22 AM*	
Requested By	*Connie Allman*	
Includes	*Account: 23 00 4220 0 02*	*INDIANA UTILITY RATE PAYER TRUST DTD 07/29/1997*

Account Holdings as of 12/31/2008

Cusip No	Security Name	Shares / Par	Investment	Unit Price	Market Value	Price Date
002824100	ABBOTT LABORATORIES	600.0000	26,850.10	53 37	32,022 00	12/31/2008
086516101	BEST BUY COMPANY INC	450.0000	20,308.38	28 11	12,649 50	12/31/2008
126650100	CVS/CAREMARK CORP	500.0000	15,504.92	28 74	14,370 00	12/31/2008
166764100	CHEVRON CORPORATION	225 0000	14,886.29	73 97	16,643 25	12/31/2008
17275R102	CISCO SYSTEMS INC	900.0000	24,473.67	16 30	14,670 00	12/31/2008
20825C104	CONOCO PHILLIPS	525.0000	36,216.14	51 80	27,195 00	12/31/2008
235851102	DANAHER CORPORATION	375.0000	20,124.90	56 61	21,228 75	12/31/2008
25179M103	DEVON ENERGY CORP	250.0000	15,309.64	65 71	16,427 50	12/31/2008
3128X0Y78	FHLMC 4.15% 04/01/10	150,000.0000	151,795.50	103 627	155,440 50	12/31/2008
3128X2HT5	FHLMC 4 50% 12/16/10	215,000.0000	217,885.60	106 094	228,102 10	12/31/2008
31331YER7	FFCB 4 350% 11/21/11	150,000.0000	153,373.50	107.813	161,719 50	12/31/2008
3133X4ZC8	FHLB 3 000% 04/15/09	50,000.0000	50,848.50	100.781	50,390 50	12/31/2008
3133XGNJ9	FHLB 5 000% 09/18/09	100,000.0000	101,483.00	103 063	103,063 00	12/31/2008
3133XP2W3	FHLB 3 375% 02/27/13	100,000.0000	100,947.00	103.594	103,594 00	12/31/2008
3134A4QD9	FHLMC 5 125% 7/15/12	200,000.0000	198,164.00	110 469	220,938 00	12/31/2008
3134A4UW2	FHLMC 4 00% 12/15/09	150,000.0000	151,812.00	102.813	154,219 50	12/31/2008
31359MJH7	FNMA 6 000% 05/15/11	200,000.0000	199,276.00	110.531	221,062 00	12/31/2008
31398AMV1	FNMA 2 500% 04/09/10	135,000.0000	136,082.70	101.688	137,278.80	12/31/2008
31398APG1	FNMA 2 750% 04/11/11	150,000.0000	151,026.00	102.625	153,937.50	12/31/2008
412822108	HARLEY DAVIDSON INC	425.0000	22,228.73	16.97	7,212.25	12/31/2008
428236103	HEWLETT PACKARD CO	450.0000	22,801.13	36.29	16,330.50	12/31/2008
452308109	ILLINOIS TOOL WORKS	500.0000	24,171.15	35.05	17,525.00	12/31/2008
459200101	IBM CORP	200.0000	22,879.96	84 16	16,832 00	12/31/2008
46625H100	JP MORGAN CHASE & CO	500.0000	23,395.11	31.53	15,765.00	12/31/2008
478160104	JOHNSON & JOHNSON	400.0000	26,205.93	59.83	23,932 00	12/31/2008
502424104	L3 COMMUNICATIONS	275.0000	22,765.44	73 78	20,289 50	12/31/2008
518439104	ESTEE LAUDER CO INC	400 0000	14,564.03	30 96	12,384 00	12/31/2008
548661107	LOWES COMPANIES	700.0000	23,406.96	21 52	15,064.00	12/31/2008
585055106	MEDTRONIC INC	475 0000	27,299.23	31 42	14,924.50	12/31/2008
594918104	MICROSOFT CORP	175.0000	5,270.74	19 44	3,402 00	12/31/2008
60934N807	FED GOVT OBLIG #395	842,733 4500	842,733.45	1 00	842,733 45	12/31/2008
60934N80I	FED GOV OBLIG #395-I	114,513.2500	114,513.25	1.00	114,513 25	12/31/2008
617446448	MORGAN STANLEY COM	550.0000	28,430.37	16.04	8,822 00	12/31/2008
68389X105	ORACLE CORP	575.0000	12,389.55	17.73	10,194 75	12/31/2008
713448108	PEPSICO INC	400.0000	22,750.44	54 77	21,908 00	12/31/2008
81369Y100	SECTOR SPDR TR MAT	625.0000	25,346.22	22.74	14,212 50	12/31/2008
863667101	STRYKER CORP	475.0000	24,230.49	39.95	18,976 25	12/31/2008
882508104	TEXAS INSTRUMENTS	375.0000	12,509.77	15.52	5,820.00	12/31/2008
902973304	US BANCORP	1,000.0000	30,635.97	25.01	25,010 00	12/31/2008
949746101	WELLS FARGO & CO NEW	850 0000	25,635.24	29.48	25,058.00	12/31/2008
	Total Securities	**2,570,421.7000**	**3,160,531.00**		**3,095,860.35**	
	Income Cash		**0.00**		**0.00**	
	Principal Cash		**0.00**		**0.00**	
	Account Total		**3,160,531.00**		**3,095,860.35**	

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
INDIANA UTILTIY RATE PAYER TRUST	35-6651129

Form 990 Part VI Section A Line 3 INVESTMENT AND MOST ADMINISTRATIVE DECISIONS DELEGATED TO HOOSIER TRUST COMPANY

Form 990 Part VI Section A Line 8b THIS ORGANIZATION ONLY HAS AN EXECUTIVE COMMITTEE WHOSE RESPONSIBILITIES INVOLVE DETERMING GRANTS

Form 990 Part VI Section A Line 11 A COPY OF FORM 990 IS PROVIDED TO HOOSIER TRUST COMPANY FOR REVIEW AND FILING. THE EXECUTIVE COMMITTEE'S RESPONSIBILITES INVOLVE DETERMING GRANTS.