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

2009

Department of the Treasury
Internal Revenue Service

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

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

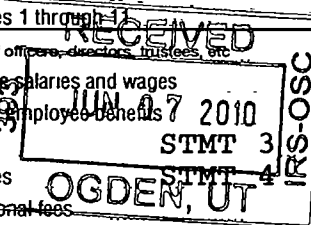
G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of foundation BRUBAKER CHARITABLE TRUST		A Employer identification number 36-3768220
	Number and street (or P.O. box number if mail is not delivered to street address) 9 CRAB APPLE LANE		B Telephone number 8152295811
	City or town, state, and ZIP code ROCKFORD, IL 61107		C If exemption application is pending, check here <input type="checkbox"/>
	H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 1,043,985. (Part I, column (d) must be on cash basis.)		J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
			F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received		290,000.		N/A	
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities		15,705.	15,705.		STATEMENT 1
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		10,340.			
b Gross sales price for all assets on line 6a 240,398.					
7 Capital gain net income (from Part IV, line 2)			10,340.		
8 Net short-term capital gain					
9 Income modifications					
10a Gross sales less returns and allowances					
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income		1,099.	1,099.		STATEMENT 2
12 Total. Add lines 1 through 11		317,144.	27,144.		
13 Compensation of officers, directors, trustees, etc.		0.	0.		0.
14 Other employee salaries and wages					
15 Pension plans and employee benefits					
16a Legal fees		1,450.	725.		725.
b Accounting fees		2,175.	1,088.		1,087.
c Other professional fees					
17 Interest					
18 Taxes		276.	276.		0.
19 Depreciation and depletion					
20 Occupancy					
21 Travel, conferences, and meetings					
22 Printing and publications					
23 Other expenses		5,313.	5,313.		0.
24 Total operating and administrative expenses. Add lines 13 through 23		9,214.	7,402.		1,812.
25 Contributions, gifts, grants paid		95,440.			95,440.
26 Total expenses and disbursements. Add lines 24 and 25		104,654.	7,402.		97,252.
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements		212,490.			
b Net investment income (if negative, enter -0-)			19,742.		
c Adjusted net income (if negative, enter -0-)				N/A	

SCANNED JUN 10 2010

Operating and Administrative Expenses



Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only

	Beginning of year (a) Book Value	End of year	
		(b) Book Value	(c) Fair Market Value
Assets			
1 Cash - non-interest-bearing		1.	1.
2 Savings and temporary cash investments	357,872.	40,730.	40,730.
3 Accounts receivable ▶ Less: allowance for doubtful accounts ▶			
4 Pledges receivable ▶ Less: allowance for doubtful accounts ▶			
5 Grants receivable			
6 Receivables due from officers, directors, trustees, and other disqualified persons			
7 Other notes and loans receivable ▶ Less: allowance for doubtful accounts ▶			
8 Inventories for sale or use			
9 Prepaid expenses and deferred charges			
10a Investments - U.S. and state government obligations			
b Investments - corporate stock			
c Investments - corporate bonds STMT 7	0.	109,257.	114,947.
11 Investments - land, buildings, and equipment basis ▶ Less: accumulated depreciation ▶			
12 Investments - mortgage loans			
13 Investments - other STMT 8	309,092.	750,751.	888,307.
14 Land, buildings, and equipment basis ▶ Less: accumulated depreciation ▶			
15 Other assets (describe ▶)			
16 Total assets (to be completed by all filers)	666,964.	900,739.	1,043,985.
Liabilities			
17 Accounts payable and accrued expenses			
18 Grants payable			
19 Deferred revenue			
20 Loans from officers, directors, trustees, and other disqualified persons			
21 Mortgages and other notes payable			
22 Other liabilities (describe ▶)			
23 Total liabilities (add lines 17 through 22)	0.	0.	
Net Assets or Fund Balances			
Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
24 Unrestricted			
25 Temporarily restricted			
26 Permanently restricted			
Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.			
27 Capital stock, trust principal, or current funds	666,964.	900,739.	
28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
29 Retained earnings, accumulated income, endowment, or other funds	0.	0.	
30 Total net assets or fund balances	666,964.	900,739.	
31 Total liabilities and net assets/fund balances	666,964.	900,739.	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	666,964.
2 Enter amount from Part I, line 27a	2	212,490.
3 Other increases not included in line 2 (itemize) ▶ PRIOR PERIOD ADJUSTMENT	3	21,285.
4 Add lines 1, 2, and 3	4	900,739.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	900,739.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a ALPINE BANK & TRUST-SEE ATTACHED	P	VARIOUS	VARIOUS
b ALPINE BANK & TRUST-SEE ATTACHED	P	VARIOUS	VARIOUS
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 106,183.		92,678.	13,505.
b 134,215.		137,380.	-3,165.
c			
d			
e			

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

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			13,505.
b			-3,165.
c			
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	10,340.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 }	3	N/A

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2008	65,115.	778,390.	.083653
2007	55,995.	771,166.	.072611
2006	98,679.	626,795.	.157434
2005	40,277.	576,647.	.069847
2004	36,833.	558,594.	.065939

2 Total of line 1, column (d)	2	.449484
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.089897
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	704,087.
5 Multiply line 4 by line 3	5	63,295.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	197.
7 Add lines 5 and 6	7	63,492.
8 Enter qualifying distributions from Part XII, line 4	8	97,252.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.
See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	197.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	197.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	197.
6 Credits/Payments:			
a 2009 estimated tax payments and 2008 overpayment credited to 2009	6a	748.	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	748.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	551.	
11 Enter the amount of line 10 to be: Credited to 2010 estimated tax <input checked="" type="checkbox"/> 551. Refunded <input type="checkbox"/>	11	0.	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
1c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input checked="" type="checkbox"/> \$ 0. (2) On foundation managers. <input checked="" type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input checked="" type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input checked="" type="checkbox"/> IL		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ► N/A

14 The books are in care of ► JOHN & SUZANNE BRUBAKER Telephone no. ► 815-229-5811
 Located at ► 9 CRAB APPLE LN, ROCKFORD, IL ZIP+4 ► 61107

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here ☐
 and enter the amount of tax-exempt interest received or accrued during the year 15 N/A

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

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

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here	<u>N/A</u>	1b
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1c
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes," list the years ►		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	<u>N/A</u>	2b
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009.)	<u>N/A</u>	3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?		4b

Part VII Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

Organizations relying on a current notice regarding disaster assistance check here

☒

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870.

☐ Yes ☒ No

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JOHN D. BRUBAKER	TRUSTEE			
ROCKFORD, IL 61107	1.00	0.	0.	0.
SUZANNE M. BRUBAKER	TRUSTEE			
ROCKFORD, IL 61107	1.00	0.	0.	0.

2 Compensation of five highest-paid employees (other than those included 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) Expense account, other allowances
NONE				

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

0

Form 990-PF (2009)

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, 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	632,535.
b	Average of monthly cash balances	1b	82,274.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	714,809.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	714,809.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	10,722.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	704,087.
6	Minimum investment return. Enter 5% of line 5	6	35,204.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	35,204.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	197.
b	Income tax for 2009. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	197.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	35,007.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	35,007.
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	35,007.

Part 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	97,252.
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:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	97,252.
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	197.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	97,055.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				35,007.
2 Undistributed income, if any, as of the end of 2009:				
a Enter amount for 2008 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004	9,344.			
b From 2005	12,926.			
c From 2006	68,477.			
d From 2007	18,969.			
e From 2008	27,007.			
f Total of lines 3a through e	136,723.			
4 Qualifying distributions for 2009 from Part XII, line 4: ► \$	97,252.			
a Applied to 2008, but not more than line 2a			0.	
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				35,007.
e Remaining amount distributed out of corpus	62,245.			
5 Excess distributions carryover applied to 2009 (if an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	198,968.			
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 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	9,344.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	189,624.			
10 Analysis of line 9:				
a Excess from 2005	12,926.			
b Excess from 2006	68,477.			
c Excess from 2007	18,969.			
d Excess from 2008	27,007.			
e Excess from 2009	62,245.			

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
SEE STATEMENT 10				
Total			3a	95,440.
b Approved for future payment				
NONE				
Total			3b	0.

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- [illegible]

- b If "Yes," complete the following schedule.**

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

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 taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer or trustee John D Brubaker		Date 5-27-10	Title TRUSTEE
	Preparer's signature Michael Spoden		Date 5-14-10	Check if self-employed <input type="checkbox"/>
Paid Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP code RSM MCGLADREY, INC. 1252 BELL VALLEY ROAD, SUITE 300 ROCKFORD, IL 61108			Preparer's identifying number
	EIN 12-1234567			Phone no. 815-231-7300

Form **990-PF** (2009)

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

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

OMB No 1545-0047

2009

Name of the organization

Employer identification number

BRUBAKER CHARITABLE TRUST**36-3768220**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)() (enter number) organization☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

BRUBAKER CHARITABLE TRUST

36-3768220

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JOHN D. BRUBAKER 9 CRAB APPLE LANE ROCKFORD, IL 61107	\$ 240,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	AQUA AEROBIC SYSTEM, INC. P.O. BOX 2026 ROCKFORD, IL 61130	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990-PF	DIVIDENDS AND INTEREST FROM SECURITIES	STATEMENT	1
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SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
ALPINE BANK & TRUST - DIVIDENDS	15,503.	0.	15,503.
ALPINE BANK & TRUST - INTEREST	202.	0.	202.
TOTAL TO FM 990-PF, PART I, LN 4	15,705.	0.	15,705.

FORM 990-PF	OTHER INCOME	STATEMENT	2
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DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
OTHER INCOME	1,099.	1,099.	
TOTAL TO FORM 990-PF, PART I, LINE 11	1,099.	1,099.	

FORM 990-PF	LEGAL FEES	STATEMENT	3
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	1,450.	725.		725.
TO FM 990-PF, PG 1, LN 16A	1,450.	725.		725.

FORM 990-PF	ACCOUNTING FEES	STATEMENT	4
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	2,175.	1,088.		1,087.
TO FORM 990-PF, PG 1, LN 16B	2,175.	1,088.		1,087.

FORM 990-PF	TAXES	STATEMENT	5
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAX	276.	276.		0.
TO FORM 990-PF, PG 1, LN 18	276.	276.		0.

FORM 990-PF	OTHER EXPENSES	STATEMENT	6
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
AGENCY FEES	5,310.	5,310.		0.
INVESTMENT FEES	3.	3.		0.
TO FORM 990-PF, PG 1, LN 23	5,313.	5,313.		0.

FORM 990-PF	CORPORATE BONDS	STATEMENT	7
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
FIXED INCOME	109,257.	114,947.
TOTAL TO FORM 990-PF, PART II, LINE 10C	109,257.	114,947.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	8
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DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
EQUITIES	COST	750,751.	888,307.
TOTAL TO FORM 990-PF, PART II, LINE 13		750,751.	888,307.

FORM 990-PF	GRANT APPLICATION SUBMISSION INFORMATION	STATEMENT	9
	PART XV, LINES 2A THROUGH 2D		

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JOHN & SUZANNE BRUBAKER, 9 CRAB APPLE LANE, ROCKFORD IL

TELEPHONE NUMBER

FORM AND CONTENT OF APPLICATIONS

LETTER FORM: INCLUDE INFORMATION AS TO USE OF MONEY AND STATUS AS A QUALIFIED CHARITABLE ORGANIZATION.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

NONE

FORM 990-PF

GRANTS AND CONTRIBUTIONS
PAID DURING THE YEAR

STATEMENT 10

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
ALZHEIMERS ASSOCIATION ROCKFORD IL	NONE SOCIAL WELFARE	PUBLIC	500.
AMERICAN CANCER SOCIETY ROCKFORD, IL 61100	NONE MEDICAL	PUBLIC	300.
AMERICAN FOUNDATION FOR AIDS RESEARCH NEW YORK, NY	NONE MEDICAL	PUBLIC	250.
ARIZONA-SENORA DANCE COMPANY	NONE ARTISTIC	PUBLIC	250.
BACH CHAMBER CHIOR ROCKFORD IL	NONE GENERAL	PUBLIC	250.
BOYS AND GIRLS CLUB ROCKFORD IL	NONE GENERAL	PUBLIC	240.
CHICAGO CULTURAL CENTER ASSOC CHICAGO, IL	NONE ARTS	PUBLIC	250.
CHICAGO SHAKESPEARE THEATER 800 E. GRAND AVE CHICAGO, IL 60611	NONE ARTISTIC	PUBLIC	1,000.

BRUBAKER CHARITABLE TRUST

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CHICAGO SYMPHONY ORCHESTRA CHICAGO, IL	NONE ARTISTIC	PUBLIC	1,750.
COMMUNITY FOUNDATION OF NORTHERN ILLINOIS 946 NORTH SECOND STREET ROCKFORD IL	NONE GENERAL	PUBLIC	5,000.
CRUSADER HEALTH FOUNDATION ROCKFORD IL	NONE MEDICAL	PUBLIC	5,000.
DISCOVERY CENTER MUSEUM 711 NORTH MAIN STREET ROCKFORD IL	NONE EDUCATIONAL	PUBLIC	500.
FRIENDS OF THE CORANADO ROCKFORD IL	NONE GENERAL	PUBLIC	12,500.
GIORANO JAZZ DANCE ACADEMY CHICAGO, IL	NONE ARTISTIC	PUBLIC	500.
GLUCOMA RESEARCH FOUNDATION ROCKFORD, IL	NONE MEDICAL	PUBLIC	250.
GOODMAN THEATHER CHICAGO, IL	NONE ARTISTIC	PUBLIC	300.
GRANT PARK MUSIC FESTIVAL CHICAGO, IL	NONE ARTISTIC	PUBLIC	1,500.
JOEFFREY BALLET ROCKFORD IL	NONE GENERAL	PUBLIC	300.

BRUBAKER CHARITABLE TRUST			36-3768220
KAUT RADIO P.O. BOX 28821 TUSCAN, AR	NONE ARTISTIC	PUBLIC	250.
KLEHM ARBORETUM ROCKFORD IL	NONE GENERAL	PUBLIC	500.
LEUKEMIA AND LYMPHOMA ROCKFORD, IL	NONE MEDICAL	PUBLIC	500.
LINCOLN BICENTENIAL ROCKFORD IL	NONE GENERAL	PUBLIC	25,000.
LOONWATCH ROCKFORD IL	NONE EDUCATIONAL	PUBLIC	250.
MPR 480 CEDAR STREET ST PAUL MN	NONE GENERAL	PUBLIC	300.
MUSIC ACADEMY FOUNDATION ROCKFORD IL	NONE GENERAL	PUBLIC	250.
NATURAL LAND INSTITUTE 320 SOUTH THIRD STREET ROCKFORD IL	NONE NATURE PRESERVATION	PUBLIC	500.
NORTHERN ILLINOIS HOSPICE ASSN 4215 NEWBURG RD. ROCKFORD, IL 611086436	NONE MEDICAL	PUBLIC	1,550.
NORTHERN PUBLIC RADIO 801 N. FIRST ST DEKALB, IL 60115	NONE ARTISTIC	PUBLIC	500.

BRUBAKER CHARITABLE TRUST			36-3768220
RAMP 202 MARKET STREET ROCKFORD IL	NONE SOCIAL WELFARE	PUBLIC	500.
ROCKFORD AREA ARTS COUNCIL ROCKFORD IL	NONE ARTS	PUBLIC	500.
ROCKFORD ART MUSEUM ROCKFORD, IL	NONE SOCIAL WELFARE	PUBLIC	250.
ROCKFORD CORONADO CONCERT ASSOC P.O. BOX 4444 ROCKFORD IL	NONE ARTS	PUBLIC	13,500.
ROCKFORD DANCE COMPANY ROCKFORD IL	NONE ARTISTIC	PUBLIC	10,000.
ROCKFORD RESCUE MISSION PO BOX 1958 ROCKFORD IL	NONE SOCIAL WELFARE	PUBLIC	400.
THE ART INSTITUTE OF CHICAGO 111 S. MICHIGAN AVE CHICAGO, IL 60603	NONE ARTS	PUBLIC	1,250.
THE METROPOLITAN MUSEUM OF ART ROCKFORD IL	NONE ARTISTIC	PUBLIC	1,050.
THE ROCK RIVER VALLEY ROCKFORD IL	NONE GENERAL	PUBLIC	250.
THE SALVATION ARMY ROCKFORD IL	NONE SOCIAL WELFARE	PUBLIC	1,500.

BRUBAKER CHARITABLE TRUST

36-3768220

UNITED WAY OF ROCK RIVER VALLEY 612 N MAIN ST #200 ROCKFORD IL	NONE GENERAL	PUBLIC	5,000.
UNIVERSITY OF WISCONSIN MADISON WI	NONE EDUCATIONAL	PUBLIC	250.
WFMT FINE ARTS CIRCLE ROCKFORD IL	NONE ARTISTIC	PUBLIC	250.
WISCONSIN PUBLIC RADIO 821 UNIVERSITY AVENUE MADISON WI	NONE GENERAL	PUBLIC	250.
WTTW CHANNEL 11 P.O. BOX 597873 CHICAGO, IL 606599967	NONE GENERAL	PUBLIC	250.

TOTAL TO FORM 990-PF, PART XV, LINE 3A

95,440.

2009 Tax Information Statement

Page 7 of 20

Recipient's Name and Address
BRUBAKER CHARITABLE TRUST
9 CRAB APPLE LANE
ROCKFORD, IL 61107

Account Number: 673630000
Recipient's Tax ID number: 36-3768220
Payer's Federal ID number: 36-2476850
Questions? (815)231-2481

Payer's Name and Address
ALPINE BANK & TRUST CO
6838 EAST STATE STREET
ROCKFORD, IL 61108

☐ Corrected ☐ 2nd TIN notice

2009 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS are Gross Proceeds less commissions and option premiums.

Number of shares (Box 5)	CUSIP (Box 1b)	Description (Box 7)	Date Acquired (Box 1a)	Date of Sale (Box 2)	Cost or other Basis	Net Gain or Loss	Federal Income Tax Withheld (Box 4)
Short Term Sales Reported on 1099-B							
25000.0000	3133XT5S1	FEDERAL HOME LOAN BANK 0.8% 11/24/09	02/20/2009	11/24/2009	25,000.00	0.00	0.00
350.0000	464287507	ISHARES S&P MIDCAP 400 INDEX FUND	03/19/2009	10/19/2009	16,768.50	8,162.26	0.00
250.0000	464287804	ISHARES S&P SM CAP	03/23/2009	10/08/2009	9,136.77	4,115.79	0.00
1488.0960	766287439	RIDGEWORTH INST US GOV ULTRA SHORT-I	05/22/2009	07/23/2009	14,985.13	14.87	0.00
495.0490	766287439	RIDGEWORTH INST US GOV ULTRA SHORT-I	05/22/2009	11/16/2009	4,985.14	14.86	0.00
126.3680	922031737	VANGUARD INFLATION PROTECT ADM #5.19	01/26/2009	08/05/2009	2,869.82	130.18	0.00
1939.8640	922031406	VANGUARD SHTM INVESTMENT GRADE #39	02/24/2009	07/27/2009	18,933.08	1,066.92	0.00
Total Short Term Sales Reported on 1099-B					92,678.44	13,504.88	0.00
Long Term 15% Sales Reported on 1099-B							
635.5620	939330403	AMER WASHINGTON MUTUAL INVEST CL F1	07/31/2001	10/07/2009	18,813.96	-4,196.03	0.00
193.2740	399874403	AMERICAN GROWTH FUND OF AMERICA - F	07/31/2001	10/07/2009	4,857.87	142.13	0.00

This is Important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

2009 Tax Information Statement

Page 8 of 20

Recipient's Name and Address
BRUBAKER CHARITABLE TRUST
9 CRAB APPLE LANE
ROCKFORD, IL 61107

Account Number: 673630000
Recipient's Tax ID number: 36-3768220
Payer's Federal ID number: 36-2476850
Questions? (815)231-2481
☐ Corrected ☐ 2nd TIN notice

Payer's Name and Address
ALPINE BANK & TRUST CO
6838 EAST STATE STREET
ROCKFORD, IL 61108

Number of shares (Box 5)	CUSIP (Box 1b)	Description (Box 7)	Date Acquired	Date of Sale	Stocks, Bonds, etc. (Box 2)	Cost or other Basis	Net Gain or Loss	Federal Income Tax Withheld (Box 4)
946.0200	399874403	AMERICAN GROWTH FUND OF AMERICA - F	07/31/2001	10/19/2009	25,438.48	25,941.75	-503.27	0.00
171.6740	461308405	AMERICAN INVESTMENT CO OF AMERICA-F1	07/31/2001	08/05/2009	4,000.00	5,081.95	-1,081.95	0.00
452.3000	461308405	AMERICAN INVESTMENT CO OF AMERICA-F1	12/31/2007	10/07/2009	11,058.74	13,054.51	-1,995.77	0.00
500.0000	045487105	ASSOCIATED BANC CORP	01/01/1999	02/24/2009	6,536.56	1,466.67	5,069.89	0.00
500.0000	045487105	ASSOCIATED BANC CORP	01/01/1999	07/15/2009	6,150.64	1,466.67	4,683.97	0.00
500.0000	045487105	ASSOCIATED BANC CORP	01/01/1999	07/23/2009	4,750.67	1,466.67	3,284.00	0.00
500.0000	045487105	ASSOCIATED BANC CORP	01/01/1999	12/01/2009	5,565.35	1,466.67	4,098.68	0.00
1000.0000	045487105	ASSOCIATED BANC CORP	01/01/1999	12/21/2009	10,750.72	2,933.33	7,817.39	0.00
1799.4570	30023C350	EVERGREEN EQ ASSET ALLOCATION FD-A	07/31/2006	02/24/2009	15,745.25	27,290.90	-11,545.65	0.00
5347.5940	353496300	FRANKLIN INCOME FUND-A	02/25/2008	07/27/2009	10,000.00	13,852.35	-3,852.35	0.00
7587.9980	353496300	FRANKLIN INCOME FUND-A	02/25/2008	08/05/2009	14,568.96	19,655.86	-5,086.90	0.00
2,4500	36202BNF8	GNMA POOL #1290 9.000% 11/20/2019	11/01/1989	01/15/2009	2,45	2,45	0.00	0.00
2,4700	36202BNF8	GNMA POOL #1290 9.000% 11/20/2019	11/01/1989	02/20/2009	2,47	2,47	0.00	0.00
2,4900	36202BNF8	GNMA POOL #1290 9.000% 11/20/2019	11/01/1989	03/16/2009	2,49	2,49	0.00	0.00
2,5100	36202BNF8	GNMA POOL #1290 9.000% 11/20/2019	11/01/1989	04/20/2009	2,51	2,51	0.00	0.00
2,5300	36202BNF8	GNMA POOL #1290 9.000% 11/20/2019	11/01/1989	05/20/2009	2,53	2,53	0.00	0.00
2,5500	36202BNF8	GNMA POOL #1290 9.000% 11/20/2019	11/01/1989	06/15/2009	2,55	2,55	0.00	0.00

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

2009 Tax Information Statement

Page 9 of 20

Recipient's Name and Address
BRUBAKER CHARITABLE TRUST
9 CRAB APPLE LANE
ROCKFORD, IL 61107

Account Number: 673630000
Recipient's Tax ID number: 36-3768220
Payer's Federal ID number: 36-2476850
Questions? (815)231-2481

☐ Corrected ☐ 2nd TIN notice

Payer's Name and Address
ALPINE BANK & TRUST CO
6838 EAST STATE STREET
ROCKFORD, IL 61108

Number of shares (Box 5)	CUSIP (Box 1b)	Description (Box 7)	Date Acquired	Date of Sale (Box 1a)	Stocks, Bonds, etc. (Box 2)	Cost or other Basis	Net Gain or Loss	Federal Income Tax Withheld (Box 4)
2.6700	36202BNF8	GNMA POOL #1290 9.000%	11/20/2019	11/01/1989	07/20/2009	2.67	0.00	0.00
2.6000	36202BNF8	GNMA POOL #1290 9.000%	11/20/2019	11/01/1989	08/20/2009	2.60	0.00	0.00
2.6400	36202BNF8	GNMA POOL #1290 9.000%	11/20/2019	11/01/1989	09/20/2009	2.64	0.00	0.00
2.7200	36202BNF8	GNMA POOL #1290 9.000%	11/20/2019	11/01/1989	10/20/2009	2.72	0.00	0.00
2.7400	36202BNF8	GNMA POOL #1290 9.000%	11/20/2019	11/01/1989	11/20/2009	2.74	0.00	0.00
2.7300	36202BNF8	GNMA POOL #1290 9.000%	11/20/2019	11/01/1989	12/20/2009	2.73	0.00	0.00
Total Long Term 15% Sales Reported on 1099-B						137,380.26	-3,165.86	0.00

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

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

OMB No 1545-1709

► File a separate application for each return.

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

Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

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

Part I only ☐

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

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

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	BRUBAKER CHARITABLE TRUST	36-3768220
	Number, street, and room or suite no. If a P.O. box, see instructions. 9 CRAB APPLE LANE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ROCKFORD, IL 61107	

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

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

JOHN & SUZANNE BRUBAKER

- The books are in the care of ►
- 9 CRAB APPLE LN, ROCKFORD, IL - 61107**

Telephone No. ► **815-229-5811**FAX No. ► ☐

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until
- AUGUST 15, 2010**
- , to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

► ☒ calendar year **2009** or► ☐ tax year beginning _____, and ending _____.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	197.
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	\$	748.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

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

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

Form 8868 (Rev. 4-2009)