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SCANNED JUN 2 4 2010

Form **990-EZ** Department of the Treasury

Internal Revenue Service

OMB No 1545-1150

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

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

Open to Public Inspection

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This is a second of the property of the prop	Response Section 501(c)(3) Section 501(c	Clay or town, state or country, and ZIP + 4 Number and street (or P.0. box, if mail is not delivered to street address) Room/suite E Telephone number	
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10 Grants and similar amounts paid (attach schedule) CTV STMT 2 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping OCIDIAN 16 Other expenses (describe) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 10 62,068. 11 12 12 13 13 1,675. 14 15 998. 15 998.	10 Grants and similar amounts paid (attach schedule)		
11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 10 11 12 12 13 1, 675. 10 12 15 998. 11 10 12 15 998.	11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenante 15 Printing, publications, postage, and shipping 16 15 998. 16 Other expenses (describe ▶ 16 16 16 17 Total expenses. Add lines 10 through 16 17 Total expenses. Add lines 10 through 16 18 60 ,679. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 720 ,025. 20 Other changes in net assets or fund balances (attach explanation) 20		
14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping OCIDIA 16 Other expenses (describe ► 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 60,679.	14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping (10 pm) 16 Other expenses (describe ►) 16 17 Total expenses. Add lines 10 through 16 ► 17 64, 741. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 60,679. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 720,025. 20 Other changes in net assets or fund balances (attach explanation) 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 720,025.22 780,704. 21 Total assets (describe ►) 24 22 Total assets (describe ►) 720,025.25 780,704. 23 Land and buildings 23 24 Other assets (describe ►) 0.26 Total liabilities (describe ►) 0.26 Total liabilities (describe ►) 0.26	10 Grants and similar amounts paid (attach schedule) STMT 2 10 62,0	<u> </u>
14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping OCIDIA 16 Other expenses (describe ► 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 60,679.	14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping (10 pm) 16 Other expenses (describe ►) 16 17 Total expenses. Add lines 10 through 16 ► 17 64, 741. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 60,679. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 720,025. 20 Other changes in net assets or fund balances (attach explanation) 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 720,025.22 780,704. 21 Total assets (describe ►) 24 22 Total assets (describe ►) 720,025.25 780,704. 23 Land and buildings 23 24 Other assets (describe ►) 0.26 Total liabilities (describe ►) 0.26 Total liabilities (describe ►) 0.26	11 Benefits paid to or for members	
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15 Printing, publications, postage, and shipping CODIMATE STATES 15 998. 16 Other expenses (describe ► 16 16 17 Total expenses. Add lines 10 through 16 ► 17 64,741. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 60,679.	15 Printing, publications, postage, and shipping 16 16 16 16 16 16 16 17 17 Total expenses (describe ▶ 17 Total expenses. Add lines 10 through 16 ▶ 17 64, 741. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 60, 679. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 720, 025. 20 Other changes in net assets or fund balances (attach explanation) 20)/5.
16 Other expenses (describe ►) 16 17 Total expenses. Add lines 10 through 16	16 Other expenses (describe ► 17 Total expenses. Add lines 10 through 16 17 64, 741. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 60, 679. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 720, 025. 20 Other changes in net assets or fund balances (attach explanation) 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 ≥ 21 780, 704. Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 720,025. 22 780,704. 22 Cash, savings, and investments 23 Land and buildings 23 23 24 Other assets (describe ►) 24 780,704. 25 Total assets 720,025. 25 780,704. 26 Total liabilities (describe ►) 0.26 0.		208
17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 60,679. 18 60,679.	Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year (B) End of year (B) End of year 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ▶ 25 Total assets 720,025. 25 780,704. 26 Total liabilities (describe ▶) 0.26 O.26		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 60,679. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 720,025. 20 Other changes in net assets or fund balances (attach explanation) 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 780,704. 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 720,025. 22 780,704. 23 Land and buildings 23 24 Other assets (describe) 24 25 Total assets 720,025. 25 780,704. 26 Total liabilities (describe) 0.26 0.		741.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 720,025. 20 Other changes in net assets or fund balances (attach explanation) 20	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 720,025. 20 Other changes in net assets or fund balances (attach explanation) 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 780,704. Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 720,025. 22 780,704. 23 Land and buildings 23 24 Other assets (describe) 24 25 Total assets 720,025. 25 780,704. 26 Total liabilities (describe) 0.26 0.	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	
(must agree with end-of-year figure reported on prior year's return) 19 720,025. 20 Other changes in net assets or fund balances (attach explanation) 20	21 780,704. Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year	19 Net assets or fund balances at beginning of year (from line 27, column (A))	
20 Other changes in net assets or fund balances (attach explanation)	21 780,704. Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year	(must agree with end-of-year figure reported on prior year's return)	25.
	21 780,704. Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year	20 Other changes in net assets or fund balances (attach explanation)	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	(See the instructions for Part II.) 22	21 Net assets or fund balances at end of year. Combine lines 18 through 20 > 21 780,	704.
	22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ► 25 Total assets 26 Total liabilities (describe ► 20 (N, 23, 704. 720,025. 22 780,704. 720,025. 25 780,704. 720,025. 25 780,704.		
(1) 23	23 Land and buildings 23 24 Other assets (describe ►) 24 25 Total assets 720,025.25 780,704. 26 Total liabilities (describe ►) 0.26 0.	(5) 2.10 5.702	
	24 Other assets (describe) 24 25 Total assets 720,025.25 780,704. 26 Total liabilities (describe) 0.26 0.		<u> 104.</u>
	25 Total assets 720,025.25 780,704. 26 Total liabilities (describe ▶) 0.26 0.		
	26 Total liabilities (describe ►		
26 Total Habilities (describe ►) U • 26 U • 26	07 Not and to the total of the		
	27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 720,025.27 780,704.		/U4.

	n 990-EZ (20 <u>09) </u>	SHIP FOUNDATION	N	<u> 36-</u>	<u>-44009</u>	191 _ Page 2
P	art III Statement of Program Service Accomplishme	nts (See the instructions for	Part III.)			xpenses
_	at is the organization's primary exempt purpose? GRANTING EDUCA				7	or section 501(c)(3)
						4) organizations and
	cribe what was achieved in carrying out the organization's exempt pur			ıbe		7(a)(1) trusts, optional
the	services provided, the number of persons benefited, and other relevan	nt information for each prog	gram title.		for others)	
28	PROVISION OF SCHOLARSHIPS TO STUDEN	ITS			1 1	
	60.060			—		60 060
	(Grants \$ 62,068.) If this amount includes foreign of	grants, check here	<u>▶</u>		28a	62,068.
29						
					1 1	
	(O					
	(Grants \$) If this amount includes foreign g	grants, cneck nere		لييا	29a	
30						
		•				
	(Grants \$) If this amount includes foreign of	grante check here			30a	
		grants, check here			1304	
31	Other program services (attach schedule)		· · ·	_		
	(Grants \$) If this amount includes foreign of	grants, check here		┸┛	31a	
32_	Total program service expenses (add lines 28a through 31a)				32	62,068.
P	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one en	ven if not compensated	(See the	instructions	for Part IV)
_					ontributions	
		(b) Title and average hours	(c) Compensation		employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
		position	-0)		eferred	other allowances
				com	pensation	
SE	E ATTACHED					
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02-0	8-10				Form	990-EZ (2009)

<u> </u>			
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		Yes	1
account)?	421		
If "Yes," enter the name of the foreign country:			1
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	ınts.		i
At any time during the calendar year, did the organization maintain an office outside of the U.S.?	420	;	
If "Yes," enter the name of the foreign country:			

Yes No

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of
Form 990-EZ

44 X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ

45 X

Form 990-EZ (2009)

C

_	m 990-EZ (2009) INDIAN HILL CLUB SC				36-4400		Page 4
Pa	organizations and section 4947(a)(1) nonexempt						
46	and 51. Did the organization engage in direct or indirect political campai	gn activities on be	nalf of or in opposition to	candidates for public	<u> </u>	Ye	s No
	office? If "Yes," complete Schedule C, Part I					46	X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II							X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 49a Did the organization make any transfers to an exempt non-charitable related organization?							X
		•	ization?		-	49a	X
	 If "Yes," was the related organization a section 527 organization' Complete this table for the organization's five highest compensation. 		har than officers, director	, a. truatana and kay a	L ac adw. (acawalam	49b	<u> </u>
	than \$100,000 of compensation from the organization. If there is			s, u usiees and key e	inployees) wild ea	icii i eceivei	illore.
			\ Title and average hours	(a) Companyation	(d) Contribution	5 (2) [27	
	(a) Name and address of each employee paid more	1,0) Title and average hours per week devoted to	(c) Compensation	to employee benefit plans &	(e) Exp	
	than \$100,000		position		deferred	other allo	
	NONE				compensation	1	
						ļ	
						1	
	····						
51	Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensational organization. If there is none, enter "None." NONE	ited independent c	ontractors who each rece	ived more than \$100	,000 of compensa	ition from t	he
	(a) Name and address of each independent contract	or paid more than	\$100,000	(b) Type of se	rvice (c) Compens	ation
						<u></u>	
				-			
d	Total number of other independent contractors each receiving o	ver \$100,000		>			
	Under penalties of perjung, declare that I have examined this retu correct, and complete becaration of preparer to per than officer):	m, including accompa	nying schedules and stateme	nts, and to the best of m	y knowledge and bel	ef, it is true.	
Sign Here		<u> </u>	Λ	SENT	5-11-/ Date	\mathcal{U}_{-}	
	Type of print name and title			<i></i>			
Paid Prepa	parer's Ally Ell	Da د	. / /	eck if self- ployed Pre	parer's identifying nu	mber (See in:	ștr)
Use (Firm's name (or yours NOCHFELDER & WEB)		1 1	EIN			
	d self-employed), 525 WEST MONROE			Phor	-		
	address, and ZIP+4 CHICAGO, ILLINOIS			no.	312-73		<u>01</u>
May t	the IRS discuss this return with the preparer shown above? See	instructions				Yes	No_

Form 990-EZ (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047 2009

Open to Public Inspection

Name of the organization

TAID TAN UTIL CLUB COUCLABOUTD BOUNDARION

Employer identification number

				HILL CLOB SC						3(<u> </u>	991
Pa	rt I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part	.) See inst	tructions.			
he	organ	ization is not a	private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)				
1		A church, cor	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).			
2		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)							
3		A hospital or	a cooperative hospi	tal service organization o	described	n section	170(b)(1)	(A)(iii).				
4		A medical res	search organization	operated in conjunction	with a hos	pital desci	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter t	he hospital	's name,
		city, and stat	e									
5		An organizati	on operated for the	benefit of a college or ur	niversity o	wned or op	erated by	a governi	mental uni	t describe	ed in	
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)								
6		A federal, sta	ite, or local governm	ent or governmental uni	t described	d in sectio	n 170(b)(1	I)(A)(v).				
7		An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit c	r from the	general r	public desc	ribed in
			b)(1)(A)(vi). (Comple		, ,		•					
8				section 170(b)(1)(A)(vi).	(Complete	Part II)						
9	X			eives: (1) more than 33 1			rom contri	butions, n	nembershi	p fees. ar	nd aross re	ceipts from
				nctions - subject to certa								
				axable income (less sect							-	
			509(a)(2). (Complete			·		·				•
10				perated exclusively to te	st for publ	c safety. S	See sectio	n 509(a)(4	4) .			
11		An organizati	on organized and o	perated exclusively for th	ne benefit (of, to perfo	orm the fur	nctions of,	or to carr	y out the	purposes o	of one or
		more publicly	supported organiza	ations described in secti	on 509(a)(1	i) or section	on 509(a)(2). See sec	ction 509(a)(3). Che	ck the box	that
				organization and comple					•			
		a Type I	b _	Type II c	: 🔲 тур	e III - Func	tionally int	egrated		d 🗀	Type III - (Other
е		By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one o	r more disc	qualified i	persons oth	ner than
				han one or more publicly		_	-					
f		If the organiz	ation received a writ	ten determination from t	the IRS tha	atıtıs a Ty	pe I, Type	II, or Type	e III			,
		supporting of	rganization, check th	nis box								
g	ı	Since August	t 17, 2006, has the c	organization accepted ar	ny gift or co	ontribution	from any	of the foll	owing pers	sons?		
		(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	lescribed	ın (ıi) and (ııi) below,		Yes No
		the gove	erning body of the si	upported organization?						_	11g(i)	
		(ii) A family	member of a persor	n described in (i) above?							. 11g(ii)	
		(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	?					11g(iii)	
h	1	Provide the fo	ollowing information	about the supported or	ganization	(s).						
					-							
	Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the c	rganization	(v) Did you	notify the	(vi) Is		(vii) An	nount of
١٠,		inization	(,	organization (described on lines 1-9	in col. (i) lis	sted in your	organizat		organization (i) organiz			port
	·			above or IRC section	governing	document?	(i) of your	support?	\``,' " U.S	.?	·	•
				(see instructions))	Yes	No	Yes	No	Yes	No	_	
			_ · _									
									<u></u>			
						_			<u> </u>			
												·

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

Schedule A (Form 990 or 990-EZ) 2009

Cab	edule A (Form 990 or 990-EZ) 2009						Dave 6
Pa	(Complete only if you checked			Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(\	Page 2
Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	[
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	· · · · · · · · · · · · · · · · · · ·					
5	The portion of total contributions					1	
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included					į	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						
	Public support. Subtract line 5 from line 4 ction B. Total Support		1		<u>L</u>		<u> </u>
		(=) 200E	(h) 0006	(-) 0007	4-0.0000	(-) 0000	(0 T-4-1
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
8	Gross income from interest,						
	dividends, payments received on				i		
	securities loans, rents, royalties	ı					
	and income from similar sources	1					
9	Net income from unrelated business				· · · · · · · · · · · · · · · · · · ·		
_	activities, whether or not the						
	business is regularly carned on						
10	Other income Do not include gain				·		
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruct	ions)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thu	d, fourth, or fifth ta	ax year as a sectio	on 501(c)(3)	
	organization, check this box and stop					•	▶ □
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
11	Public support percentage for 2009 (I	ine 6. column (f) d	hudad by line 11	column (fl)		44	04

76	ction 6. Computation of Fublic Support Fercentage		
14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)	14	
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	
16a	33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or m	ore, check this box and	

563 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
 b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box

b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.
a 10% -facts-and-circumstances test - 2009 if the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more.

17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 INDIAN HILL CLUB SCHOLARSHIP FOUNDATION 36-4400991 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 68,525 86,885 86,151 70,392. 77,106 389,059. 2 Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 68,525. 86,885. 86,151 70,392. 77,106. 389,059. 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 0. b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 0. amount on line 13 for the year 0. c Add lines 7a and 7b 389,059. 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (f) Total **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 68,525 86,151 70,392 77,106. 389,059. 86,885 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties <27,108.> 48,337. 15,888 28,303. 23,529. 88,949. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 15,888. 28,303. 23,529. <27,108.⊳ 48,337. 88,949. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 84,413. 115,188. 109,680. 43,284. 008. 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 81.39 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 76.89 % Section D. Computation of Investment Income Percentage 18.61 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 18 Investment income percentage from 2008 Schedule A. Part III. line 17 % 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization $\triangleright |X|$ b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

FORM 990-EZ GA	IN (LOSS	FROM PUBI	LICLY TRADED S	ECURITIES	STATEMENT 1
DESCRIPTION	SAI	GROSS ES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
		730.	753.	0.	<23.
TO FORM 990-EZ, LI	NE 5	730.	753.	0.	<23.
FORM 990-EZ	C	ASH GRANTS	AND ALLOCATIO	NS	STATEMENT 2
CLASS OF ACTIVITY/	GRANTEE '	S NAME AND	ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
SCHOLARSHIP				NONE	5,400.
SCHOLARSHIP				NONE	49,668.
SCHOLARSHIP SCHOLARSHIP				NONE	49,668. 7,000.

FOI	RM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	S	TATEMENT	3
A)	DIRECTLY OR	INIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL PRACT?		YES [X]	NO
B)		NIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	. []	YES [X]	NO

INDIAN HILL CLUB SCHOLARSHIP FOUNDATION

Officers and Directors --- elected December 2009

<u>Directors</u>	<u>Home address</u>	
Kenneth K. Chalmers (Treasurer)	601 Ash St., Winnetka, IL 60093	
Stephen C. Crawford (Secretary)	615 Park Drive, Kenilworth, IL 60043	
Joseph T. Curti	536 Roslyn, Kenilworth, IL 60043	(DECEASED 1-12-10)
Lloyd Ferguson	519 Hoyt Lane, Winnetka IL 60093	
Ann J. Harvey	1034 Pontiac, Wilmette, IL 60091	
Stace A. Hilbrant	1000 Skokie Blvd., Wilmette, IL 60091	
Louanne M. Holland (Vice President)	342 Sterling Road, Kenilworth, IL 6043	
Nancy H. Kurz	1223 Cherry St., Winnetka, IL 60093	
Wayne P. Lockwood (President)	328 Sheridan Road, Winnetka, IL 60093	
Karen E. Mabie	346 Jackson, Glencoe, IL 60022	
Beverly E. Shaw (Beverly S. Hayford)	105 DeWindt Road, Winnetka, IL 60093	