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

OMB No 1545-0052

Department of the Treasury

		nue Service Note. The foundation may be able		n to satisfy sta	te reporting r	equirements	<u> </u>			
			and ending							
G	Check a	· · · · · · · · · · · · · · · · · · ·	turn of a former public of		L	Final return				
_		Amended return Add	ress change	Name	change					
Us	e the IR	S Name of foundation				oyer identification num	iber			
	label.				8 Telephone number (see page 10 of the instructions)					
Ot	herwise	EVANSVILLE HISTORICAL FOUN	DATION							
	print	Number and street (or P O box number if mail is not delivered	to street address)	Room/suite	218	8-948-201 <u>0</u>	· · · · · · · · · · · · · · · · · · ·			
	r type.	P.O. BOX 337			C If exe	mption application is pen-	ding, check here 🕨 📙			
	Specif	Only of town, outle, and En obdo			D 1. Fo	reign organizations, chec	k here			
	truction		56326		2. Fo	reign organizations meet	ing the			
<u>H</u>	Check ty	ype of organization X Section 501(c)(3) exempt private	foundation		85	% test, check here and a	ttach computation			
Ш	Section	4947(a)(1) nonexempt chantable trust Other taxable	e private foundation		4 '	ate foundation status was				
I F	air marl	ket value of all assets at end J Accounting method	X Cash Acc	rual	sectio	n 507(b)(1)(A), check he	re 🕨 上			
o	f year (f	from Part II, col (c), Other (specify)			F If the	foundation is in a 60-mor	ith termination			
<u></u> lı	ne 16) 🕽	\$ 1,434,651 (Part I, column (d) must I	oe on cash basis)		under	section 507(b)(1)(B), chi	eck here			
P	art I	Analysis of Revenue and Expenses (The	(a) Revenue and				(d) Disbursements			
		total of amounts in columns (b), (c), and (d) may not necessanly equal	expenses per books	(b) Net in	vestment ome	(c) Adjusted net income	for charitable purposes			
		the amounts in column (a) (see page 11 of the instructions))	50003	"ICC		ome	(cash basis only)			
	1	Contributions, gifts, grants, etc., received (attach schedule)	44,514				ļ			
	2	Check ▶ ☐ if the foundation is not required to attach Sch B					4.5			
2	3	Interest on savings and temporary cash investments	10,172		10,172	NEO E	117			
۵, د ۱ الاس مريد	4	Dividends and interest from securities	9,084		9,084		7/1			
` •	5a	Gross rents				ISI MAY 18	2010 '			
ao	Ь	Net rental income or (loss)					- i			
Revenue	6a	Net gain or (loss) from sale of assets not on line 10	-9,438			/				
ξē	ь	Gross sales price for all assets on line 6a 29,631					-			
~ &	7	Capital gain net income (from Part IV, line 2)			0	_				
] 	8	Net short-term capital gain								
	9	Income modifications								
	10a	Gross sales less returns & allowances								
\$	ь	Less Cost of goods sold								
120	С	Gross profit or (loss) (attach schedule)								
	11	Other income (attach schedule) STMT 1	86,545		40,704					
	12	Total. Add lines 1 through 11	140,877		59,960	(
	13	Compensation of officers, directors, trustees, etc	7,243		1,449		5,794			
es Ses	14	Other employee salaries and wages	5,349				5,349			
Š	15	Pension plans, employee benefits								
ğ	16a	Legal fees (attach schedule)								
ŵ	ь	Accounting fees (attach schedule) STMT 2	3,795		3,045		750			
ĕ.	С	Other professional fees (attach schedule) STMT 3	351				351			
rat	17	Interest								
Operating and Administrative Expenses	18	Taxes (attach schedule) (see page 14 of the instructions) STMT 4	24,652		501		843			
Ę	19	Depreciation (attach schedule) and depletion STMT 5	14,210							
þ	20	Occupancy	6,063				6,063			
4	21	Travel; conferences, and meetings				\				
Š	22	Printing and publications				\	<u> </u>			
<u>0</u>	23	Other expenses (att sch) STMT 6	21,102		10,323		10,779			
Ë	24	Total operating and administrative expenses.								
Š		Add lines 13 through 23	82,765		15,318		29,929			
ğ	25	Contributions, gifts, grants paid	12,429				12,429			
_	26	Total expenses and disbursements. Add lines 24 and 25	95,194		15,318		42,358			
	27	Subtract line 26 from line 12								
	а	Excess of revenue over expenses and disbursements	45,683							
	b	Net investment income (if negative, enter -0-)			44,642					
	c_	Adjusted net income (if negative, enter -0-)	<u></u>	<u> </u>			o			
For	Privac	y Act and Paperwork Reduction Act Notice, see page 30	of the instructions.				Form 990-PF (2009			
DAA	١						4			

D	art II	Balance Sheets	Attached schedules and amounts in the	description column	Beginning of year		End of	year
	art II		should be for end-of-year amounts only		(a) Book Value	(b) Book Value	\rightarrow	(c) Fair Market Value
T	1	Cash—non-interest-bearing			355,011	435,	650	435,650
	2	Savings and temporary casl	h investments					
	3	Accounts receivable ▶						
		Less allowance for doubtful	! accounts ▶					
	4	Pledges receivable ▶						
		Less. allowance for doubtful	1 accounts >	•				
	5	Grants receivable		•				
	6	Receivables due from office	ers, directors, trustees, and other	•				
		disqualified persons (attach	schedule) (see page 16 of the					
		instructions)						
	7	Other notes and loans receivable (att	schedule)					
		Less allowance for doubtful	· .					
Ω	8	Inventories for sale or use						
Assets	9	Prepaid expenses and defe	med charges					
AS	10a		overnment obligations (attach schedule)	STMT 7	90,000	90,	000	90,000
	b	Investments—corporate sto			15,377	15,	377	18,534
İ	c	Investments—corporate bor	· · · · · · · · · · · · · · · · · · ·	STMT 9	446,629	425,	010	421,761
	11	Investments—land, buildings, and equi	•			 	一	
	••	Less accumulated depreciation (attach	`					
	12	Investments—mortgage loa	· ·		i i		\neg	
	13	Investments—other (attach		NT 10	214,834	208,	100	268,253
	14	Land, buildings, and equipment basis		311,697	,	· · · · · ·		
		Less accumulated depreciation (attack		111,244	207,085	200,	453	200,453
	15	Other assets (describe	13017	,	,	£.		
	16	Total assets (to be complete	ted by all filers—see the	,			\neg	
	10	instructions Also, see page			1,328,936	1,374,	590	1,434,651
+	17	Accounts payable and accounts			2/020/520			
- 1	18	Grants payable	ucu expenses					
20	19	Deferred revenue						
≝	20		rs, trustees, and other disqualified p	erenne		· -	$\neg \neg$	Ì
ᅙ	21	Mortgages and other notes paya		0,00,10			$\neg \neg$	
	22	Other liabilities (describe		MENT 12	206		177	
- 1	23	Total liabilities (add lines 1		,	206		177	,
+	23	Foundations that follow S		•				
S			ough 26 and lines 30 and 31.					,
ces	24	Unrestricted			1			1
=1	25	Temporarily restricted						1
<u>g</u>	26	Permanently restricted						1
9	20	•	follow SFAS 117, check here ▶	X			=	1
딝		and complete lines 27 thre	·				j	
띰	27	Capital stock, trust principal	-					
0	28		r land, bldg, and equipment fund				$\neg \neg$	
e is	29	• •	ilated income, endowment, or other	funds	1,328,730	1,374,	413	
SSI	30	•	palances (see page 17 of the	141145				
١٢	30	instructions)	dianous (see page 17 or the		1,328,730	1,374,	413	
ž	31	*	sets/fund balances (see page 17		2/325/100			
	31	of the instructions)	sessitatia balances (see page 17		1,328,936	1,374,	590	
P	art II		nges in Net Assets or Fund	d Balances	1			/////////////////////////////////////
			at beginning of year—Part II, colum		agree with	1		
		of-year figure reported on pro		(=), +5 (· • = ·······		1	1,328,730
		amount from Part I, line 27a				Ī	2	45,683
		increases not included in lin					3	
		ines 1, 2, and 3				Ī	4	1,374,413
		eases not included in line 2 (i	ıtemıze) ▶			Ţ	5	
			at end of year (line 4 minus line 5)-	–Part II, column (b),	line 30		6	1,374,413

		CAL FOUNDATIO		41-1680980			Page 3
Part IV Capital Gains	and Losses for Tax	on Investment Inco	me		-		
	cribe the kind(s) of property so arehouse, or common stock, 2			(b) How acquired P—Purchase D—Donation		acquired day, yr)	(d) Date sold (mo , day, yr)
1a 20,000 FORD MO	TOR CREDIT CO	O BONDS		P			11/20/09
ь 19,000 CITI GR	OUP HLDGS 4.	75%		P	12/1	6/05	07/16/09
c REM COMPANY/SE	CURIAN TRUST				•		
d							
8					_		
(e) Gross sales price	(f) Depreciation			other basis	· · · · · · · · · · · · · · · · · · ·	(h) Gain (e) plus (f)	or (loss) minus (g)
a 20,000	5			20,000			
ь 9,326				19,069			-9,743
201		 		15,005			305
	<u> </u>	······			-		303
d	 						
θ	<u> </u>						
Complete only for assets showing	ng gain in column (h) and	owned by the foundation of	on 12/31/69		٠,,	•	(h) gain minus
(i) F M ∨ as of 12/31/69	(j) Adjusted as of 12/31			s of col (ı) (ı), ıf any	col		less than -0-) or om col (h))
a						<u></u>	
b							-9,743
С							305
d					-		-
0							
2 Capital gain net income or (net o		ain, also enter in Part I, lin loss), enter -0- in Part I, lin			2		-9,438
3 Net short-term capital gain or (lo	ss) as defined in sections	3 1222(5) and (6)					
If gain, also enter in Part I, line 8	i, column (c) (see pages 1	13 and 17 of the instruction	ıs)				
If (loss), enter -0- in Part I, line 8	.				3		
Part V Qualification U	nder Section 4940(e) for Reduced Tax	on Net In	vestment Incom	е		
For optional use by domestic private					,		
	-	10 00000011 10 10(0) 1011		,			
f section 4940(d)(2) applies, leave t	his part blank						
Nas the foundation liable for the sec f "Yes," the foundation does not qua		• •		e penod? Ye	s 🗓 N	0	
Enter the appropriate amount in		<u> </u>		re making any entres			
(a)	each column for each yea		Tactions bere		, T		(d)
Base penod years	Adjusted ((b) qualifying distributions	Net value	(c) of noncharitable-use ass	ets	Distr	ibutión ratio
Calendar year (or tax year beginnin	ig in) Adjusted (14Ct Value			(col (b) d	ivided by col (c))
		89,479		1,342,			0.066642
2007		72,329		1,053,			0.068625
2006		68,343		915,			0.074690
		77,878		758,			0.102672
2004		51,979		573,	709		0.090602
2 Total of line 1, column (d)					2		0.403231
3 Average distribution ratio for the	5-vear hase period-divis	de the total on line 2 hv 5	or by the				
₹		-	o. byo		3		0.080646
number of years the foundation	nas been in existence if it	ess than 5 years			<u> </u>	 	0.000040
							1 204 616
4 Enter the net value of nonchanta	able-use assets for 2009 f	from Part X, line 5			4	→	1,394,616
					ŀ		
5 Multiply line 4 by line 3					5		112,470
							<u> </u>
6 Enter 1% of net investment inco	me (1% of Part I line 27h)			6		446
	(170 017 017 117 1170 210	,			<u> </u>	\top	.,
7 Add lines 5 and 6					7		112,916
, Add mies 3 and 0					⊢ ′	+	
O Cata and Sure distribution (D VII. I 4				_		42,358
8 Enter qualifying distributions from	π raπ XII, line 4				8		42,338

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 on page 18

Form	990-PF (2009) EVANSVILLE HISTORICAL FOUNDATION 41-1680980				P	age 4
Pa	Irt VI: Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the in	struct	tions)			
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1					
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)					
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			- 1	893
	here ▶ ☐ and enter 1% of Part I, line 27b		•			
С	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				893
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				<u>893</u>
6	Credits/Payments.					
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 2,200					
b	Exempt foreign organizations—tax withheld at source 6b					
C	Tax paid with application for extension of time to file (Form 8868)					
đ	Backup withholding erroneously withheld 6d 6d					
7	Total credits and payments Add lines 6a through 6d	7			2,	<u> 200</u>
8	Enter any penalty for underpayment of estimated tax. Check here 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				<u> 307</u>
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 1,000 Refunded ▶	11				<u> 307</u>
Pa	rt VII-A Statements Regarding Activities		<u>,</u>			
1a	Dunng the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		L		Yes	No
	participate or intervene in any political campaign?		L	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19					
	of the instructions for definition)?		L	1b		X
	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		_			İ
C	Did the foundation file Form 1120-POL for this year?		L	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					<u> </u>
	(1) On the foundation > \$ (2) On foundation managers > \$	_				
θ	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
	on foundation managers > \$					ļ
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		L	2		X
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		_			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		 	_3_		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		L_	<u>4a</u>	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?			4b	<u> </u>	<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		L	5		X
	If "Yes," attach the statement required by General Instruction T		1			
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?		L	6	<u> </u>	
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	<i>'</i>	L	7	<u> </u>	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the		1			
	instructions) ► MN , IL , UT		1			
þ	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		L	8b_	<u> </u>	<u> </u>
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 on page					
	27)? If "Yes," complete Part XIV		⊢	9_		X.
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		[
	names and addresses			10		X

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-om	990-PF (2009) EVANSVILLE HISTORICAL FOUNDATION		680980				Р	age 6
Pa	art VH-B Statements Regarding Activities for Which Form 47	720 May Be Re	quired (conti	nued)				
5a	During the year did the foundation pay or incur any amount to:		_		_			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 494	15(e))?		Yes	X No			
	(2) Influence the outcome of any specific public election (see section 4955); or to o	carry on,	_		!			
	directly or indirectly, any voter registration drive?			Yes	X No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			Yes	X No			
	(4) Provide a grant to an organization other than a chantable, etc., organization de	scribed in	• —		_			
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instruc			Yes	X No			- 1
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or ed							
	purposes, or for the prevention of cruelty to children or animals?			Yes	X No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under t	he excentions desc	لسا nhed in					
Ü	Regulations section 53 4945 or in a current notice regarding disaster assistance (si				N/A	5b		
	=		istructions).	_		35		
	Organizations relying on a current notice regarding disaster assistance check here				U			
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	the tax	n/a 🗌	.	□			
	because it maintained expenditure responsibility for the grant?		M/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?		. Ц	Yes	X No			
þ	Did the foundation, during the year, pay premiums, directly or indirectly, on a perso	nal benefit contract	?			6b		X
	If "Yes" to 6b, file Form 8870		_		_			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelt	er transaction?		Yes	X No			
b	If yes, did the foundation receive any proceeds or have any net income attributable				N/A	7b		<u> </u>
Pa	art VIII Information About Officers, Directors, Trustees, Fou	ndation Manag	ers, Highly F	Paid E	mployee	s,		
	and Contractors							
1 I	ist all officers, directors, trustees, foundation managers and their compensati	ion (see page 22 o	f the instruction	ıs).				
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	emp	ontributions to loyee benefit and deferred		pense a er allowa	
	<u> </u>	devoted to position		con	npensation	<u> </u>		
SE	E STATEMENT 13							
				_	_	<u> </u>		
				ŀ				
						ļ		
				1				
						<u> </u>		
						<u> </u>		
2	Compensation of five highest-paid employees (other than those included on	line 1-see page 2	23 of the instruc	tions).				
	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	emp plans	ontributions to ployee benefit and deferred ripensation		pense a er allowa	
NIC	ONE.				'	i i		
NC	NE	•				ļ		
				+	 _	 		
			<u>,</u>			ļ <u>.</u>		
				 		-		
						<u> </u>		
F-4-	I number of other amployees paid over \$50,000					_	. 1	

Form **990-PF** (2009)

Form 990-PF (2009) EVANSVILLE HISTORICAL FOUNDATI	ON 41-1680980	Page 7
Part VIII Information About Officers, Directors, Trustees, Fo	oundation Managers, Highly Paid Empl	oyees,
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see page 1)	page 23 of the instructions). If none, enter "NON	E."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<u> </u>		
Total number of others receiving over \$50,000 for professional services		<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant st	atistical information such as the number of	
organizations and other beneficiaries served, conferences convened, research papers produced,		Expenses
1 MAINTENANCE AND OPERATION OF HISTORICA	L SITE. GRANTS TO	
501(C)(3) AND GOVERNMENTAL ORGANIZATIO	ns.	
ESTIMATED NUMBER OF PEOPLE SERVED IN Y	EAR 2009 WAS 207.	42,358
2		
3		
	· · · · · · · · · · · · · · · · · · ·	
4		
		l
Part IX-B Summary of Program-Related Investments (see page 1)		-
Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2	Amount
1 N/A		
2		
All other program-related investments See page 24 of the instructions		
3		
Total. Add lines 1 through 3	· · · · · · · · · · · · · · · · · · ·	

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Amounts set aside for specific charitable projects that satisfy the

Enter 1% of Part I, line 27b (see page 26 of the instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.

Suitability test (pnor IRS approval required)

Cash distribution test (attach the required schedule)

Form 990-PF (2009)

<u>3a</u> 3b

4

5

3

b

4

5

6

Pa	irt XIII Undistributed Income (see page 26 of t	he instructions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years pnor to 2008	2008	2009
	line 7				68,838
2	Undistributed income, if any, as of the end of 2009				
	Enter amount for 2008 only	•			
ь	Total for prior years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2009				
а	From 2004 24,004				
b	From 2005 41,150	1			
С	From 2006 23,983	1			
ď	From 2007 21,303				
е	From 2008 24,531				
f		134,971			
4	Qualifying distributions for 2009 from Part XII,				
	line 4. ▶ \$ 42,358			ĺ	
а	Applied to 2008, but not more than line 2a				
	Applied to undistributed income of prior years				
	(Election required—see page 26 of the instructions)		t .		
С	Treated as distributions out of corpus (Election				
	required—see page 26 of the instructions)				
d	Applied to 2009 distributable amount				42,358
	Remaining amount distributed out of corpus				ļ
5	Excess distributions carryover applied to 2009	26,480			26,480
	(If an amount appears in column (d), the same				
	amount must be shown in column (a))				Ì
6	Enter the net total of each column as	•			1
	indicated below:			}	1
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	108,491			}
	Pnor years' undistributed income Subtract				
	line 4b from line 2b				
С	Enter the amount of pnor years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount—see page 27 of the instructions				
0	Undistributed income for 2008 Subtract line				
	4a from line 2a Taxable amount—see page				
	27 of the instructions				
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			İ	!
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the			1	
	instructions)				
8	Excess distributions carryover from 2004 not				
	applied on line 5 or line 7 (see page 27 of the	1			
	instructions)				
9	Excess distributions carryover to 2010.			1	
	Subtract lines 7 and 8 from line 6a	108,491			<u> </u>
10	Analysis of line 9				
а	Excess from 2005 38,674				
b	Excess from 2006 23, 983	1		1	
C	Excess from 2007 21,303	1			
d	Excess from 2008 24,531	.]			
е	Excess from 2009				

Pa	rt XIV Private Operating Fou	indations (see pa	ge 27 of the instr	uctions and Part \	/II-A, question 9)			
1a	a If the foundation has received a ruling or determination letter that it is a private operating							
	foundation, and the ruling is effective for 2009, enter the date of the ruling							
ь	Check box to indicate whether the founda	tion is a private operation	ng foundation describe	d in section 4	942(j)(3) or 494	2(j)(5)		
2a	Enter the lesser of the adjusted net	Tax year		Pnor 3 years				
	income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total		
	investment return from Part X for					-		
	each year listed							
b	85% of line 2a							
c	Qualifying distributions from Part XII,							
•	line 4 for each year listed							
d	Amounts included in line 2c not used directly							
٠	for active conduct of exempt activities							
8	Qualifying distributions made directly							
•	for active conduct of exempt activities.							
	Subtract line 2d from line 2c							
3	Complete 3a, b, or c for the			 		-		
J	alternative test relied upon							
_	"Assets" alternative test—enter							
а	(1) Value of all assets							
	(2) Value of assets qualifying under					<u> </u>		
	section 4942(j)(3)(B)(i)							
L	"Endowment" alternative test—enter 2/3			 				
b	of minimum investment return shown in							
	•							
_	Part X, line 6 for each year listed	·		 				
С	"Support" alternative test—enter	ĺ						
	(1) Total support other than gross investment income (interest,							
	dividends, rents, payments on							
	securities loans (section							
	512(a)(5)), or royalties)							
	(2) Support from general public			1				
	and 5 or more exempt							
	organizations as provided in							
	section 4942(j)(3)(B)(iii)							
	(3) Largest amount of support from an exempt organization							
	(4) Gross investment income			-				
Pa	art XV Supplementary Inform	nation (Complete	this part only if t	he foundation had	1 \$5.000 or more i	n assets at		
	any time during the ye				. , , , , , , , , , , , , , , , , , , ,			
1	Information Regarding Foundation Ma	 :		-	_	.		
a	List any managers of the foundation who	-	than 2% of the total co	ntributions received by	the foundation			
_	before the close of any tax year (but only							
	N/A	•						
b	List any managers of the foundation who	own 10% or more of the	e stock of a corporation	n (or an equally large p	ortion of the			
	ownership of a partnership or other entity							
	N/A	•	-					
2	Information Regarding Contribution, G	irant, Gift, Loan, Scho	larship, etc., Prograr	ns:				
	Check here > X if the foundation only				es not accept			
	unsolicited requests for funds. If the found							
	organizations under other conditions, con	nplete items 2a, b, c, an	nd_d					
а	The name, address, and telephone numb			be addressed				
	N/A							
	The form in which applications should be	submitted and informat	ion and materials they	should include				
J	N/A		materials trey					
С	Any submission deadlines N/A							
d	Any restrictions or limitations on awards,	such as by geographica	al areas, chantable fiel	ds, kinds of institutions	or other factors			
	N/A							

Form 990-PF (2009) EVANSVILLE HISTORICAL FOUNDATION Page 11 Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of **Amount** any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year DOLLARS FOR SCHOLARS N/A NONE SCHOLARSHIPS P.O. BOX 176 1,000 EVANSVILLE MN 56326 EVANSVILLE ARTS COALITION N/A NONE ACTIVITIES 800 P.O. BOX 68 **EVANSVILLE MN 56326** NONE EVANSVILLE SCHOOL DIST. N/A P.O. BOX 123 **EQUIPMENT** & TRIPS 8,230 EVANSVILLE MN 56326 N/A NONE CITY OF EVANSVILLE PUBLIC SAFETY P.O. BOX 265 2,399 **EVANSVILLE MN 56326** 12,429 ▶ 3a Total **b** _OApproved for future payment N/A 3b

Total

1	Pani	₋ 1	2

Enter gross amounts unless otherwise indicated	Unrelated	business income	Excluded	d by section 512, 513, or 514	(e)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
1 Program service revenue					ale illaudcuotta)
a					
b					
c	—	·		-	
d		·			
0		. <u> </u>			
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	10,172	
4 Dividends and interest from securities			14	9,084	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income			15	39,730	
8 Gain or (loss) from sales of assets other than inventory			18	-9,438	
9 Net income or (loss) from special events				,	
10 Gross profit or (loss) from sales of inventory					· · · · · · · · · · · · · · · · · · ·
11 Other revenue. a					
b OIL WORKING INTEREST	211110	89,784			
c LESS OPERATING EXPENSE	211110	-37,209			
d LESS COST DEPLETION	211110				
	211110	-6,734	15	074	
e UTAH STATE TAX REFUND		45 044		974	
12 Subtotal Add columns (b), (d), and (e)	L	45,841		50,522	0
13 Total. Add line 12, columns (b), (d), and (e)				13	96,363
(See worksheet in line 13 instructions on page 28 to venfy calculations				· · · · · · · · · · · · · · · · · · ·	
Part XVI-B Relationship of Activities to the Ac			-		
Line No. Explain below how each activity for which income is					
▼ accomplishment of the foundation's exempt purpos	es (other than by	providing funds for su	ich purpo	oses) (See page 29 of t	he
instructions)					
N/A				=	
		· · · · · · · · · · · · · · · · · · ·			
					<u> </u>
					 .
			•		· - .
					
				·	
					
					
				· · · ·	
DAA					Form 990-PF (2009)

Page 1	Page 1	3
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<u> </u>	IIVX TIE	Exempt Organiza	_	insters to and transaction	ms and	Relationship	S WILLI NO	icharitable		
1	Did the ord			e in any of the following with any o	other organ	nzation describe	d		Yes	No
•	-			n 501(c)(3) organizations) or in se					1	
	organizatio	• • • • • • • • • • • • • • • • • • • •	111011 000110	00 .(0)(0) 0.gaza		rolating to positio				
а	-		tion to a noi	nchantable exempt organization o	f					
_	(1) Cash	nom the reporting realize		one master of the master of	•			1a	(1)	X
	(1) Other	accetc		•				1a		X
h	Other trans									
-		of assets to a nonchantal	ble exempt o	organization				1b	(1)	X
	• •	ases of assets from a nor		-				1b		X
		of facilities, equipment, of		. •				1b		X
	• •	ursement arrangements						1b		X
	• •	or loan guarantees						1b		X
	* *	mance of services or mer	mbership or	fundraising solicitations			•	1b		X
С	• •		•	ner assets, or paid employees				1		X
	-		-	plete the following schedule Colu	mn (b) sho	uld always show	the fair marke	et		
				ven by the reporting foundation If						
		=		t, show in column (d) the value of						
	(a) Line no	(b) Amount involved	1	of noncharitable exempt organization				tions, and sharing arra	ngement	s
1/	A		-							
								<u></u>	<u> </u>	
	•							145		
							_			
										
						···				
					+-					
2a		•	•	with, or related to, one or more tax		rganizations			Yes [ਦਾ
				han section 501(c)(3)) or in section	n 5277				Yes [<u>∧</u> No
b		omplete the following sch	edule	(h) T ($\overline{}$		(c) Description of	f salationahia		
-	N/A	(a) Name of organization		(b) Type of organization			(c) Description o	i relationship		
_	N/A									
										
				 						
					-					
	Linder page	It has of parties 4 declare that	I have evamir	ned this return, including accompanying		and statements an	d to the hest of r	ny knowledge and		
	belief, jt legi	ye, correct, and complete De	eclaration of p	reparer (other than taxpayer or fiducial	y) is based	on all information o	f which preparer	has any knowledge		
	\ 7	Marile	msa	1.5%	14/20	210	mone	urer)		
اه	Signati	ure of officer or trustee		Date	-17	- T	Title			
<u>ē</u>						Date		Preparer's K		
힏	/A -	Preparer's \	/ _	100	ŀ	•	Check if	number (see		
Sign Here	2 E	signature	Orry W	Muchols, C.P.A		5/13/10	self-employed	P007		
ויש	Paid Preparer's Use Only	Eirm's name (or yours if	DØEHR:	ING, WINDERS & CO	O. LLI	P				
	₹ 3	Firm's name (or yours if self-employed), address,	,	LAFAYETTE AVE				EIN ► 37-1		
ļ		and ZIP code	MATT		925			Phone no 217-	235-	0377
	<u> </u>							Form	990-P	F (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

EVANSVILLE HIS	TORICAL FOUNDATION	41-1680980						
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	X 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
, ,	vered by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a Special Rule Se	e						
General Rule								
-	g Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money o contributor. Complete Parts I and II	r						
Special Rules								
sections 509(a)(1) and	organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts	ne greater						
the year, aggregate con	(8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, atributions of more than \$1,000 for use exclusively for religious, chantable, scientific, literary or the prevention of cruelty to children or animals. Complete Parts I, II, and III	=						
the year, contributions f aggregate to more than year for an exclusively i	(8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, for use exclusively for religious, chantable, etc., purposes, but these contributions did not \$1,000. If this box is checked, enter here the total contributions that were received during the religious, chantable, etc., purpose. Do not complete any of the parts unless the General Rution because it received nonexclusively religious, chantable, etc., contributions of \$5,000 or	the Ile						
990-EZ, or 990-PF), but it must	not covered by the General Rule and/or the Special Rules does not file Schedule B (Form answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 99							

Page 1 of 1 of Part I Schedule B (Form 990, 990-EZ, or 990-PF) (2009) Name of organization

EVANSVILLE HISTORICAL FOUNDATION

Employer identification number

41-1680980

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ALF THOMPSON TRUST FIRST MID-ILLINOIS BANK & TRUST P.O. BOX 499 MATTOON IL 61938	s 44,084	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
110.	isanio, audioss, and Life T 4	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions.

Attach to your tax return.

2009

ttachment

Identifying number Name(s) shown on return EVANSVILLE HISTORICAL FOUNDATION 41-1680980 Business or activity to which this form relates INDIRECT DEPRECIATION Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 Maximum amount. See the instructions for a higher limit for certain businesses. 1 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 5 (b) Cost (business use only) (c) Elected cost (a) Description of property 6 7 Listed property Enter the amount from line 29 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Part II Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 15 Property subject to section 168(f)(1) election 13,117 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Part III 1,093 17 MACRS deductions for assets placed in service in tax years beginning before 2009 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (business/investment use (e) Convention (f) Method (q) Depreciation deduction (a) Classification of property placed in penod service only-see instructions) 19a 3-year property 5-year property 7-year property С d 10-year property 15-year property 20-year property 25 yrs S/L 25-year property S/L 27 5 yrs MM h Residential rental property 27.5 yrs MM S/L MM S/L 39 yrs Nonresidential real property MM S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System S/L 20a Class life S/L b 12-year 12 yrs ММ S/L 40 yrs c 40-year Summary (See instructions.) Part IV 21 Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 22 14,210 and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the 23

5/13/2010 10:53 AM		Adjusted Net Income			Charitable	\$ 750		Charitable Purpose	\$ 351	
	- Other Income	Net Investment Income	\$ 43,102 -3,372 -974 \$ 40,704	Accounting Fees	Adjusted Net) O	fessional Fees	Adjusted Net	w	
Federal Statements	Form 990-PF, Part I, Line 11 - Other	Revenue per Books	\$ 43,102 -3,372 89,784 -37,209 -6,734 \$ 86,545	Part I, Line 16b - Accou	Net Investment	\$ 3,045	990-PF, Part I, Line 16c - Other Professional Fees	Net Investment	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Federal	Statement 1 - Form 990-P			Statement 2 - Form 990-PF,	Tota	\$ 3,795	Statement 3 - Form 990-PF, Par	Total	\$ 351	
19590 Evansville Historical Foundation 41-1680980 FYE: 12/31/2009	SI	Description	OIL ROYALTIES LESS TAX AND OTHER OIL WORKING INTEREST LESS OPERATING EXPENSE LESS COST DEPLETION UTAH STATE TAX REFUND TOTAL	Stal	Des	ACCOUNTING AND OTHER FEES TOTAL	Statem	Description	PROFESSIONAL AND CONSULTANT FEES	

19590 Evansville Historical Foundation 41-1680980 FYE: 12/31/2009	al Foundati	uo	Federal	Federal Statements		5/13	5/13/2010 10:53 AM
		Statement 4		- Form 990-PF, Part I, Line 18 - Taxes	- Taxes		,
Description			Total	Net Investment	Adju	Adjusted Net	Charitable Purpose
TAXES & 990-T T ILLINOIS	TAXES .S	γ	390 19,405 3,903 954	\$ 390	₩	, w	8433
			24,652	\$ 501		0	843
		Statement 5	4	orm 990-PF, Part I, Line 19 - Depreciation	epreciation		
	Description						
Cost Basis		Prior Year Depreciation	Method	od	Current Year Depreciation	Net Investment Income	Adjusted Net Income
(A	25,634 \$	11,724	S/L	40 \$	\$ 641	₩.	w
(*)	30,338	13,678	$_{ m S/L}$	40	758		
_	15,000	6'829	S/L	40	375		
	4,500			0			
	3,300	1,509	$^{ m S/L}$	40	83		
	2,500	2,500	$_{ m S/L}$	7			
	135	135	$_{ m S/L}$	7			
IMPROVEMENTS 91 39	rs 39,266	16,816	$\rm S/L$	40	981		
7	40,326	15,277	$\mathrm{S/L}$	40	1,008		
	420	420	$\mathrm{S/L}$	10			
	498	498	$\mathrm{S/L}$	10			
	1,422	1,422	S/L	10			
							4-5

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19590 Evansville Historical Foundation41-1680980FYE: 12/31/2009

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19590 Evansville Historical Foundation

41-1680980 FYE: 12/31/2009

Federal Statements

Statement 5 - Form 990-PF, Part I, Line 19 - Depreciation (continued)

	Net Investment Adjusted Net Income	ŵ							\$ 0
	'	780 \$	2.2	2.2	11	73	33	5	\$ 0]
	Current Year Depreciation	78	367	157	5,491	473	123		14,210
	Life	ru sv	7	7	7	7	2	7	တ္
	Method	S/L	s/r	S/L	S/L	S/L	S/L	S/L	
Description	Prior Year Depreciation	\$ 1,170	184	79	2,746				\$ 97,034
	Cost Basis	\$ 006'8	L 2,570	.KE 1,099	A 38,437	6,625	817	140	311,697 \$
	Date Acquired	OFFICE EQUIPMENT 6/22/07 \$	OIL EQUIPMENT- IL 7/01/08	STAGE/AMPHITHEATRE 7/01/08	OIL EQUIPMENT- LA 7/01/08	OIL EQUIPMENT-LA 7/01/09	COPIER 3/17/09	SIGN 11/21/09	TOTAL \$

			
5/13/2010 10:53 AM	·	Charitable Purpose	\$ 1,105 4443 2,382 2,740 2,684 305 64 513 8
	xbeuses	Adjusted Net	w w
ederal Statements	rm 990-PF, Part I, Line 23 - Other Expenses	Net Investment	\$ 10,323
Federal	Statement 6 - Form 990-PF,	Total	\$ 1,105 2,382 2,382 2,740 2,740 513 305 64 305 513 \$ 21,102
19590 Evansville Historical Foundation 41-1680980 FYE: 12/31/2009	Stat	Description	EXPENSES ADVERTISING SUPPLIES CONTRACT LABOR INSURANCE MISCELLANEOUS OFFICE EXPENSE DUES FEES MAINTENANCE COMMISSIONS TOTAL

19590 Evansville Historical Foundation 41-1680980 **Fe**

Federal Statements

FYE: 12/31/2009

Statement 7 -	 Form 990-PF. 	Part II,	Line 10a	- US and State	Government Investments

	Description							
			Beginning of Year	_	End of Year	Basis of Valuation	_	Fair Market Value
US I BONDS		\$	90,000	\$	90,000	COST	\$	90,000
TOTAL		\$_	90,000	\$	90,000		\$_	90,000

Statement 8 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

	Description							
		_	Beginning of Year	_	End of Year	Basis of Valuation	_	Fair Market Value
TEXTRON CHEVRON		\$	11,150	\$	11,150	COST	\$	7,524
		_	4,227	_	4,227	COST	_	11,010
TOTAL		\$_	15,377	\$_	15,377		\$_	18,534

Statement 9 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments

Description							
		Beginning of Year		End of Year	Basis of Valuation	_	Fair Market Value
FMCC, 5.1%, 11/20/09	\$	20,000	\$		COST	\$	
BREMER ACCOUNT	•	201,595	•	193,948	COST	·	198,289
SECURIAN TRUST CO. ENDOWMENT		225,034		231,062	COST		223,472
TOTAL	\$ <u></u>	446,629	\$_	425,010		\$_	421,761

Statement 10 - Form 990-PF, Part II, Line 13 - Other Investments

Description							
	_	Beginning of Year		End of Year	Basis of Valuation	_	Fair Market Value
OIL WELL INTERESTS	Ś	214,834 \$	5	208,100	COST	\$	268,253
TOTAL	\$_ \$_	214,834 \$		208,100		;_ \$_	268,253

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5/13/2010 10:53 AM		Net FMC	\$ 156,686 39,267 4,500	\$ 200,453
./9	oment	End Accumulated Depreciation	101,087	111,244
	d Equip	En	တ	w
ıts	nd, Building, and	End Cost / Basis	257,773 49,424 4,500	311,697
emer	14 - Laı	O	w	₩
Federal Statements	PF, Part II, Line	Beginning Net Book	163,355 39,230 4,500	207,085
ű.	J-066 m	ш <i>-</i> -	৵	w
Foundation	Statement 11 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment			
19590 Evansville Historical Foundation 41-1680980 FYE: 12/31/2009		Description	BUILDINGS AND EQUIPMENT OIL TANGIBLE EQUIPMENT LOT	TOTAL

5/13/2010 10:53 AM

19590 Evansville Historical Foundation 41-1680980 **Fe**

Federal Statements

FYE: 12/31/2009

Statement 12 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description	Be 01	ginning f Year	end of Year
PAYROLL LIABILITIES	\$	206	\$ 177
TOTAL	\$	206	\$ 177

19590 Evansville Historical Foundation 41-1680980 FYE: 12/31/2009	Federal S	Federal Statements	S	5/13/	5/13/2010 10:53 AM
Statement 13 - Form 990-PF,		ine 1 - List of (Etc.	Part VIII, Line 1 - List of Officers, Directors, Trustees,	rustees,	•
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
GEORGE LARSON P.O. BOX 337 EVANSVILLE MN 56326	PRESIDENT	0.50	0	0	0
VERNON JOHNSON P.O. BOX 337 EVANSVILLE MN 56326	TREASURER	1.00	0	0	0
NELDA OLSON P.O. BOX 337 EVANSVILLE MN 56326	EXEC DIR	0.50	0	O	0
EUNA NELSON P.O. BOX 337 EVANSVILLE MN 56326	SECRETARY	0.50	0	0	0
DEAN ELMER P.O. BOX 337 EVANSVILLE MN 56326	DIRECTOR	0.50	0	0	0
LYLE SANSTEAD P.O. BOX 337 EVANSVILLE MN 56326	DIRECTOR	0.50	0	0	0
WILBER NELSON P.O. BOX 337 EVANSVILLE MN 56326	DIRECTOR	0.50	0	0	0
CAROLYN ANDERSON P.O. BOX 337 EVANSVILLE MN 56326	VICE-PRES	0.50	0	0	0
PATRICIA NITZ P.O. BOX 337 EVANSVILLE MN 56326	DIRECTOR	10.00	7,243	0	0
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