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Department of the Treasury

Internal Revenue Service

## **Return of Private Foundation**

or Section 4947(a)(1) Nonexempt Charitable Trust

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

OMB No 1545-0052

2009

G Check all that apply
Use the IRS label. Otherwise, print or type. See Specific Instructions. H Check type of organization Section 501(c)(3) exempt private foundation  X Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundation  A Employer identification number 48-6103231  48-6103231  B Telephone number 620-663-1521  C If exemption application is pending, check here D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test. Check here and attach computation  E If private foundation status was terminated
ALICE, CLAIRE, AND MAY DONNA MYTON  Otherwise, print or type. See Specific Instructions. H Check type of organization  X Section 4947(a)(1) nonexempt charitable trust  Otherwise, print  Number and street (or PO box number if mail is not delivered to street address)  P.O. BOX 913  B Telephone number 620-663-1521  C If exemption application is pending, check here D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation  E If private foundation status was terminated
Otherwise, print Number and street (or PO box number if mail is not delivered to street address)  See Specific Instructions.  H Check type of organization Section 501(c)(3) exempt private foundation  X Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation  ### MEMORIAL TRUST  48-6103231  ### Telephone number 620-663-1521  C If exemption application is pending, check here D 1. Foreign organizations, check here and attach computation  Foreign organizations meeting the 85% test, check here and attach computation  E If private foundation status was terminated
print or type. See Specific Instructions.  H Check type of organization Section 501(c)(3) exempt private foundation  Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation  P.O. BOX 913  City or town, state, and ZIP code HUTCHINSON, KS 67504-0913  City or town, state, and ZIP code Instructions.  City or town, state, and ZIP code Instructions Section 501(c)(3) exempt private foundation  City or town, state, and ZIP code Instructions Section 501(c)(3) exempt private foundation  City or town, state, and ZIP code Instructions Section 501(c)(3) exempt private foundation  Eligentone number 620-663-1521  City or town, state, and ZIP code Instructions Section 501(c)(3) exempt private foundation  Figure 1
or type.  See Specific Instructions.  H Check type of organization Section 501(c)(3) exempt private foundation  Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation  October 4947(a)(1) nonexempt charitable trust Other taxable private foundation  620-663-1521  C If exemption application is pending, check here Instructions of the private foundation Instructions of the private foundation  If private foundation is pending, check here Instructions of the private foundation is pending of the private foundation is pending of the priv
See Specific City or town, state, and ZIP code Instructions. HUTCHINSON, KS 67504-0913  H Check type of organization Section 501(c)(3) exempt private foundation  X Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation  E If private foundation status was terminated
Instructions. HUTCHINSON, KS 67504-0913  H Check type of organization  Section 501(c)(3) exempt private foundation  X Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation  E If private foundation spending, check here and attach computation the 85% test.  E If private foundation status was terminated
H Check type of organization Section 501(c)(3) exempt private foundation  2. Foreign organizations meeting the 85% test, check here and attach computation  X Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation  E If private foundation status was terminated
X Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation
L ii private iounidation status was terminated
(from Part II, col. (c), line 16)  Other (specify)
►\$ 1,234,713. (Part I, column (d) must be on cash basis.)
Part   Analysis of Revenue and Expenses (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements
necessarily equal the amounts in column (a)) expenses per books income income (cash basis only)
1 Contributions, grifts, grants, etc., received N/A
2 Check ► X If the foundation is not required to attach Sch B
3 Interest on savings and temporary ash investments 101. STATEMENT 1
4 Dividends and interest from securities
5a Gross rents 22,014. 22,014. STATEMENT 3
b Net rental income or (loss) 18,648. STATEMENT 4
5a Net gain or (loss) from sale of assets not on line 10  Coss sales price for all 84,667.
b Gross sales price for all assets on line 6a  7 Capital gain net income (from Part IV, line 2)
8 Net short-term capital gain
9 Income modifications
Gross sales less returns and allowances
D Less Cost of goods sold
c Gross profit or (loss)
11 Other income
12 Total. Add lines 1 through 11 34, 181. 59, 431.
13 Compensation of officers, directors, trustees, etc . 12,282. 12,282.
14 Other employee salaries and wages
15 Pension plans, employee benefits
% 16a Legal fees STMT 5 754 0. 754
b Accounting teas NED STMT 6 690. 0. 690
17 Interest
18 12 18 MAY 1 8 2010 STMT 7 1,991. 147.
E 20 Occupancy TEAL IT
21 Travel Contierences, and moutings
22 Printing and publications
23 Other expenses STMT 8 3,366. 3,366.
24 Total operating and administrative
expenses. Add lines 13 through 23 19,083. 15,795. 1,444 25,536. 45,536.
25 Contributions, girds, grants paid 45,330.
26 Total expenses and disbursements.
Add lines 24 and 25 64,619. 15,795. 46,980
27 Subtract line 26 from line 12.
a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  43,636.
C Adjusted net income (if negative, enter -0-)   N/A

MEMORIAL TRUST

48-6103231

Page

Part II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of y	rear
FOIL H	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cas	h - non-interest-bearing	<49,348.>		<45,536.
2 Sav	ings and temporary cash investments	59,089.	74,633.	74,633.
3 Acc	ounts receivable ►			
Less	s. allowance for doubtful accounts			
4 Plea	iges receivable			
Less	s. allowance for doubtful accounts >			
5 Grai	nts receivable			
6 Rec	eivables due from officers, directors, trustees, and other			
disq	qualified persons			
7 Other	notes and loans receivable			***************************************
Les	s allowance for doubtful accounts			
្ន 8 Inve	entories for sale or use			
S Inve	paid expenses and deferred charges			
₹ 10a Inve	estments - U.S. and state government obligations STMT 9	298,771.	275,360.	291,426.
1	estments - corporate stock STMT 10	437,893.	436,571.	398,025.
	estments - corporate bonds STMT 11	301,394.	276,333.	288,165.
1	tments - land, buildings, and equipment basis	·		· · · · · · · · · · · · · · · · · · ·
1	accumulated depreciation	36,080.	36,080.	228,000.
	estments - mortgage loans	•		
<b>I</b>	estments - other			
	d, buildings, and equipment basis			
	accumulated depreciation			
1	er assets (describe			
10 000	/			
16 Tota	al assets (to be completed by all filers)	1,083,879.	1,053,441.	1,234,713.
1	ounts payable and accrued expenses	2/000/0.50	2,000,1111	
1	nts payable			
يم مدا .	erred revenue			
ie   13 Don	ns from officers, directors, trustees, and other disqualified persons			
<u> </u>				
22 (44)	rtgages and other notes payable			
22 0111	er nabilities (describe			
22 Total	at lightities (add lines 17 through 22)	0.	0.	
	at liabilities (add lines 17 through 22)			
	Indations that follow SFAS 117, check here			
S and	complete lines 24 through 26 and lines 30 and 31.			
24 UIII	restricted			
25 Ten	nporarily restricted	· · · · · · · · · · · · · · · · · · ·		
26 Pen	manently restricted Industrian Industrian Industrians that do not follow SFAS 117, check here			
들 [ [이	•			
	complete lines 27 through 31.	866,665.	866,665.	
27 Cap	nital stock, trust principal, or current funds	0.	000,003.	
in l	d-in or capital surplus, or land, bldg., and equipment fund	T <sub>1</sub>	186,776.	
₹ 29 Reta	ained earnings, accumulated income, endowment, or other funds	217,214.		
<b>ž</b>  30 Tota	al net assets or fund balances	1,003,079.	1,053,441.	
		1 002 070	1 052 441	
31 Tota	al liabilities and net assets/fund balances .	1,083,879.	1,053,441.	
Part III	Analysis of Changes in Net Assets or Fund Ba	alances		
	<u> </u>		<del></del>	<del></del> _
	assets or fund balances at beginning of year - Part II, column (a), line 3	IU		1 000 070
	ree with end-of-year figure reported on prior year's return)	•	1	1,083,879.
	ount from Part I, line 27a		2	<30,438.
	reases not included in line 2 (itemize)		3	0.
4 Add lines			4	1,053,441.
	s 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, col	umn (b), line 30	6	1,053,441.

		TRUST						4	8-610	3231	Page 3
<u> </u>	_	ses for Tax on In		t Income	1						
		d(s) of property sold (e g r common stock, 200 shs			(0) t P D	- Purc - Don	equired hase ation		acquired lay, yr )	(d) Da (mo., d	te sold ay, yr.)
a		· · · · · · · · · · · · · · · · · · ·					1				
b SEE ATTACHED	STAT	EMENT							., .		
<u>c</u>											
d											
е	1				Ĺ.,						
(e) Gross sales price		epreciation allowed (or allowable)	,	st or other basis expense of sale					iain or (loss) s (f) minus (		
a			1								
b											
<u>c</u>										_	
<u>d</u>											
e 84,667.	·			109,91	7.					<25	,250
Complete only for assets show	ng gain in co	olumn (h) and owned by t	he foundation	on 12/31/69					Col (h) gain		
(i) F M V. as of 12/31/69		Adjusted basis as of 12/31/69		cess of col (i) col (j), if any			CO		not less than (from col. (i		
a											
b					]						
C											
d											
е										<25	,250.
2 Capital gain net income or (net c	anıtal loss)	If gain, also enter If (loss), enter -0-	in Part I, line	7	}	2				<25	,250.
		•		•	7						
Net short-term capital gain or (lo If gain, also enter in Part I, line 8	, column (c)		d (6)		}	•			N/A		
If (loss), enter -0- in Part I, line 8  Part V Qualification I	Indox Co	ation 4040/a) for	Daduaad	Toy on Not	1000	3	ont In		N/A		
•							ient in	come	·- ·- ·	-	
(For optional use by domestic privat	e foundation	is subject to the section 4	1940(a) tax on	net investment in	come	)					
f section 4940(d)(2) applies, leave t	his part blan	nk									
										_	
Was the foundation liable for the sec				·	10d?					Yes	X No
f "Yes," the foundation does not qua											
1 Enter the appropriate amount in	each colum	n for each year, see instru	ictions before	making any entric	es			1		741	
(a) Base penod years		(b)		Net valve of me	(c)	uka kila			Distrib	(d) ution ratio	
Calendar year (or tax year beginn	ing in)	Adjusted qualifying dist		Net value of no					(col (b) divi		
2008		5	0,193.		_1	,26	1,301	L •		.0	39795
2007									·		
2006											
2005											
2004											
2 Total of line 1, column (d)								2		.0	39795
3 Average distribution ratio for the	5-year base	period - divide the total o	in line 2 by 5,	or by the number	of yea	ars					
the foundation has been in existe	nce if less th	han 5 years						3		.0	<u> 39795</u>
										1 1 7 2	0.05
Enter the net value of nonchanta	ble-use asse	ets for 2009 from Part X, I	ine 5					4		1,173	,285
								-			601
Multiply line 4 by line 3			•				•	5		46	<u>,691</u>
Enter 1% of net investment inco	me (1% of P	art I, line 27b)						. 6			436
											10-
Add lines 5 and 6					•	••••		. 7		47	<u>, 127 .</u>
B Enter qualifying distributions from	m Part XII, lı	ne 4			-			. 8	<u> </u>	46	,980.
If line 8 is equal to or greater tha	n line 7, che	ck the box in Part VI, line	1b, and comp	lete that part usin	g a 19	% tax :	ate.				
See the Part VI instructions											
23521 02-02-10									Fo	rm <b>990-l</b>	PF (2009

	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			1
	distributed by the foundation in connection with the activities.			
C	Did the foundation file Form 1120-POL for this year?	1c	<u> </u>	X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			Ī
	(1) On the foundation ▶ \$ (2) On foundation managers. ▶ \$			1
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	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?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.			
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?	6	х	
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	X	
	If "Yes," complete Part II, col. (c), and Part XV.			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
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)	ļ <sup>i</sup>		
	of each state as required by General Instruction G? If "No," attach explanation	8b	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	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
		m aan	-PF	วกกฉ

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	350 Tr (2005) MEMORIAE TROST	1231		- ugu u
Pa	rt 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 ► FIRST NATIONAL BANK OF HUTCHINSON Telephone no. ► 620-69	4-2	262	
	Located at ▶ 1 NORTH MAIN, HUTCHINSON, KS ZIP+4 ▶67			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<b></b>	X
•	and enter the amount of tax-exempt interest received or accrued during the year			0.
Pa	rt 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.	1 '1	Yes	No
12	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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
			1	
			- 1	
	(4) Tay compensation to, or pay of formourse the expenses of, a disquaring person		- 1	
	(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)?  Yes X 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 ) Yes X No		]	
	,,,,,		1	•
	If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations	1 1	1	X
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here		- 1	
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	1. 1	- 1	v
	before the first day of the tax year beginning in 2009?	1c		<u>X</u>
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))			
2	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?		-	
	if "Yes," list the years $\triangleright$			
t	Are there any years listed in 2a for which the foundation is <b>not</b> 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		- 1	
	statement - see instructions )	2b		
(	: If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here			
	<b></b> ''			
38	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year? Yes X No			
t	o 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.) N/A	3b		
42	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>X</u>
ı	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		<u>X</u>
		m <b>990</b>	-PF(	2009)

Form 990-PF (2009) MEMORIAL TRUST	- · · · · · · · · · · · · · · · · · · ·		<u>48-61032</u>	231 Pag	je €
Part VII-B   Statements Regarding Activities for Which I	Form 4720 May Be I	Required (continu	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955), o	r to carry on, directly or indir				
any voter registration drive?		· · · · · · · · · · · · · · · · · · ·	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t				
the prevention of cruelty to children or animals?		• • —	s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described	ın Regulatıons			
section 53 4945 or in a current notice regarding disaster assistance (see instru	ctions)?	•	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	ere				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for	rom the tax because it mainta	med			
expenditure responsibility for the grant?		I/A 🔲 Ye	s No		
If "Yes," attach the statement required by Regulations section 53.494	5-5 <i>(d</i> ).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Ye	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		[	6b 3	X
If "Yes" to 6b, file Form 8870.			Γ		
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	☐ Ye	s X No		
b If yes, did the foundation receive any proceeds or have any net income attribut	able to the transaction?		N/A	7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	•		
1 List all officers, directors, trustees, foundation managers and their	compensation.				_
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expens	se
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, oth allowance	her
FIRST NATIONAL BANK	TRUSTEE	enter -0-7	comparsation	- 41104441100	<u> </u>
P.O. BOX 913	INOUTED				
HUTCHINSON, KS 67504-0913	1.00	12,282.	0.	.) (	Ο.
MOTORITION IN OUT OF THE					
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· · · · · · · · · · · · · · · · · · ·				<del> </del>	_
				1	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."	· · · · · · · · · · · · · · · · · · ·		_
	(b) Title, and average	_	(d) Contributions to employee benefit plans	(e) Expens	
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, oth	
NONE	Covered to position	_	con paraceon	1	<u> </u>
				<u> </u>	
	j				
	·			<del> </del>	
	1				
	<u> </u>			<del>                                     </del>	_
	1				
	1				
Total number of other employees paid over \$50,000	·		•		0

Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "	NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		<b>&gt;</b> 0
Total number of others receiving over \$50,000 for professional services  Part IX-A Summary of Direct Charitable Activities	<del></del>	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers product N/A		Expenses
3		
4		
Part IX-B Summary of Program-Related Investments	<u> </u>	
Describe the two largest program-related investments made by the foundation during the tax year on lin  1 N/A	es 1 and 2.	Amount
2		
All other program-related investments See instructions 3		
Total. Add lines 1 through 3	<b>•</b>	0.
Total Titol miles Titillough 6		- 000 PF (000)

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		<del></del>
а	Average monthly fair market value of securities	1a	962,888.
b	Average of monthly cash balances	1b	264.
C	Fair market value of all other assets	10	228,000.
d	Total (add lines 1a, b, and c)	1d	1,191,152.
е			
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,191,152.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	17,867.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,173,285.
6	Minimum investment return. Enter 5% of line 5	6	58,664.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here  and do not complete this part )	d certain	
1	Minimum investment return from Part X, line 6	1	58,664.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009 (This does not include the tax from Part VI )		
C	Add lines 2a and 2b	2c	873.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	57,791.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	57,791.
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	57,791.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		46 000
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	46,980.
	Program-related investments - total from Part IX-B	1b	<u> </u>
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		
а	Suitability test (prior IRS approval required)	3a	
b		3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	46,980.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		•
	ıncome Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	46,980.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies fo	r 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				57,791.
2 Undistributed income, if any, as of the end of 2009				31,171.
a Enter amount for 2008 only			11,981.	
b Total for prior years			11/3010	/ <del>************************************</del>
g rotarios prior yours		0.		
3 Excess distributions carryover, if any, to 2009	***************************************			**************************************
a From 2004				
b From 2005				
¢ From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from				
Part XII, line 4 ▶\$ 46,980.				
a Applied to 2008, but not more than line 2a			11,981.	
b Applied to undistributed income of prior			''''	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		1 1111 1 111111111111111111111111111111		, , , , , , , , , , , , , , , , , , ,
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount				34,999.
e Remaining amount distributed out of corpus	0.			
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:			***************************************	
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
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		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<del></del>
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				22,792.
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	0.			
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				

Form 990-PF (2009) MEMORIA					L03231 Page 10
Part XIV   Private Operating Fo	oundations (see ins	structions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling or	determination letter that	t it is a private operating			
foundation, and the ruling is effective for	2009, enter the date of t	the ruling .	▶		
b Check box to indicate whether the found	ation is a private operatir	ng foundation described	ın section	4942(J)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 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>b</b> 85% of line 2a					
c Qualifying distributions from Part XII.				<del>                                     </del>	
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
. *					İ
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the	-		<del> </del>		<del></del>
alternative test relied upon					
a "Assets" alternative test - enter					
(1) Value of all assets			<u> </u>		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(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				-	-
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  Part XV   Supplementary Info	mation (Comple	to this part only	if the foundation	n had \$5 000 or m	ore in accets
at any time during t			ii tile loulidatio	11 11aa wo,000 of 11	ore in assets
	<del>-</del>		<del></del>		
1 Information Regarding Foundation	=	than 20% of the total cor	tributions recoved by th	a foundation before the ele	non of any tay
a List any managers of the foundation who year (but only if they have contributed m			ithoutions received by th	e iounuation before the ca	ise of ally tax
NONE		(-,(-, ,			
	100/ or more of th	o atack of a comparation	/a- an accelled area and	han of the autombin of a	andrombia or
<ul> <li>b List any managers of the foundation who other entity) of which the foundation has</li> </ul>			(or an equally large por	non of the ownership of a p	Darthership or
NONE	, a vo vo or grouter interest	•			
		Cabalaashia sta F		<del> </del>	
2 Information Regarding Contributi			_		
Check here \( \sum \big  \text{X} \) if the foundation of the foundation makes gifts, grants, etc.	nry makes contributions to	to preselected charitable	e organizations and does	not accept unsolicited req	uests for tungs. If
	·			complete items za, o, c, an	<del></del>
a The name, address, and telephone number	per of the person to who	m applications should b	e addressed:		
b The form in which applications should b	e submitted and informa	tion and materials they	should include:		
c Any submission deadlines.	· · · · · · · · · · · · · · · · · · ·	- <del></del>			
				· · · · · · · · · · · · · · · · · · ·	
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields	s, kinds of institutions, or	other factors	

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Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation status of recipient Purpose of grant or contribution show any relationship to **Amount** any foundation manager Name and address (home or business) or substantial contributor a Paid during the year N/A PUBLIC HUTCHINSON HOSPITAL MEDICAL CARE 45,536. CORPORATION FOR NEEDY 1905 EAST 24TH PERSONS HUTCHINSON, KS 67502 **▶** 3a 45,536. Total b Approved for future payment NONE **▶** 3b 0. Total

923611 02-02-10

Form 990-PF (2009) Part XVI-A

**Analysis of Income-Producing Activities** 

	(a) Business	(b)	(C) Exclu- sion	(d)	(e) Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a					·
b					
C					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	101.	
4 Dividends and interest from securities			14	101. 37,316.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					<u> </u>
b Not debt-financed property			16	18,648.	
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	<25,250.	>
9 Net income or (loss) from special events			<del> </del>		
10 Gross profit or (loss) from sales of inventory		, , ,			
11 Other revenue					
a					
b	-				
c					
d					·
<u> </u>			t		
ρ			I I		
e 12 Subtotal Add columns (b) (d) and (e)		0.		30,815.	0.
12 Subtotal Add columns (b), (d), and (e)		0.		30,815.	
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)		•			
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)				13	
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)				13	
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities 1  Line No. Explain below how each activity for which incompared to the substitution of the s	to the Acco	omplishment of Ex	emp	13 t Purposes	30,815.
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities 1	to the Acco	omplishment of Ex	emp	13 t Purposes	30,815.
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities 1  Line No. Explain below how each activity for which incompared to the columns of	to the Acco	omplishment of Ex	emp	13 t Purposes	30,815.
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities 1  Line No. Explain below how each activity for which incompared to the columns of	to the Acco	omplishment of Ex	emp	13 t Purposes	30,815.
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities 1  Line No. Explain below how each activity for which incompared to the columns of	to the Acco	omplishment of Ex	emp	13 t Purposes	30,815.
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities 1  Line No. Explain below how each activity for which incompared to the columns of	to the Acco	omplishment of Ex	emp	13 t Purposes	30,815.
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities 1  Line No. Explain below how each activity for which incompared to the columns of	to the Acco	omplishment of Ex	emp	13 t Purposes	30,815.
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities 1  Line No. Explain below how each activity for which incompared to the columns of	to the Acco	omplishment of Ex	emp	13 t Purposes	30,815.
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12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities 1  Line No. Explain below how each activity for which incompared to the columns of	to the Acco	omplishment of Ex	emp	13 t Purposes	30,815.
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities 1  Line No. Explain below how each activity for which incompared to the columns of	to the Acco	omplishment of Ex	emp	13 t Purposes	30,815.
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities 1  Line No. Explain below how each activity for which incompared to the columns of	to the Acco	omplishment of Ex	emp	13 t Purposes	30,815.
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities 1  Line No. Explain below how each activity for which incompared to the columns of	to the Acco	omplishment of Ex	emp	13 t Purposes	30,815.
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities 1  Line No. Explain below how each activity for which income	to the Acco	omplishment of Ex	emp	13 t Purposes	30,815.
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities 1  Line No. Explain below how each activity for which income	to the Acco	omplishment of Ex	emp	13 t Purposes	30,815.
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12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities 1  Line No. Explain below how each activity for which income	to the Acco	omplishment of Ex	emp	13 t Purposes	30,815.
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities 1  Line No. Explain below how each activity for which income	to the Acco	omplishment of Ex	emp	13 t Purposes	30,815.
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities 1  Line No. Explain below how each activity for which income	to the Acco	omplishment of Ex	emp	13 t Purposes	30,815.

Form 990-PF (2009)

MEMORIAL TRUST

P	irt XV	Information Re Exempt Organ	egarding Transfers To a	and Transactions a	and Relationshi	ps With Nonc	harita	ble	
1	Did the	e organization directly or indi	rectly engage in any of the following	ng with any other organization	on described in section	501(c) of		Yes	No
			)(3) organizations) or in section 52						1
а			ation to a noncharitable exempt or						
Ī	(1) C			<b>3</b>			1a	m	X
	٠,	ther assets		•		• •	1a		X
h	• •	transactions	••	•		•	1.0	-/	+
			ble exempt organization				. 1b	(1)	X
			ncharitable exempt organization		•	•	1b		X
	• •	ental of facilities, equipment,					1b		$\frac{x}{x}$
		eman of facilities, equipment, eimbursement arrangements					1b		X
						••			X
		oans or loan guarantees			•		1b		X
_			embership or fundraising solicitation		•		1b	$\neg \neg$	X
		*	ulling lists, other assets, or paid em			AA		C	<u> </u>
a		-	"Yes," complete the following sche	• •	-				
			oundation. If the foundation receiv	ed less than fair market valu	ie in any transaction o	r sharing arrangemer	it, show	IN	
		<del></del>	other assets, or services received		1 (1)				
(a)	∟ne no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(0) Description of	transfers, transactions,	and sharin	g arrangen	ients
_			N/A	· · · · · -					
_									_
					<u> </u>				
_							_		
_									
_									
		· · · · · · · · · · · · · · · · · · ·							
			_						
				·· · · · · · · · · · · · · · · · · · ·					
	Ī								
2a	Is the	foundation directly or indirect	tly affiliated with, or related to, one	or more tax-exempt organi	zations described		-		
			r than section 501(c)(3)) or in sec				□ Y	ъ. D	N <sub>o</sub>
h		," complete the following sch					٠ ــــــ	03	
	11 100	(a) Name of org		(b) Type of organization	(3)	Description of relation	onship		
_		N/A		(, .),,,	(-,				
					-				
			<del></del>			<u> </u>			
								-	
								-	
$\neg$	Linder or	enatties of periory. I declare that I h	nave examined this return, including acco	mnanying schedules and statem	sents and to the best of m	v knowledge and helief	t ie trie o	ormet	
- }			er than taxpayer or fiduciary) is based on			who wiedge and benen,	it is uue, c	onecç	
l		Man Co Ma		15-13-10	, mpricm c	PETARR			
ø	7	7101019701		, - <b>,</b>		FFICER			
Sign Here	<b>₽</b> 210	nature of office tor trustee		Date	Title	, <del>H</del> 16.	nam-1-1-		mbo-
Ę.	s -	Preparer's		رًا	Date Chec	KII _   Pre		ntifying nu	
Š	ore or		J KLUG		5/12/10 self- empl			7301	<u>-</u>
	ര്മ്മി		BURG VOGEL PIER		ARTERED L	IN ► 48-08	4103	34	
	Pre		N HALSTEAD - P		1				
$\perp$		address, and ZIP code HUTC	HINSON, KANSAS	67504-2047	11	Phone no 620		-046	
							Form 9	90-PF	(2009)

48-6103231 MÉMORIAL TRUST · Part W | Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase (c) Date acquired (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold 2-story brick warehouse, or common stock, 200 shs MLC Co. (mo, day, yr) (mo, day, yr.) D - Donation 12 FEDERAL HOME LOAN BANK 05/03/0703/13/09 02/17/0603/19/09 b CONSUMER DISCRETIONARY SELECT SECTOR SPDR P c FINANCIAL SELECT SECTOR SPDR P 08/27/0703/19/09 10/26/0603/19/09 d FINANCIAL SELECT SECTOR SPDR P e TECHNOLOGY SELECT SECTOR SPDR P 08/27/0703/19/09 f UTILITIES SELECT SECTOR SPDR P 02/22/0503/19/09 q CITIGROUP INC SUB NOTE 02/06/0706/11/09 P h FEDERAL NATIONAL MORTGAGE ASSN 09/09/9906/15/09 P k m n \_0 (f) Depreciation allowed (a) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 24,915. 25,000 85. а 3,206. 5,665. <2,459.>b 638 2,498. <1,860.> C <11,501.> 3,742. 15,243. 6,572. 11,044. <4,472.>  $1, \overline{114}$ . 1,006. <108.> 19,503. 25,063. <5,560.> 25,000. 24,375 625. m Π 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col (i) (i) FMV as of 12/31/69 but not less than "-0-") as of 12/31/69 over col (j), if any 85. a <2,459.> b <1,860.> C <11,501.> <4,472.> е <del><108.</del>> <5,560.> 625. m n 0

If (loss), enter "-0-" in Part I, line 8

2 Capital gain net income or (net capital loss)

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)

N/A

<25,250.>

2

37,316.

<del></del>				
FORM 990-PF INTEREST ON SAVIN	NGS AND TEMPORARY CA	ASH INVESTMENTS	STATEMENT	1
SOURCE			AMOUNT	
FEDERATED GOVERNMENT OBLIGATION FIRST NATIONAL BANK - FARM ACC				80. 21.
TOTAL TO FORM 990-PF, PART I,	LINE 3, COLUMN A		10	01.
FORM 990-PF DIVIDENDS	S AND INTEREST FROM	SECURITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT	)
ALLSTATE CORP SR NOTE	1,250.	0.	1,25	50.
BELLSOUTH CORP NOTE	1,300.	0.	1,30	)0.
CISCO SYSTEMS INC SR NOTE	1,313.	0.	1,31	
CITIGROUP INC SUB NOTE	1,150.	0.	1,15	50.
CONSUMER DISCRETIONARY SELECT	100	•		
SECTOR SPDR	190.	0.	19	90.
CONSUMER STAPLES SELECT SECTOR		0	1 25	
SPDR ENERGY SELECT SECTOR SPDR	1,223. 836.	0.	1,22	23. 36.
FEDERAL FARM CREDIT BANK	5,197.	0.	5,19	
FEDERAL HOME LOAN BANK	6,970.	0.	6,97	
FEDERAL NATIONAL MORTGAGE ASSN	•	0.	0,57	, .
DEBN DEBN	797.	0.	70	97.
FINANCIAL SELECT SECTOR SPDR	602.	0.		02.
GENERAL ELECTRIC CAPITAL CORP	****	• •		
NOTE	1,406.	0.	1,40	)6.
GOLDMAN SACHS GROUP DEBN	1,950.	0.	1,95	
HEALTH CARE SELECT SECTOR SPDE	R 844.	0.	84	14.
HERSHEY CO NOTE	1,363.	0.	1,36	53.
HOUSEHOLD FINANCE GLOBAL NOTE	1,188.	0.	1,18	
INDUSTRIAL SELECT SECTOR SPDR	940.	0.		40.
ISHARES MSCI EAFE INDEX	1,688.	0.	1,68	
MATERIALS SELECT SECTOR SPDR	218.	0.		18.
MERRILL LYNCH M-T NOTE	1,250.	0.	1,25	<i>.</i> 0
MORGAN STAN DEAN WITTER GLOBAL		^	1 20	) E
NOTE	1,325.	0.	1,32	
NATL RURAL UTILS COOPFIN BOND	1,362.	0.	1,36	
TARGET COOP NOTE TECHNOLOGY SELECT SECTOR SPDR	1,469. 928.	0.	1,46	
UTILITIES SELECT SECTOR SPDR	928. 414.	0.		28. L4.
VANGUARD EMERGING MARKETS	143.	0.		13.
THE STATE PROPERTY OF THE STATE				
		_		

0.

37,316.

TOTAL TO FM 990-PF, PART I, LN 4

		<del></del>		<del></del>
FORM 990-PF	RENTAL I	NCOME		STATEMENT 3
KIND AND LOCATION OF PROPERTY	t.		ACTIVITY NUMBER	GROSS RENTAL INCOME
FARM CROP SHARE RENTAL	_		1	22,014.
TOTAL TO FORM 990-PF, PART I,	LINE 5A			22,014.
FORM 990-PF	RENTAL EX	PENSES		STATEMENT 4
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
FERTILIZER & CHEMICALS TAXES INSURANCE - S	SUBTOTAL -	1	547. 999. 1,820.	3,366.
TOTAL RENTAL EXPENSES				3,366.
NET RENTAL INCOME TO FORM 990	)-PF, PART	I, LINE 5B		18,648.
FORM 990-PF	LEGA	L FEES		STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
LEGAL FEES	754	. 0	•	754.
TO FM 990-PF, PG 1, LN 16A	754	. 0	•	754.
FORM 990-PF	ACCOUNT	ING FEES		STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS			
PREPARATION OF 990	690	. 0	•	690.
TO FORM 990-PF, PG 1, LN 16B	690	. 0	•	690.
=				

FORM 990-PF	TAX	ES			STATEMENT	7
DESCRIPTION	(A) EXPENSES PER BOOKS					
FOREIGN TAXES 2008 990-PF BALANCE DUE 2009 990-PF EST TAX PMT	147. 924. 920.		147. 0. 0.			0. 0. 0.
TO FORM 990-PF, PG 1, LN 18	1,991.		147.			0.
FORM 990-PF	OTHER E	XPENSES			STATEMENT	8
DESCRIPTION	(A) EXPENSES PER BOOKS		ST-	(C) ADJUSTED NET INCOM		
FERTILIZER & CHEMICALS TAXES INSURANCE	547. 999. 1,820.		547. 999. 820.			0. 0. 0.
TO FORM 990-PF, PG 1, LN 23	3,366.	3,	366.			0.
FORM 990-PF U.S. AND	STATE/CITY G	OVERNMENT	OBL	GATIONS	STATEMENT	9
DESCRIPTION	U.S GOV'		вос	OK VALUE	FAIR MARKE VALUE	T
FEDERAL FARM CREDIT BANK FEDERAL HOME LOAN BANK	X X			124,412. 150,948.	133,1 158,3	
TOTAL U.S. GOVERNMENT OBLIGAT	rions			275,360.	291,4	26.
TOTAL STATE AND MUNICIPAL GOV	VERNMENT OBL	IGATIONS				
TOTAL TO FORM 990-PF, PART I	I, LINE 10A			275,360.	291,4	26.

FORM 990-PF	CORPORATE STO	CK	STATEMENT 10
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
CONSUMER DISCRETIONARY SELECT S	ECTOR SPDR	14,197.	12,533.
CONSUMER STAPLES SELECT SECTOR	SPDR	43,146.	48,731.
ENERGY SELECT SECTOR SPDR		45,865.	49,656.
FINANCIAL SELECT SECTOR SPDR		68,686.	35,237.
HEALTH CARE SELECT SECTOR SPDR		50,674.	50,582.
INDUSTRIAL SELECT SECTOR SPDR		50,539.	40,490.
ISHARES MSCI EAFE INDEX FUND		72,072.	59,702.
MATERIALS SELECT SECTOR SPDR		11,375.	12,437.
TECHNOLOGY SELECT SECTOR SPDR		64,351.	68,423.
UTILITIES SELECT SECTOR SPDR		9,824.	10,640.
VANGUARD EMERGING MARKETS ETF		5,842.	9,594.
TOTAL TO FORM 990-PF, PART II,	LINE 10B	436,571.	398,025.
FORM 990-PF	CORPORATE BON	DS	STATEMENT 11
FORM 990-PF  DESCRIPTION	CORPORATE BON	DS BOOK VALUE	STATEMENT 11 FAIR MARKET VALUE
DESCRIPTION	CORPORATE BON	BOOK VALUE	FAIR MARKET VALUE
DESCRIPTION ————————————————————————————————————	CORPORATE BON	BOOK VALUE 25,364.	FAIR MARKET VALUE 26,665.
DESCRIPTION  ALLSTATE CORP SR NOTE BELLSOUTH CORP NOTE	CORPORATE BON	BOOK VALUE  25,364. 24,856.	FAIR MARKET VALUE 26,665. 26,739.
DESCRIPTION  ALLSTATE CORP SR NOTE BELLSOUTH CORP NOTE CISCO SYSTEMS INC NOTE		BOOK VALUE  25,364. 24,856. 25,044.	FAIR MARKET VALUE 26,665. 26,739. 26,223.
DESCRIPTION  ALLSTATE CORP SR NOTE BELLSOUTH CORP NOTE CISCO SYSTEMS INC NOTE GENERAL ELECTRIC CAPITAL CORP N		BOOK VALUE  25,364. 24,856. 25,044. 24,913.	FAIR MARKET VALUE 26,665. 26,739. 26,223. 25,675.
DESCRIPTION  ALLSTATE CORP SR NOTE BELLSOUTH CORP NOTE CISCO SYSTEMS INC NOTE GENERAL ELECTRIC CAPITAL CORP N GOLDMAN SACHS GROUP SR DEBN		BOOK VALUE  25,364. 24,856. 25,044. 24,913. 25,333.	FAIR MARKET VALUE 26,665. 26,739. 26,223. 25,675. 25,126.
DESCRIPTION  ALLSTATE CORP SR NOTE BELLSOUTH CORP NOTE CISCO SYSTEMS INC NOTE GENERAL ELECTRIC CAPITAL CORP N		BOOK VALUE  25,364. 24,856. 25,044. 24,913. 25,333. 25,054.	FAIR MARKET VALUE 26,665. 26,739. 26,223. 25,675. 25,126. 26,251.
DESCRIPTION  ALLSTATE CORP SR NOTE BELLSOUTH CORP NOTE CISCO SYSTEMS INC NOTE GENERAL ELECTRIC CAPITAL CORP N GOLDMAN SACHS GROUP SR DEBN HERSHEY CO NOTE		BOOK VALUE  25,364. 24,856. 25,044. 24,913. 25,333.	FAIR MARKET VALUE 26,665. 26,739. 26,223. 25,675. 25,126.
DESCRIPTION  ALLSTATE CORP SR NOTE BELLSOUTH CORP NOTE CISCO SYSTEMS INC NOTE GENERAL ELECTRIC CAPITAL CORP N GOLDMAN SACHS GROUP SR DEBN HERSHEY CO NOTE HOUSEHOLD FINANCE GLOBAL NOTE	OTE	BOOK VALUE  25,364. 24,856. 25,044. 24,913. 25,333. 25,054. 24,788.	FAIR MARKET VALUE  26,665. 26,739. 26,223. 25,675. 25,126. 26,251. 26,091. 25,468.
DESCRIPTION  ALLSTATE CORP SR NOTE BELLSOUTH CORP NOTE CISCO SYSTEMS INC NOTE GENERAL ELECTRIC CAPITAL CORP N GOLDMAN SACHS GROUP SR DEBN HERSHEY CO NOTE HOUSEHOLD FINANCE GLOBAL NOTE MERRILL LYNCH M-T NOTE	OTE	BOOK VALUE  25,364. 24,856. 25,044. 24,913. 25,333. 25,054. 24,788. 25,100.	FAIR MARKET VALUE  26,665. 26,739. 26,223. 25,675. 25,126. 26,251. 26,091.
DESCRIPTION  ALLSTATE CORP SR NOTE BELLSOUTH CORP NOTE CISCO SYSTEMS INC NOTE GENERAL ELECTRIC CAPITAL CORP N GOLDMAN SACHS GROUP SR DEBN HERSHEY CO NOTE HOUSEHOLD FINANCE GLOBAL NOTE MERRILL LYNCH M-T NOTE MORGAN STAN DEAN WITTER GLOBAL	OTE	BOOK VALUE  25,364. 24,856. 25,044. 24,913. 25,333. 25,054. 24,788. 25,100. 25,474.	FAIR MARKET VALUE  26,665. 26,739. 26,223. 25,675. 25,126. 26,251. 26,091. 25,468. 26,484.