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Form 990-PF

Department of the Treasury

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

OMB No 1545-0052

2009

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For calendar year 2009, or tax year beginning 02/01/09, and ending 01/31/10Initial return of a former public charity G Check all that apply Initial return Final return Amended return Address change Name change Name of foundation A Employer identification number Use the IRS Community Hospital Auxiliary 35-6595973 label. Scholarship Trust Otherwise. Telephone number (see page 10 of the instructions) print Number and street (or P O box number if mail is not delivered to street address) Room/suite or type. 901 Mac Arthur Blvd. If exemption application is pending, check here See Specific City or town, state, and ZIP code 1. Foreign organizations, check here Instructions. Munster 2. Foreign organizations meeting the X Section 501(c)(3) exempt private foundation H Check type of organization 85% test, check here and attach computation | Section 4947(a)(1) nonexempt charitable trust | Other taxable private foundation If private foundation status was terminated under section 507(b)(1)(A), check here X Cash I Fair market value of all assets at end J Accounting method of year (from Part II, col (c), Other (specify) If the foundation is in a 60-month termination 521,284 under section 507(b)(1)(B), check here line 16) ▶ \$ (Part I, column (d) must be on cash basis.) Part I Analysis of Revenue and Expenses (The (d) Disbursements (a) Revenue and expenses per (b) Net investment (c) Adjusted net for charitable total of amounts in columns (b), (c), and (d) may not necessarily equal books income income purposes the amounts in column (a) (see page 11 of the instructions)) (cash basis only) 1 Contributions, gifts, grants, etc., received (attach schedule) 19,350 2 If the foundation is **not** required to attach Sch. B 4,871 4,885 3 Interest on savings and temporary cash investments 7,326 7,326 4 Dividends and interest from securities 5a Gross rents Net rental income or (loss) Stmt 1 -975 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 85,581 RACEIVED Capital gain net income (from Part IV, line 2) 30 Net short-term capital gain 0 3083 Q 9 Income modifications 2 4 2010 10a Gross sales less returns & allowances Less Cost of goods sold OGDEN, UT С Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 30,572 12,212 0 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc Operating and Administrative Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) Accounting fees (attach schedule) Stmt 2 Other professional fees (attach schedule) 4,605 4,605 17 Interest Taxes (attach schedule) (see page 14 of the instructions) Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (att sch) Total operating and administrative expenses. 4,605 4,605 Add lines 13 through 23 25 Contributions, gifts, grants paid 36,000 36,000 26 Total expenses and disbursements. Add lines 24 and 25 40,605 4,605 0 36,000 27 Subtract line 26 from line 12 -10,033 Excess of revenue over expenses and disbursements 7,607 Net investment income (if negative, enter -0-) 0 Adjusted net income (if negative, enter -0-)

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with 635,745 end-of-year figure reported on prior year's return) -10,033 2 Enter amount from Part I, line 27a 2 Other increases not included in line 2 (itemize) 3 625,712 Add lines 1, 2, and 3 4 Decreases not included in line 2 (itemize) ▶ 5 625,712 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

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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

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36,000

6

7

Add lines 5 and 6

Enter 1% of net investment income (1% of Part I, line 27b)

8 Enter qualifying distributions from Part XII, line 4

Part VI instructions on page 18

Form	990-PF (2009) Community Hospital Auxiliary 35-6595973			<u>P</u>	age 4
<u>P</u> a	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instruction	ons)			
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)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check				76
	here ▶ X 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-)				
3	Add lines 1 and 2				76
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-				76
6	Credits/Payments				
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a				
b	Exempt foreign organizations—tax withheld at source				
С	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld				
7	Total credits and payments Add lines 6a through 6d				
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				76
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
<u>11</u>	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ Refunded ▶ 11				
_ <u>Pa</u>	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	ļ		Yes	No
	participate or intervene in any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	l		'	
	of the instructions for definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				l
	published or distributed by the foundation in connection with the activities				
С	Did the foundation file Form 1120-POL for this year?		<u>1c</u>		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation > \$ (2) On foundation managers > \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers \$	ł			l
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	1			l
	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?	. , .	<u>4a</u>		X
b	·	/A	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		_	37	ļ
_	conflict with the state law remain in the governing instrument?		6	X	-
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV				├
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the				
	instructions) ► MA				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		٥.	v	
	(or designate) 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 on page				
40	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		40		x
	names and addresses	i	10	^ DE	

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	990-PF (2009) Community Hospital Auxiliary		595973	nued)		Р	age 6		
	During the year did the foundation pay or incur any amount to	720 May Be Re	equired (conti	nuea)					
Ja	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 494(2) Influence the outcome of any specific public election (see section 4955), or to determine the outcome.			Yes X No					
	directly or indirectly, any voter registration drive?	Yes X No							
	(3) Provide a grant to an individual for travel, study, or other similar purposes?								
	(4) Provide a grant to an organization other than a charitable, etc., organization described in								
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) Yes X No								
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes X No								
b									
J	Regulations section 53 4945 or in a current notice regarding disaster assistance (si	•		N/A	5b				
	Organizations relying on a current notice regarding disaster assistance check here		Structions)	▶ □					
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from								
•	because it maintained expenditure responsibility for the grant?	ino tan	N/A 🗍 🔻	Yes No					
	If "Yes," attach the statement required by Regulations section 53 4945-5(d)								
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay p	oremiums							
	on a personal benefit contract?		\Box	Yes X No					
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a person	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 shelter	er transaction?	\Box ,	Yes X No					
b	If yes, did the foundation receive any proceeds or have any net income attributable	to the transaction?		N/A	7b				
Pa	art VIII Information About Officers, Directors, Trustees, Fou	ındation Mana	gers, Highly I	Paid Employed	es,				
	and Contractors								
1 1	ist all officers, directors, trustees, foundation managers and their compensati	on (see page 22 o	f the instructions	s).					
	(a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (if not paid, enter devoted to position -0-) (d) Contributions to employee benefit plans and deferred compensation								
Se	e Statement 5								
2	Compensation of five highest-paid employees (other than those included on If none, enter "NONE"	line 1—see page 2	23 of the instruct	ions).					
	(a) Name and address of each employee paid more than \$50 000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		pense a r allowa			
NC	NE								
Tota	I number of other employees paid over \$50,000	<u>.</u> .	<u> </u>		<u> </u>	т.			
. 500						- 1			

Total. Add lines 1 through 3

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36,000

3b

4

6

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 (prior IRS approval required)

Cash distribution test (attach the required schedule)

Pa	irt XIII Undistributed Income (see page 26 of t	the instructions)	 ,		
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
	line 7				65
2	Undistributed income, if any, as of the end of 2009				
а	Enter amount for 2008 only				
b	Total for prior years 20, 20, 20				
3	Excess distributions carryover, if any, to 2009				
а	From 2004				
b	From 2005 1,710				
С	From 2006 2,049				
d	From 2007 8,311				
	From 2008 3,993				
_	Total of lines 3a through e	16,063			
4	Qualifying distributions for 2009 from Part XII,				
•	line 4 ▶ \$ 36,000				
9	Applied to 2008, but not more than line 2a				
	Applied to undistributed income of prior years				
D	(Election required—see page 26 of the instructions)				
_	Treated as distributions out of corpus (Election		· · · · · · · · · · · · · · · · · · ·		
C	· ·				
	required—see page 26 of the instructions)				65
	Applied to 2009 distributable amount	25 025			- 65
	Remaining amount distributed out of corpus	35,935			
5	Excess distributions carryover applied to 2009				
	(If an amount appears in column (d), the same				
_	amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:		·		
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	51,998			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				
С	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				
d	Subtract line 6c from line 6b Taxable				
	amount—see page 27 of the instructions				
е	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				ļ
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
	instructions)				}
8	Excess distributions carryover from 2004 not				
	applied on line 5 or line 7 (see page 27 of the				
	instructions)				
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a	51,998			
10	Analysis of line 9				
а	Excess from 2005 1,710				
b	Excess from 2006 2,049				
c	Excess from 2007 8 , 311				
d	Excess from 2008 3,993				
e	Excess from 2009 35,935	1			
	23,933	l	L		I

Part XV · Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, 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 See Statement 7 36,000 36,000 Total ▶ 3a Approved for future payment N/A Total ▶ 3b

F	Part XVI-A	Analysis of Income-Producing A	ctivities				
En	ter gross amo	unts unless otherwise indicated	Unrelated	business income	Excluded by s	ection 512, 513, or 514	(e)
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of
1	Program ser				_	-	the instructions)
	a				 		
			_			-	
			_		1		
				· · · · · · · · · · · · · · · · · · ·			
	f		_				
		d contracts from government agencies					
2	_	dues and assessments					
3	Interest on s	avings and temporary cash investments			14	4,871	
4	Dividends an	nd interest from securities			14	7,326	
5	Net rental ind	come or (loss) from real estate					
	a Debt-fina	anced property					
	b Not debt	-financed property					
6	Net rental inc	come or (loss) from personal property					
7	Other investi						
8	•	s) from sales of assets other than inventory			14	1	-976
9		or (loss) from special events					
	•	or (loss) from sales of inventory			+ +	+	
11		ue a	-		+ +		
			_				
	_		-				
	e		_				
12		d columns (b), (d), and (e)	-		0	12,198	-976
		ne 12, columns (b), (d), and (e)	<u> </u>		A	13	11,222
		in line 13 instructions on page 28 to verify calculation	ons)				
	Part XVI-B	Relationship of Activities to the		ent of Exempt F	Purposes		
	Line No.	Explain below how each activity for which income			_	nportantly to the	
	▼	accomplishment of the foundation's exempt purp	oses (other than by	providing funds for	such purposes	s) (See page 29 of t	he
		instructions)					
_	3	To provide financial as			-	1	
	4	scholarships to serve s					
	8	dependents of qualified					
	-	Foundation, Inc., d/b/a					
		tax exempt organization	under the	e interal	Revenue	code.	
_							
_							
_							· · · · · · · · · · · · · · · · · · ·
_				-			
							<u> </u>
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DA	A						Form 990-PF (2009

orm 990-	PF (200	9) Community	Hospi	tal Au	ıxiliaı	ry		35.	-6595	973			Pa	ge 1 3
Part X		Information Rega					ns an				onchar	ritable		
		Exempt Organiza	tions											
		anization directly or indir		=	_	-	_						Yes	No
		01(c) of the Code (other	than section	1 501(c)(3) o	rganizations)) or in section	on 527	, relating	to politica	al				,
•	ınızatıoı													1
		om the reporting founda	ition to a non	charitable e	xempt organi	ization of								
` '	Cash											1a(1)		X
` '	Other a											1a(2)	ļ	X
b Othe														
		f assets to a noncharita	•	-								1b(1)		X
		ses of assets from a nor			ıızatıon							1b(2)		X
		of facilities, equipment,	or other asse	ets								1b(3)	<u> </u>	X
• •		rsement arrangements										1b(4)	<u> </u>	X
		or loan guarantees		fundana.								1b(5)		X
		nance of services or me	-	_								1b(6)		X
	_	acilities, equipment, ma	•			•	(b) ob	مبياط ماسح	wa abaw	the four mark	o.t	<u> 1c</u>	i	
		er to any of the above is												
		goods, other assets, or transaction or sharing	_											
(a) Line		(b) Amount involved			ole exempt orga		Good					sharing arrange	ements	
1/A		(4)	(+)					<u>, , , , , , , , , , , , , , , , , , , </u>						
	_								-					
					•••								-	
		,												
													•	
											-			
							L							
2a Is th	e found	ation directly or indirect	ly affiliated w	ith, or relate	d to, one or r	more tax-ex	cempt c	organizati	ions					_
desc	cribed ii	n section 501(c) of the C	ode (other th	nan section :	501(c)(3)) or	in section 5	527?					X	es L	No
b If "Y	es," co	nplete the following sch	edule	,			,							
) Name of organization			ype of organiza	ation				c) Description				
Com	mun.	ity Hospital	<u>Aux</u>	501 (2) 3		Sa	me B	oard	of Dir	ecto	rs		
					_									
				ļ			ļ			 				
				L .										
Unde	er penalt	es of perjury, I declare that e, correct, and complete D	I have examine eclaration of pi	ed this return, reparer (other	including acco	ompanying sc or fiduciary)	hedules	and state	ments, and	I to the best of which prepare	my knowie r bas anv k	dge and mowledge		
	1		000		and an expansion	1 -11	1.00	2 0,7 0,1 11,10		_	den	_		
.	Supplier	e of officer or trustee	LLOW)		13/6	110	_	-	Fres	UE/	<u> </u>		
<u> </u>	Signatui	e of officer of trustee				Date				T		Preparer's identi	fvina	
Ξ	١,			. ~				Date		Check if		number (see Sig	nature	
Sign Here	골님	reparer's Jilly	()	. CD¥				047	27/10	self-employe	d ▶ ∐	page 30 of the in		. *
Sar Sar	ا ۾	, 5111	1. Jò né s McMahc		ssociat	tes CT	20.5			<u>′</u>	<u>_</u>	P00273	000	<u> </u>
Sign Paid Preparer's	SN F	irm's name (or yours if	10010			ces Cr	AS,	F.C	•		EIN .	35-143	222	11
"		elf-employed), address, nd ZIP code	Munst			21-397	16				EIN D	219-92		
			munst	CT, II	<u>, 4034</u>	<u> </u>	<u> </u>				☐ Phone no) <u> </u>	-1-3	-20

Form 990-PF (2009)

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

Schedule of Contributors

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

OMB No 1545-0047

2009

Name of the organization

Community Hospital Auxiliary Scholarship Trust

Employer identification number

35-6595973

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 See						
General Rule							
	g Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or contributor. Complete Parts I and II						
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 under 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and						
the year, aggregate cor	(8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during attributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or 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 r	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.						
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 190-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 190-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)							

Name of organization Community Hospital Auxiliary Employer identification number 35-6595973

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Community Hospital Auxiliary 901 MacArthur Blvd. Munster IN 46321	\$ 19,350	Person X 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
NO.	Name, address, and Zir + 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
		s	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)

Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

	Net Gain / Loss	-1,282	-414	-172	150	54	253	138	473	-976
	Gal	‹								φ
	Depreciation									0
	Expense	<i>γ</i>								\$ 0
	 	\$ 52	3.4	52	20	00	<u>ق</u>	92	[7	\$ 95
	Cost	6,362	4,134	1,452	6,360	3,500	17,239	1,092	46,417	86,556
How Received	Sale Price	Purchase 5,080 \$	Purchase 3,720	Purchase 1,280	Purchase 6,510	Purchase 3,554	Purchase 17,492	Purchase 1,054	Purchase 46,890	\$ 2,580 \$
	Date Sold	11/30/09 \$	st Large Cap 5/01/96 11/30/09	Cap 11/30/09	d Inco 3/31/09	Inc 6/30/09	West Fixed Inc 5/01/97 6/30/09	Inc 6/30/09	1/31/10	
Description	Date Acquired	urn Fd 11/01/05 11/30/09	dwest Large 5/01/96	west Large 6/01/96	idwest Fixed Inco 10/01/96 3/31/09	dwest Fixed Inc 10/01/96 6/30/09	Midwest Fix 5/01/97	dwest Fixed 10/01/01	g Various	
۵	Whom Sold	61 sh FMB Total Return Fd	160.075 sh First Midwest Large Cap 5/01/96 11/30	55.078 sh First Midwest Large Cap 6/01/96 11/30/09	615.8610 sh First Midwest Fixed Inco 10/01/96 3/31/	336.663 sh First Midwest Fixed Inc 10/01/96 6/30	1657.0870 sh First Midwest Fixed Inc 5/01/97 6/30/	99.8730 sh First Midwest Fixed Inc 10/01/01 6/30/09	Federated Govt Oblig	Total

Statement 2 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Charitable Purpose	₩.	8
Adjusted Net	S	0
Net Investment	4,605	4,605
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Total	4,605	4,605
	ა	φ.
Description	Investment Fees	Total

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Federal Statements

Statement 3 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description	_						
	_	Beginning of Year		End of Year	Basis of Valuation	_	Fair Market Value
	\$_	492,052	\$_	492,124	Cost	\$_	387,056
Total	\$	492,052	\$_	492,124		\$_	387,056

Statement 4 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments

Description	on						
	_	Beginning of Year	_	End of Year	Basis of Valuation	_	Fair Market Value
	\$	26,413	\$	90,529	Cost	\$	91,167
Total	\$	26,413	\$	90,529		\$	91,167

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Federal Statements

Statement 6 - Form 990-PF, Part X, Line 4 - Cash Deemed Held - Greater Amount Explanation

Description	Amount
Cash balances necessary to meet the needs of the	
foundation's expenses and charitable disbursements	40,616
Total	40,616

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Name	35-6595973	Fede	Federal Statements	ments		
Name Address Address Amonganish	Statem	<u> </u>	<u>Line 3a - Gra</u> <u>Year</u>	nts and Contributions F	aid During the	
Address Relationship Status Purpose Among Ray Jobbin Baylor University Scholarship Scholarship Among Zegaczawski Purdue U Calumet Scholarship Scholarship Among Lindiangolis IN 46202 Indiana U Scholarship Scholarship Among Bloomington IN 4705 Indiana U Scholarship Scholarship Among Bloomington IN 4705 Indiana U Scholarship Scholarship Among Bloomington IN 4706 Bloomington IN 4706 Bloomington IN 4706 Bloomington IN 4706 Scholarship Scholarship Bloomington IN 4706 Bloomington IN 4706 Indiana U Scholarship Scholarship Bloomington IN 4706 Indiana U Scholarship Scholarship Scholarship Bloomington IN 4706 Indiana U Scholarship Scholarship Among Indiana U Bloomington IN 4706 Indiana U Scholarship Scholarship Among Indiana U Bloomington IN 4706 Indiana U Scholarship Scholarship Among Indiana	Name	Address				
thy J Dooin Baylor University Scholarship Mago TX 7578 Purdue U Calumet Scholarship Mago Zeawaki Purdue U Calumet Scholarship Indianapolis IN 46202 Indiana U Scholarship Alsomington IN 47405 Butler U Scholarship Alsomington IN 47405 Butler U Scholarship Alsomington IN 47405 Butler U Scholarship Mest Lafayete IN 47907 Durdue U Scholarship Mest Lafayete IN 47907 Indianapolis Scholarship Mest Lafayete IN 47907 Indianapolis Scholarship Mest Lafayete IN 47907 Indiana U Scholarship Mest Lafayete IN 4700 Indiana U Scholarship Mest Lafayete IN 4700 Marquette U Scholarship Most Garan Mest Lafayete IN 4700 Marquette U Scholarship Milwalkee Wi 5201 Indiana U <	Address	Relationship	Status	Pur	bose	Amount
Segocia case Sego	Timothy J Dobin Waco TX 76798	Baylor University		Scholarship		1,500
N 46202	~ 본	D 0		Scholarship		1,500
147405 Indiana U Scholarship Scholarship Indiana U Scholarship Scholarship Indiana U Scholarship Scholarship Butler U Scholarship Purdue U Scholarship	lary M Goff Indianapolis IN 46202			Scholarship		1,500
Indiana U Scholarship Scholarship Scholarship Scholarship Butler U Scholarship Furdue U Scholarship Furdue U Scholarship Scholarship Scholarship Scholarship Scholarship Scholarship Marquette U Scholarship	-			Scholarship		1,500
Indiana U 46208 Butler U A 47907 N 47907 U of Indianapolis 556 Indiana U Indiana U In Northwest IU Northwest IU Northwest IU Northwest IU Northwest Scholarship	cy J Lesniewski Bloomington IN 47405			Scholarship		1,500
Butler U Scholarship Purdue N 47907 W 47907 U of Indianapolis Scholarship Scholarship A6227 University of Notre Dame Scholarship A105 Marquette U Indiana U T405 Purdue U Calumet Scholarship IU Northwest IU Northwest IU Northwest Scholarship IVY Tech Community Coll Scholarship	iel Gardner Bloomington IN 47405	ď		Scholarship		1,500
Purdue U Purdue N 47907 U of Indianapolis Scholarship Scholarship Scholarship T405 Indiana U Scholarship Scholarship Scholarship IU Northwest Scholarship IU Northwest Scholarship Scholarship Scholarship Scholarship IU Northwest Scholarship Scholarship Scholarship Scholarship Scholarship Scholarship Scholarship IU Northwest Scholarship	iel W Balcerak Indianapolis IN 46208	Butler U		Scholarshıp		1,500
Purdue N 47907 U of Indianapolis Scholarship Scholarship Scholarship Marquette U Indiana U 7405 Purdue U Calumet Scholarship IU Northwest IU Northwest IU Northwest Scholarship	eph R Flores West Lafayette IN 479			Scholarship		1,500
IN 46227 University of Notre Dame Scholarship 14656 Indiana U 53201 Indiana U Indiana	xander M Matushek West Lafayette IN 479	Purdue]7		Scholarship		1,500
University of Notre Dame Scholarship Scholarship Indiana U Scholarship Scholarship Indiana U Scholarship Scholarship Purdue U Calumet Scholarship IU Northwest Scholarship IVY Tech Community Coll Scholarship Scholarship IVY Tech Community Coll Scholarship	a F Lesniewski Indianapolis IN 46227	ndlanapolis		Scholarship		1,500
Indiana U Scholarship State I indiana U N 47405 Nurdue U Calumet Scholarship Scholarship Scholarship IU Northwest IU Northwest Scholarship	ā		ne	Scholarship		1,500
Marquette U 53201 Indiana U Scholarship Scholarship Scholarship IU Northwest IVY Tech Community Coll Scholarship Scholarship Scholarship Scholarship Scholarship Scholarship Scholarship Scholarship Scholarship	nony Gomex Bloomington IN 47405			Scholarship		1,500
Indiana U Scholarship Purdue U Calumet Scholarship IU Northwest IVY Tech Community Coll Scholarship IU Northwest Scholarship Scholarship Scholarship Scholarship				Scholarship		1,500
Scholarship IU Northwest is IU Northwest IVY Tech Community Coll Scholarship IU Northwest Scholarship Scholarship	istina M Roth Bloomington IN 47405	Indiana U		Scholarship		1,500
46408 razaitis IU Northwest Scholarship 46408 as IVY Tech Community Coll Scholarship te IN 47903 irez IU Northwest Scholarship 46408	nael Pankowski Hammond IN 46323	Furdue U Calumet		Scholarship		1,500
IU Northwest IVY Tech Community Coll Scholarship IU Northwest Scholarship	an Krumm Gary IN 46408	10 Northwest		Scholarship		1,500
IVI Tech Community Coll N 47903 IU Northwest Scholarship	zabeth Brazaitis Gary IN 46408	4	_	Scholarship		1,500
10 NOICHWESC 8 Scholarship	e K Thomas Lafayette IN 47903	munıcy	-1	Scholarship		1,500
	nael kamirez Gary IN 46408	io nortnwest		Scholarship		1,500

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Statement 7 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

Name	Address			
Address	Relationship St.	Status P _L	Purpose	Amount
Joshua Yarbrough	IVY Tech Commumity Coll	Scholarship		1,500
Erica Yarbrough	IVY Tech Community Coll			
Lafayette IN 47903	1	Scholarship		1,500
Sara Nashkoff	U of Southern Indiana			
Evansville IN 47712		Scholarship		1,500
Justin Mulesa	St. Louis College of Phar			
St. Louis MO 63110		Scholarship		1,500
Nancy Lesniewski	Indiana University			
Bloomington IN 47405		Scholarship		1,500
Total				36,000