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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2009**Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)  
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.**Open to Public Inspection****A** For the 2009 calendar year, or tax year beginning 10/01, 2009, and ending 9/30, 2010

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Please use IRS label or print or type. See Specific Instructions. <b>ALLEN COUNTY BAR FOUNDATION, INC.</b> 924 SOUTH CALHOUN STREET FORT WAYNE, IN 46802	<b>D</b> Employer identification number 35-1801471
		<b>E</b> Telephone number 260-423-2359
		<b>F</b> Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**I** Website: ▶ N/A**J** Tax-exempt status (check only one) — ☒ 501(c) ( 3 ) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 40,667.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>REVENUE</b>	1	Contributions, gifts, grants, and similar amounts received	1	1,720.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	38,947.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
6b	Less: direct expenses other than fundraising expenses	6b		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ _____)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	40,667.	
<b>EXPENSES</b>	10	Grants and similar amounts paid (attach schedule)	10	11,000.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	3,273.
	13	Professional fees and other payments to independent contractors	13	675.
	14	Occupancy, rent, utilities, and maintenance	14	27,108.
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ <u>SEE STATEMENT 2</u> )	16	309.
	17	<b>Total expenses.</b> Add lines 10 through 16	17	42,365.
<b>ASSETS</b>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,698.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	243,393.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	241,695.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	49,474.	45,465.
23 Land and buildings	197,048.	190,436.
24 Other assets (describe ▶ <u>SEE STATEMENT 3</u> )	7,767.	5,794.
25 <b>Total assets</b>	254,289.	241,695.
26 <b>Total liabilities</b> (describe ▶ <u>SEE STATEMENT 4</u> )	10,896.	0.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	243,393.	241,695.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

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<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (See the instructions.)
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## Expenses

What is the organization's primary exempt purpose? SEE STATEMENT 5

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others)

28 TO AWARD GRANTS FOR EDUCATION REGARDING LAW AND THE LEGAL SYSTEM.

(Grants \$ 11,000.) If this amount includes foreign grants, check here

28a	11,000.
-----	---------

29

(Grants \$ \_\_\_\_\_) If this amount includes foreign grants, check here

**29 a**

30

(Grants \$ ) If this amount includes foreign grants, check here

30 a

**31** Other program services (attach schedule)

(Grants \$ ) If this amount includes foreign grants, check here

31 a

**32 Total program service expenses** (add lines 28a through 31a)

32	11,000.
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<b>Part IV</b>	<b>List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated. (See the instrs.)
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[illegible]

**Part V Other Information** (Note the statement requirements in the instrs for Part V.)

SEE STATEMENT 7

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b> Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	X	
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	X	
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>▶</b> <u>37a</u> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <b>38b</b> N/A		
<b>39</b> Section 501(c)(7) organizations. Enter.		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b> N/A		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b> N/A		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.		
section 4911 <b>▶</b> 0., section 4912 <b>▶</b> 0., section 4955 <b>▶</b> 0.		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I <b>40b</b>		X
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>▶</b> 0.		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <b>▶</b> 0.		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T <b>40e</b>		X
<b>41</b> List the states with which a copy of this return is filed <b>▶</b> IN		

**42a** The organization's books are in care of **▶** MARIBETH LEININGER Telephone no **▶** 260-423-2359  
 Located at **▶** 924 SOUTH CALHOUN STREET FORT WAYNE IN ZIP + 4 **▶** 46802

**b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **42b**

Yes	No
	X

If 'Yes,' enter the name of the foreign country **▶** \_\_\_\_\_

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**

**c** At any time during the calendar year, did the organization maintain an office outside of the U S ? **42c**

Yes	No
	X

If 'Yes,' enter the name of the foreign country: **▶** \_\_\_\_\_

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here **▶** ☐ N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year **▶** **43** N/A

	Yes	No
<b>44</b> Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

**Part VI** Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.**46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
<b>46</b>		X
<b>47</b>		X
<b>48</b>		X
<b>49a</b>		X
<b>49b</b>		

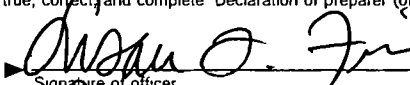
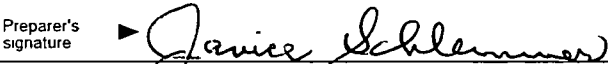
**47** Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E**49a** Did the organization make any transfers to an exempt non-charitable related organization?**b** If 'Yes,' was the related organization a section 527 organization?**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

**f** Total number of other employees paid over \$100,000**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

**d** Total number of other independent contractors each receiving over \$100,000

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		May 13, 2011 Date	
	Susan L. Firestone Type or print name and title			
<b>Paid Preparer's Use Only</b>	Preparer's signature	 Date 5/4/11		Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self employed), address, and ZIP + 4	BADEN, GAGE & SCHROEDER, LLC 6920 POINTE INVERNESS WAY #300 FORT WAYNE, IN 46804-7926		N/A
		EIN	N/A	
		Phone no	260-422-2551	

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2009)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	12,185.	16,207.	4,943.	2,352.	1,720.	37,407.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
<b>3</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
<b>4 Total.</b> Add lines 1-through 3	12,185.	16,207.	4,943.	2,352.	1,720.	37,407.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
<b>6 Public support.</b> Subtract line 5 from line 4						37,407.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	12,185.	16,207.	4,943.	2,352.	1,720.	37,407.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	40,412.	1,062.	1,714.	562.	97.	43,847.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) SEE PART IV			10,441.	18,700.	11,742.	40,883.
<b>11 Total support.</b> Add lines 7 through 10						122,137.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	0.

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	30.6 %
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	36.3 %

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

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

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

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

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

BAA

Schedule A (Form 990 or 990-EZ) 2009

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17	<b>18</b>	%
<b>19a 33-1/3 support tests – 2009.</b> If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
<b>b 33-1/3 support tests – 2008.</b> If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. <input type="checkbox"/>		



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

**PART II, LINE 17A - 10% FACTS AND CIRCUMSTANCES TEST - 2009**

PUBLIC SUPPORT RECEIVED BY THE ALLEN COUNTY BAR FOUNDATION EXCEEDS TEN PER CENT OF  
THE TOTAL SUPPORT RECEIVED BY THE ORGANIZATION AND THE ORGANIZATION HAS BEEN OPERATED  
TO ATTRACT PUBLIC SUPPORT ON A CONTINUOUS BASIS.

ALLEN COUNTY BAR FOUNDATION, INC.

35-1801471

**STATEMENT 1**  
**FORM 990-EZ, PART I, LINE 10**  
**GRANTS AND SIMILAR AMOUNTS PAID**

DONEE'S NAME:	WE THE PEOPLE FORT WAYNE, IN 46802		
CASH AMOUNT GIVEN:		\$	4,000.
DONEE'S NAME:	ALLEN COUNTY BAR ASSOCIATION FORT WAYNE, IN 46802		
CASH AMOUNT GIVEN:		\$	2,500.
DONEE'S NAME:	TRI-STATE UNIVERSITY ANGOLA, IN 46703		
CASH AMOUNT GIVEN:		\$	500.
DONEE'S NAME:	INDIANA UNIVERSITY BLOOMINGTON, IN 47405		
CASH AMOUNT GIVEN:		\$	1,000.
DONEE'S NAME:	INDIANA UNIVERSITY INDIANAPOLIS, IN 46202		
CASH AMOUNT GIVEN:		\$	1,000.
DONEE'S NAME:	VALPARAISO UNIVERSITY VALPARAISO, IN 46383		
CASH AMOUNT GIVEN:		\$	1,000.
DONEE'S NAME:	UNIVERSITY OF NOTRE DAME NOTRE DAME, IN 46556		
CASH AMOUNT GIVEN:		\$	1,000.

**STATEMENT 2**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

DUES & SUBSCRIPTIONS	\$	150.
FUNDRAISING EXPENSE		87.
INCOME TAXES		33.
OFFICE EXPENSES		39.
<b>TOTAL</b>	<b>\$</b>	<b><u>309.</u></b>

**STATEMENT 3**  
**FORM 990-EZ, PART II, LINE 24**  
**OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
FURNITURE AND FIXTURES	\$ 7,767.	\$ 5,794.
<b>TOTAL</b>	<b><u>\$ 7,767.</u></b>	<b><u>\$ 5,794.</u></b>

ALLEN COUNTY BAR FOUNDATION, INC.

35-1801471

**STATEMENT 4**  
**FORM 990-EZ, PART II, LINE 26**  
**TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 135.	\$ 0.
SECURED MORTGAGES AND NOTES PAYABLE	10,761.	0.
<b>TOTAL</b>	<b>\$ 10,896.</b>	<b>\$ 0.</b>

**STATEMENT 5**  
**FORM 990-EZ, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

TO ESTABLISH, SUPPORT, AND CONDUCT PROGRAMS AND ACTIVITIES TO PROMOTE THE UNDERSTANDING OF LAW AND EFFECTIVE DELIVERY OF LEGAL SERVICES. TO AWARD AND SUPPORT SCHOLARSHIPS TO STUDY LAW AT ACCREDITED LAW SCHOOLS.

**STATEMENT 6**  
**FORM 990-EZ, PART IV**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
DAVID AVERY 924 SOUTH CALHOUN STREET FORT WAYNE, IN 46802	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
CRAIG FINLAYSON 924 SOUTH CALHOUN STREET FORT WAYNE, IN 46802	DIRECTOR 1.00	0.	0.	0.
JOHN D. KITCH III 924 SOUTH CALHOUN STREET FORT WAYNE, IN 46802	DIRECTOR 1.00	0.	0.	0.
BRANCH LEW 924 SOUTH CALHOUN STREET FORT WAYNE, IN 46802	DIRECTOR 1.00	0.	0.	0.
DANIEL MCNAMARA 924 SOUTH CALHOUN STREET FORT WAYNE, IN 46802	DIRECTOR 1.00	0.	0.	0.
DAVID SCOTT 924 SOUTH CALHOUN STREET FORT WAYNE, IN 46802	DIRECTOR 1.00	0.	0.	0.
OTTO BONAHOOM 924 SOUTH CALHOUN STREET FORT WAYNE, IN 46802	VICE PRESIDENT 1.00	0.	0.	0.

ALLEN COUNTY BAR FOUNDATION, INC.

35-1801471

## STATEMENT 6 (CONTINUED)

## FORM 990-EZ, PART IV

## LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MARTIN SEIFERT 924 SOUTH CALHOUN STREET FORT WAYNE, IN 46802	VICE PRESIDENT 1.00	\$ 0.	\$ 0.	\$ 0.
JOHN BRANDT 924 SOUTH CALHOUN STREET FORT WAYNE, IN 46802	DIRECTOR 1.00	0.	0.	0.
STEPHEN SIMMONS 924 SOUTH CALHOUN STREET FORT WAYNE, IN 46802	DIRECTOR 1.00	0.	0.	0.
C. ERIK CHICKEDANTZ 924 SOUTH CALHOUN STREET FORT WAYNE, IN 46802	DIRECTOR 1.00	0.	0.	0.
MARK WARSCO 924 SOUTH CALHOUN STREET FORT WAYNE, IN 46802	PRESIDENT 2.00	0.	0.	0.
SUSAN FIRESTONE 924 SOUTH CALHOUN STREET FORT WAYNE, IN 46802	SECRETARY/TREAS 1.00	0.	0.	0.
MARIBETH LEININGER 924 SOUTH CALHOUN STREET FORT WAYNE, IN 46802	EXECUTIVE DIREC 2.50	3,273.	0.	0.
	TOTAL	\$ 3,273.	\$ 0.	\$ 0.

## STATEMENT 7

## FORM 990-EZ, PART V

## REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

2009

## SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

ALLEN COUNTY BAR FOUNDATION, INC.

35-1801471

## PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2009	2008	2007	2006	2005
TOTAL	\$ 0.	\$ 0.	\$ 0.	\$ 0.	\$ 0.

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

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service► **File a separate application for each return.**

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

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ► ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

<b>Type or print</b>	Name of exempt organization <b>ALLEN COUNTY INDIANA BAR ASSOCIATION</b>	Employer identification number <b>35-0989957</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P.O. box, see instructions <b>924 SOUTH CALHOUN STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>FORT WAYNE, IN 46802</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

03

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► MARIBETH LEININGER

Telephone No. ► 260-423-2359

FAX No. ► \_\_\_\_\_

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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 5/15, 20 12, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for.

- ☐ calendar year 20 \_\_\_\_ or  
 ► ☒ tax year beginning 10/01, 20 10, and ending 9/30, 20 11.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason. ☐ Initial return ☐ Final return  
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**BAA For Paperwork Reduction Act Notice, see Instructions.**Form **8868** (Rev. 1-2011)