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## Form 990-PF

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

OMB No 1545-0052

2009

Department of the Treasury Internal Revenue Service

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

For	calenda	ar year 2009, or tax year beginning 10/01/09, a	ina enaing 09/3	0/10		<del></del>	
G C	heck al		turn of a former public	·		Final return	
	the IRS		ress change	Name		loyer identification num	ber
	erwise,	a /a strate compat blum			B Telep	hone number (see page 10	of the instructions)
	orint	Number and street (or P O box number if mail is not delivered	to street address)	Room/suite		4-236-2000	
	⁺type. Specifi	P.O. BOX 1602			1	mption application is pendi	· . —
	uctions	only or town, oute, and an oods	46634			reign organizations, check	_
		pe of organization: X Section 501(c)(3) exempt private			1	reign organizations meetin % test, check here and att	·
	_	· - — · · ·	e private foundation			ate foundation status was	
		et value of all assets at end J Accounting method:		rual	-1	n 507(b)(1)(A), check here	L
		rom Part II, col. (c), Other (specify)			F If the	foundation is in a 60-montl	n termination
	ie 16) ▶	4.70	be on cash basis)		under	section 507(b)(1)(B), chec	ck here
Pa	art I	Analysis of Revenue and Expenses (The	(a) Revenue and				(d) Disbursements
		total of amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books	(b) Net in	vestment ome	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see page 11 of the instructions) )			J.II.C		(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)					
	2	Check   if the foundation is not required to attach Sch B					
		Interest on savings and temporary cash investments					
		Dividends and interest from securities	10,096	<del></del>	10,096	10,096	
		Gross rents					
E		Net rental income or (loss)	16 676				
Revenue		Net gain or (loss) from sale of assets not on line 10	-15,575				
		Gross sales price for all assets on line 6a 54,950			0		<u> </u>
		Capital gain net income (from Part IV, line 2)  Net short-term capital gain				0	
		Income modifications RECEIVED				-	
	10a	Gross sales less returns & allowances					<u></u>
	ا ا	Less Cost of goods sold					
	C	Gross profit or (loss) (attachtschedule) 2010					
	11	Other income (attach schedule) STMT 1	650			650	
	1	Total. Add lines 1 through 12DFN UT	-4,829		10,096	10,746	
	13	Compensation of officers, directors, trustees, etc	4,787		957		3,829
Ses	14	Other employee salanes and wages					
	1	Pension plans, employee benefits				<u>-</u>	
4.X	1	Legal fees (attach schedule) SEE STMT 2	5,027		2,011		3,016
	1	Accounting fees (attach schedule) STMT 3	1,350		1,080		270
ڇنڍ		Other professional fees (attach schedule)					
UEC I Operating and Administrative	1	Interest		<b> </b>			<del>-</del>
<u>ığ.</u>		Taxes (attach schedule) (see page 14 of the instructions)		1			<u> </u>
E		Depreciation (attach schedule) and depletion					-
¥	1	Occupancy Travel, conferences, and meetings					
2	ł .	Printing and publications	. –				
Ø En	l .	Other expenses (att sch )				-	
ij		Total operating and administrative expenses.					
īa	ľ	Add lines 13 through 23	11,164		4,048		7,115
þ	1	Contributions, gifts, grants paid	35,000				35,000
		Total expenses and disbursements. Add lines 24 and 25	46,164		4,048	0	42,115
		Subtract line 26 from line 12:					_
	а	Excess of revenue over expenses and disbursements	-50,993				
	b	Net investment income (if negative, enter -0-)		<u> </u>	6,048		
	_c_	Adjusted net income (if negative, enter -0-)				10,746	

	Part I	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	E	<u>nd of</u>	year
_	aiti	should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value		(c) Fair Market Value
	1	Cash—non-interest-bearing	2,147	3	97	397
	2	Savings and temporary cash investments			$\dashv$	
	3	Accounts receivable ▶				
		Less. allowance for doubtful accounts ▶			$\dashv$	
	4	Pledges receivable ▶				
		Less allowance for doubtful accounts ▶			$\dashv$	
	5	Grants receivable			$\perp$	
	6	Receivables due from officers, directors, trustees, and other			-	
		disqualified persons (attach schedule) (see page 16 of the			ı	
		instructions)				
	7	Other notes and loans receivable (att. schedule)	•			
		Less allowance for doubtful accounts ▶				
ţ	8	Inventones for sale or use				<u> </u>
Assets	9	Prepaid expenses and deferred charges		-		
As	10a	Investments—U S. and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule) SEE STMT 4	503,070	453,8	27	449,643
	С	Investments—corporate bonds (attach schedule)		-		
	11	Investments—land, buildings, and equipment, basis				
		Less accumulated depreciation (attach sch.)				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)				
	14	Land, buildings, and equipment basis		-		
		Less accumulated depreciation (attach sch )			- }	
	15	Other assets (describe				
	16	Total assets (to be completed by all filers—see the				
		instructions. Also, see page 1, item I)	505,217	454,2	24	450,040
	17	Accounts payable and accrued expenses	,		$\neg$	
	18	Grants payable			$\neg$	
Liabilities	19	Deferred revenue				
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons				
ab	21	Mortgages and other notes payable (attach schedule)			$\neg$	
I	22	Other liabilities (describe ▶ )			$\neg$	
	23	Total liabilities (add lines 17 through 22)	0		0	
		Foundations that follow SFAS 117, check here				
ces		and complete lines 24 through 26 and lines 30 and 31.				
Š	24	Unrestricted				
Net Assets or Fund Balan	25	Temporanly restricted				
ä	26	Permanently restricted				
pu		Foundations that do not follow SFAS 117, check here X				
F		and complete lines 27 through 31.				
5	27	Capital stock, trust principal, or current funds	505,217	454,2	24	
ts	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
se	29	Retained earnings, accumulated income, endowment, or other funds				
As	30	Total net assets or fund balances(see page 17 of the				
et		instructions)	505,217	454,2	24	
Z	31	Total liabilities and net assets/fund balances(see page 17				
		of the instructions)	505,217	454,2	24	
	Part I	Analysis of Changes in Net Assets or Fund Balances				
1	Total	net assets or fund balances at beginning of year—Part II, column (a), line 30 (mu	ist agree with			
	end-c	of-year figure reported on prior year's return)		<u> </u>	1_	505,217
2	Enter	amount from Part I, line 27a		<u>L</u>	2	-50,993
3	Othe	rincreases not included in line 2 (itemize)		. L	3	
4	Add I	ines 1, 2, and 3		<u> </u>	4	<u>454,224</u>
		eases not included in line 2 (itemize)		—	5	
_6	Total	net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (	b), line 30		6	454,224

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Part IV Capital Gains a	nd Losses for Tax on Investme	ent Inc	ome				
	be the kind(s) of property sold (e.g., real estate, ehouse, or common stock, 200 shs MLC Co.)			(b) How acquired P—Purchase D—Donation		ate acquired o , day, yr )	(d) Date sold (mo , day, yr )
1a SEE WORKSHEET							
							<u> </u>
_c							
_d							
<u>e</u>							
(e) Gross sales price	(f) Depreciation allowed (or allowable)		(g) Cost or plus exper			(h) Gain (e) plus (f)	
<u>a</u>							
<u>b</u>							
		ļ		-			
d		<del> </del>					
<u>e</u>			40/04/0	20			<u> </u>
Complete only for assets snowin	ig gain in column (h) and owned by the fi	oundation				(I) Gains (Col	
(ı) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		(k) Excess over col	''		Losses (fro	ess than -0-) or om col (h))
<u>a</u>		ļ					<del>.</del> _
<b>b</b>							
С							
d		_					
е	<u></u>	L					_
2 Capital gain net income or (net c	eapital loss)  If gain, also enter in If (loss), enter -0- in				2		-15,575
3 Net short-term capital gain or (lo	ss) as defined in sections 1222(5) and (6	6):					
If gain, also enter in Part I, line 8	3, column (c) (see pages 13 and 17 of the	e instructi	ions)				
If (loss), enter -0- in Part I, line 8					3		
Part V Qualification U	<u>nder Section 4940(e) for Reduc</u>	ced Tax	<u>con Net l</u>	nvestment Inco	me		
If "Yes," the foundation does not qua	ction 4942 tax on the distributable amour alify under section 4940(e) Do not comp each column for each year, see page 18	lete this p	art			No	
(a)  Base period years  Calendar year (or tax year beginning	(b) Adjusted qualifying distribution	ns	Net value o	(c) of noncharitable-use ass	ets		(d) ibution ratio ivided by col (c))
2008	,	,998		479,		(60) (6) (6	0.077222
2007		,487		577,			0.064867
2006		,124		628,			0.067074
2005		,665		519,			0.087983
2004		,794		422,			0.110803
		<del></del>		4			
2 Total of line 1, column (d)		lina 2 hiv	 5 or by tho		-	2	0.407949
_	5-year base period—divide the total on has been in existence if less than 5 year		o, or by are			3	0.081590
4 Enter the net value of nonchanta	able-use assets for 2009 from Part X, line	e 5 <sub>.</sub>				4	452,218
5 Multiply line 4 by line 3						5	36,896
6 Enter 1% of net investment inco	me (1% of Part I, line 27b)					6	60
7 Add lines 5 and 6	·					7	36,956
•	n Part VII. line 4						42,115
·	ก Part XII, line 4 in line 7, check the box in Part VI, line 1t	b, and co	mplete that	part using a 1% tax	L rate Se	ee the	
Part VI instructions on page 18	<del>-</del>						Form <b>990-PF</b> (2009)

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chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

X

orn	n 990-PF (2009) <b>HUFF ANIMAL</b>			540017			P	age <b>6</b>
P	art VII-B Statements Regard	ding Activities for Which For	<u>m 4720 May Be F</u>	Required (cont	inued)			
5a	During the year did the foundation pay	or incur any amount to:						
	(1) Carry on propaganda, or otherwise	attempt to influence legislation (section	on 4945(e))?	<u> </u>	′es 🗶 No			
	(2) Influence the outcome of any spec	ific public election (see section 4955),	or to carry on,					
	directly or indirectly, any voter regi	stration drive?			′es 🗶 No			
	(3) Provide a grant to an individual for	travel, study, or other similar purpose	s?		′es 🛛 No			
	(4) Provide a grant to an organization	• •		_				
	• •	ction 4940(d)(2)? (see page 22 of the i		П	es X No			
	(5) Provide for any purpose other than							
	purposes, or for the prevention of o	-	, or oddodaonar		es X No			
ь	If any answer is "Yes" to 5a(1)-(5), did	-	inder the excentions d		C3 <u></u> 110			
	Regulations section 53.4945 or in a cul	• • • • • • • • • • • • • • • • • • • •	•		N/A	5b		
	-			ie iristructions),		30		
_	Organizations relying on a current notic	• •						
С	If the answer is "Yes" to question 5a(4)		n from the tax	n/a 🗌	. 🗆			
	because it maintained expenditure resp			N/A 📙 1	′es 📙 No			
_	If "Yes," attach the statement required							
6a	Did the foundation, during the year, rec	eive any funds, directly or indirectly, t	o pay premiums		. 🔂 .			
	on a personal benefit contract?				′es 🗶 No			
b	Did the foundation, during the year, pa	y premiums, directly or indirectly, on a	personal benefit conti	ract?		6b		<u> </u>
	If "Yes" to 6b, file Form 8870							
7a	At any time during the tax year, was th	e foundation a party to a prohibited ta:	x shelter transaction?	<u> </u>	′es 🔀 No			
b	If yes, did the foundation receive any p	roceeds or have any net income attrib	outable to the transacti	on?_	N/A	7b		
Pa	art VIII Information About C	Officers, Directors, Trustees,	Foundation Man	agers, Highly	Paid Employe	ees,		
	and Contractors							
1 1	List all officers, directors, trustees, for	undation managers and their comp	ensation (see page 2	2 of the instruction	ons).			
			(b) Title, and average	(c) Compensation	(d) Contributions to	١.,_		
	(a) Name and	i address	hours per week	(If not paid, enter	employee benefit plans and deferred		pense ao r allowar	
			devoted to position	-0-)	compensation			
F	IRST SOURCE BANK	SOUTH BEND	TRUSTEE					
10	00 N MICHIGAN STREET	IN 46634	0.00	4,787	0			0
MZ	ARGARET HUFF	SOUTH BEND	PRESIDENT					
64	150 MIAMI CIR	IN 46614	0.00	0	o			0
				. —				
2	Compensation of five highest-paid e	mployees (other than those include	ed on line 1—see nac	e 23 of the instru	ictions)	1		
_	If none, enter "NONE."	mproyect (carer and a more more)	a con more con pag	,				
			43.70		(d) Contributions to			
	(a) Name and address of each emp	lovee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit		pense ad	
	(,	,	devoted to position	(0) 00	plans and deferred compensation	othe	r allowar	nces
NIC	ONE				on pondadin			
MC	JNE							
		<del></del>						
						<del>  -</del>		
		•						
						<del>                                     </del>		
	I number of other employees paid over \$	250 000		<u> </u>		<u> </u>	Т	
ora	i anamer ar omer emblovees bald over 3	A: U I I I I I I I I				•		

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Form 990-PF (2	009) HUFF ANIMAL PROTECTION TRUST	38-6540017	Page <b>7</b>
Part VIII	Information About Officers, Directors, Trustees, Found		mployees,
	and Contractors (continued)		
3 Five high	est-paid independent contractors for professional services (see page 2	23 of the instructions). If none, enter "	NONE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
	<u> </u>		
	· · ·		
Total number of	others receiving over \$50,000 for professional services		•
Part IX-A	Summary of Direct Charitable Activities		
	Summary of Direct Charitable Activities		
	on's four largest direct chantable activities during the tax year. Include relevant statistical in d other beneficiaries served, conferences convened, research papers produced, etc.	formation such as the number of	Expenses
1 N/A		· · · · · · · · · · · · · · · · · · ·	-
2			_
_			•
3			
_			
4			
	• •		
		•	
Part IX-B	Summary of Program-Related Investments (see page	24 of the instructions)	<u> </u>
Describe the two	largest program-related investments made by the foundation during the tax year on lines		Amount
1 N/A			
2			
	·		
	·		
All other program	n-related investments. See page 24 of the instructions		
2			

**•** 

Total. Add lines 1 through 3

Form 990-PF (2009) HUFF ANIMAL PROTECTION TRUST 38-6540017 Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes Average monthly fair market value of securities 457,832 1a 1b b Average of monthly cash balances Fair market value of all other assets (see page 24 of the instructions) 1c С 459,105 1d d Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and 0 1c (attach detailed explanation) 1e 2 Acquisition indebtedness applicable to line 1 assets 459,105 3 Subtract line 2 from line 1d 3 Cash deemed held for charitable activities Enter 11/2 % of line 3 (for greater amount, see page 25 of 6,887 the instructions) 452,218 5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 5 22,611 Minimum investment return. Enter 5% of line 5 Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating Part XI foundations and certain foreign organizations check here | and do not complete this part ) 22,611 Minimum investment return from Part X, line 6 60 Tax on investment income for 2009 from Part VI, line 5 2a Income tax for 2009. (This does not include the tax from Part VI.) 2b C Add lines 2a and 2b 2c 22,551 3 Distributable amount before adjustments Subtract line 2c from line 1 3 4 4 Recoveries of amounts treated as qualifying distributions 22,551 5 5 Add lines 3 and 4 Deduction from distributable amount (see page 25 of the instructions) 6 7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, 22,551 line 1 Qualifying Distributions (see page 25 of the instructions) Part XII Amounts paid (including administrative expenses) to accomplish chantable, etc., purposes: 42,115 Expenses, contributions, gifts, etc —total from Part I, column (d), line 26 1a 1b b Program-related investments-total from Part IX-B 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 3 Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4

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

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

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.

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_ <u>Pa</u>	rt XIII Undistributed Income (see page 26 of	the instructions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years pnor to 2008	2008	2009
	line 7				22,551
2	Undistributed income, if any, as of the end of 2009:				
a	Enter amount for 2008 only				•
b	Total for prior years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2009				
	From 2004 26,726	]			
a					
b	<del> </del>				
C	From 2006 11,637				
đ	From 2007 9,723				
е	From 2008 13,192	00 500			
f	Total of lines 3a through e	83,520			
4	Qualifying distributions for 2009 from Part XII,				
	line 4 ▶ \$ 42,115				
а	Applied to 2008, but not more than line 2a				
b	Applied to undistributed income of prior years	1	j		
	(Election required—see page 26 of the instructions)			· · · · · · · · · · · · · · · · · · ·	
С	Treated as distributions out of corpus (Election		İ		
	required—see page 26 of the instructions)		1		
d	Applied to 2009 distributable amount				22,551
е	Remaining amount distributed out of corpus	19,564			
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:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	103,084			
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 Subtract line 6c from line 6b Taxable				<del></del> .
u					
_	amount—see page 27 of the instructions .  Undistributed income for 2008 Subtract line			<del></del>	
e					
	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				
	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)	26,726			
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a	76,358			
10	Analysis of line 9				
а	Excess from 2005 22,242				
b	Excess from 2006 11,637				
С	Excess from 2007 9,723				
d	Excess from 2008 13,192				
е	Excess from 2009 19,564				

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 Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year N/A PET REFUGE INC. PUBLIC 2300 W 6TH STREET CHARITABLE 15,000 MISHAWAKA IN 46544 SPCA OF SOUTHWEST MICHIGA N/A PUBLIC 219 PEEKSTOCK CHARITABLE 5,000 KALAMAZOO MI 49001 IN WILDLIFE FEDERATION N/A PUBLIC 950 N RANGELINE RD CHARITABLE 5,000 CARMEL IN 46032 N/A ANIMAL ACRES, INC. PUBLIC 1378 N 775 W CHARITABLE 5,000 CROMWELL IN 46732 ELK. CO. FERAL CAT COALIT N/A PUBLIC PO BOX 2196 CHARITABLE 2,500 ELKHART IN 46515 SJC-SNAP N/A PUBLIC PO BOX 248 CHARITABLE 2,500 NOTRE DAME IN 46556-0248 35,000 ▶ 3a **b** Approved for future payment N/A

**▶** 3b

Total

DAA

<u>Part XVI-A</u>	Analysis of Income-Producing A	<u>ctivities</u>				
Enter gross amo	ounts unless otherwise indicated		business income (b) Amount	(c) Exclusion	(d) Amount	(e) Related or exempt function income (See page 28 of
1 Program sei	rvice revenue:		runoane	code	, undant	the instructions)
•	<del> </del>					
b						
			_			
е						
f						
g Fees an	d contracts from government agencies					
2 Membership	dues and assessments					
	savings and temporary cash investments	<u> </u>				
	nd interest from securities			14	10,096	
	come or (loss) from real estate:	-		+		
	anced property			<del></del>		
	t-financed property			<del>                                     </del>		
7 Other invest	come or (loss) from personal property					<del></del>
	s) from sales of assets other than inventory			18	-15,575	
•	or (loss) from special events			<del>   </del>		
	or (loss) from sales of inventory					
11 Other reven						
	R YEAR TAX REFUND			25	650	
					-	
	·					
е		_		ļ		
	dd columns (b), (d), and (e)			0	-4,829	
	ine 12, columns (b), (d), and (e)				13	-4,829
	in line 13 instructions on page 28 to verify calcula					
Part XVI-B	<del></del>					
Line No. ▼	Explain below how each activity for which incom accomplishment of the foundation's exempt pur instructions)					
N/A	,					
					<del></del>	
					<del> </del>	
		·· · · · · · · · · · · · · · · · · · ·				
	<u> </u>					
			<del></del>			
		-				-
		<del></del>				<u> </u>
					•	···
				-		· <u>-</u>
					·	

Г.	art Avii	Exempt Organiza	_	alisters to allo	ı mansacııd	iis ailu Keial	ionsinps with r	Vonchantab	IE		
1	Did the o	organization directly or ind		ge in any of the follo	owing with any	other organization	n described		1	Yes	No
-		n 501(c) of the Code (other									
	organiza	• •		.,,,,	•						
а	_	s from the reporting found	ation to a no	nchantable exemp	t organization o	f					
	(1) Casl	1				_			1a(1)		X
	(2) Othe	er assets		-		•			1a(2)		X
b	Other tra	insactions:									
	(1) Sale	s of assets to a nonchant	able exempt	organization					1b(1)		X
	(2) Purc	hases of assets from a no	onchantable	exempt organizatio	on				1b(2)		X
	(3) Ren	tal of facilities, equipment,	or other ass	sets					1b(3)	L	X
	(4) Rein	nbursement arrangements	5						1b(4)		X
	( <b>5</b> ) Loar	ns or loan guarantees				•			1b(5)		X
	(6) Perfe	ormance of services or me	embership o	r fundraising solicita	ations .				1b(6)		X
	_	of facilities, equipment, m	-						1c		_X_
d		swer to any of the above i					•				
		the goods, other assets, o	_	•	-						
		any transaction or sharing		· · · · · · · · · · · · · · · · · · ·							
	(a) Line no	(b) Amount involved	(c) Name	of noncharitable exemp	pt organization	(d) Descript	ion of transfers, transact	ions, and shanng	arrangei	ments	
N/	A										
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		-	<del></del>		. <u> </u>	<del></del>					
<b>2</b> a		undation directly or indirec	•				ations		П.,	FF	1
		d in section 501(c) of the		than section 501(c	(3)) or in section	n 5277			☐ Y	es X	No
0	it tes,	complete the following so  (a) Name of organization	nedule.	(b) Type of or	rganization	T	(c) Description o	f relationship			
	N/A	(a) Name of organization		(b) Type of or	ganization		(c) Description o	relationship			
		<del></del>							-	***	
		<del>-</del>								_	
		-									
	Under per	alties of perjury, I declare that	I have examine	ed this return, including	g accompanying sc	hedules and statem	ents, and to the best of r	ny knowledge and			
	belief, it is	true, correct, and complete D	eclaration of pr \				nation of which preparer	has any knowledg	je		
	<b>—</b>		toens	<u> </u>	<del></del>	29.10	VP +	TRUST	<u> </u>	101	<u> </u>
Sign Here	✓ Signa	ture of officer or trustee	1		Date		Title	<del></del>		-	
Ĭ						Date	Check if	numbe	er's identi r (see <b>Si</b> g	nature	on
g	ة. ك	Preparer's signature	/	.0 1		1/23/		u <b>p</b>	of the in		-
ัง	Paid Preparer's Use Only	Orginature P	ALLER	DAVIS &	CO., CP		10	1 50	0032	2024	<u> </u>
	Peg	Firm's name (or years if		ARK PLACE		•		EIN ▶ 35-	.100	382	Λ
	_	self-employed), address, and ZIP code	MISHA		46545-			Phone no 574			
		-	112011		30030				m 99		
								• • •			,/

Capital Gains and Losses for Tax on Investment Income 2009 990-PF 10/01/09 , and ending 09/30/10 For calendar year 2009, or tax year beginning Employer Identification Number Name HUFF ANIMAL PROTECTION TRUST 38-6540017 C/O FIRST SOURCE BANK (b) How acquired P-Purchase D-Donation (c) Date acquired (mo , day, yr ) (d) Date sold (mo, day, yr) (a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co VARIOUS **VARIOUS** P ST CAPITAL LOSS (1)P **VARIOUS** LT CAPITAL LOSS VARIOUS (2)08/23/10 P **VARIOUS** ARTIO INTERNATIONAL EQUITY FD (3) 08/23/10 P VARIOUS FIDELITY CONTRA FUND #022 (4)P 08/23/10 FIDELITY LOW PRICED STOCK FUND VARIOUS **(5)** P **VARIOUS** 08/23/10 LEUTHOLD CORE INVESTMENT FUND (6)**VARIOUS** 08/23/10 P NEW WORLD FD-F2 (7)08/23/10 P **VARIOUS** PAYDEN SHORT BOND FUND-R (8)08/23/10 P **VARIOUS** WASATCH-1ST SOURCE INCOME EQ FD (9)08/23/10 WASATCH-1ST SOURCE INCOME FUND P **VARIOUS** (10)12/02/09 P **VARIOUS** 1ST SOURCE BANK 09/03/10 1ST SOURCE BANK P **VARIOUS** (12)EATON VANCE TAX-MANAGED GLOBAL DIVER P **VARIOUS** 08/16/10 (13)(14)(15)(h) Gain or (loss) (e) plus (f) minus (g) (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale (e) Gross sales price 10 -10 (1) -209 209 (2)3,045 -1,045 2,000 (3) 3,568 -568 3,000 (4)975 25 1,000 (5)3,548 -5483,000 (6)395 1,605 2,000 (7)4,000 4,012 -12 (8)-458 4,458 4,000 (9)3,930 70 4,000 (10)5,013 -13 5,000 (11)-16 7,568 7,552 (12)32,584 -13,18619,398 (13)(14)(15)Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) (k) Excess of col (i) over col (j), if any (i) FMV as of 12/31/69 (j) Adjusted basis as of 12/31/69 -10 (1)-209(2),045 (3)-568 (4) 25 (5) -548 (6)395 (7) -12 (8) -458(9) 70

-13

-16

-13,186

(10)

(11)

(12)

(13)(14)(15)

THE SOUTHERN COMPANY

TOTAL

### **Federal Statements**

#### Statement 4 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description Fair Market Beginning End of Basis of of Year Valuation Value Year PRUDENTIAL JENNISON NATRL RESOURCES 41,504 \$ 42,149 COST 41,773 OPPORTUNITY FUND CLASS B 17,196 14,140 COST 13,287 FIRST SOURCE FIXED INCOME 86,363 65,552 COST 67,209 FIRST SOURCE COMMON STOCK 15,196 15,196 COST 7,669 FIRST SOURCE EQUITIES 169,449 152,434 COST 150,738 AMCAP FUND CLASS B 66,679 66,171 66,171 COST PIMCO MUN INCOME FD III 16,030 20,106 20,106 COST EATON VANCE TAX MANAGED GLOBAL 32,584 COST AGNICO-EGAL MINES LTD 31,731 31,731 COST 39,067 JPMORGAN CHASE 22,171 22,171 COST 22,836 U.S. TREASURY OBLIGATIONS MONEY MARK

599

503,070 \$

5,735 COST

18,442 COST

453,827

5,735

18,620

449,643

38-6540017	Federal Staten	nents
<u>Form 990-F</u>	PF, Part XV, Line 1a - Managers Wh	no Contributed Over 2% or \$5,000
	Name of Manager	Amount
MARGARET HUFF (>2%	OR >\$5,000)	\$
TOTAL		\$0
Form 99	0-PF, Part XV, Line 1b - Managers	Who Own 10% or More Stock
r	Name of Manager	Amount
NONE		\$
TOTAL		\$0
Statement 5 - Fo	rm 990-PF, Part XV, Line 2b - Appl	lication Format and Required Cor
	Description	
	M ADDRESS ABOVE, COPY OF	
THE APPLICATION IS	ATTACHED.	
Statement 6	- Form 990-PF, Part XV, Line 2d -	Award Restrictions or Limitation
	Description	
GRANTS ARE RESTRICT		IS OF
OUTHWESTERN MICHIG	AN AND NORTHERN INDIANA.	

38-6540017	Federal Stateme	ents		· ·
	Taxable Dividends from Se	ecurities		
Description	Amount \$\$10,096	Unrelated Business Code	Exclusion Code	Postal Code
TOTAL	\$ 10,096		2.5	

# HUFF ANIMAL PROTECTION TRUST

	APPLICATION FOR F.	NANCIAL ASSISTANC	$\underline{\mathcal{E}}$
CONFIDENTIAL		DATE:	
NAME OF YOUR ORG	ANIZATION:		·
Address			
	City	State	Zip
Phone Number:	()		1110
Fax Number:			
Contact Person:	()		
Name			
Title			
Federal ID Number			
GENERAL INFORMATIO	ON-		
	purpose of your Or	ranization	
	repose of jour of		
brochure or :	de us with a brief h informational materi ding services.	istory of your orga al you may use in :	anızatıon plus any soliciting funds
2. Number of sal	laried staff/employe	es	
Current t	cotal payroll		
Job Desci	ription(s)		
3. Do you utiliz	e volunteers? If ye	s, please describe	their contribution.

2

4	occupations of Directors. If more than 7 persons, check here
	and list additional information on reverse side.)
FINANO sheets a	CIAL INFORMATION (Please attach copies of your annual Financial Statements (Balance and Income Statements for the last two full fiscal years.)
1.	Major sources of funding include
-	najer searces of ranking include
2.	Are you qualified by the IRS as an exempt organization? Yes No If yes, attach copy of IRS Certificate of Exemption, Articles of Incorporation, Form 990 for the last two years, and any other applicable documents.
NATURE	AND AMOUNT OF FUNDING REQUEST
1.	Amount requested \$
2.	Anticipated use(s) of funding
	(attach additional emplanation as necessary)

PLEASE SEND THIS COMPLETED APPLICATION AND ALL ATTACEMENTS TO:

Huff Animal Protection Trust, c/o Christine Fiordalis, Barnes & Thornburg 600 lst Source Bank Center, 100 North Michigan Street, South Bend, Indiana 45601