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Form **990-PF**Department of the Treasury
Internal Revenue Service**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

For calendar year 2009, or tax year beginning

12/01, 2009, and ending

11/30, 2010

G Check all that apply

☐ Initial return☐ Initial return of a former public charity☐ Final return☐ Amended return☐ Address change☐ Name changeUse the IRS
label.
Otherwise,
print
or type.
See Specific
Instructions.

Name of foundation

E.H. KILBOURNE RESIDUARY CHARITABLE TRUST
WELLS FARGO BANK INDIANA, N.A.

A Employer identification number

35-6332820

Number and street (or P O box number if mail is not delivered to street address)

Room/suite

B Telephone number (see page 10 of the instructions)

1919 DOUGLAS STREET, 2ND FLOOR

(260) 461-6444

City or town, state, and ZIP code

OMAHA, NE 68102-1310

C If exemption application is
pending, check here ☐D 1. Foreign organizations check here ☐2. Foreign organizations meeting the
85% test check here and attach
computation ☐E If private foundation status was terminated
under section 507(b)(1)(A), check here ☐F If the foundation is in a 60-month termination
under section 507(b)(1)(B), check here ☐Check type of organization ☒ Section 501(c)(3) exempt private foundation☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

Fair market value of all assets at end

J Accounting method ☒ Cash ☐ Accrual

of year (from Part II, col (c), line

☐ Other (specify) _____

16) \$ 9,252,991.

(Part I, column (d) must be on cash basis)

Part I Analysis of Revenue and Expenses (The
total of amounts in columns (b), (c), and (d)
may not necessarily equal the amounts in
column (a) (see page 11 of the instructions))(a) Revenue and
expenses per
books(b) Net investment
income(c) Adjusted net
income(d) Disbursements
for charitable
purposes
(cash basis only)

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received (attach schedule)				
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B.				
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities	303,120.	305,218.		
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	398,850.			
b Gross sales price for all assets on line 6a 2,452,929.				
7 Capital gain net income (from Part IV, line 2)		401,148.		
8 Net short-term capital gain				
9 Income modifications				
10a Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit or (loss) (attach schedule)				
11 Other income (attach schedule)				
12 Total. Add lines 1 through 11	701,970.	706,366.		
13 Compensation of officers, directors, trustees, etc.	79,871.	39,936.		39,935.
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees (attach schedule)				
b Accounting fees (attach schedule) ATCH 1	3,650.	1,825.	0.	1,825.
c Other professional fees (attach schedule) *	42,642.	469.		42,642.
17 Interest				
18 Taxes (attach schedule) (see page 14 of the instructions) *	13,643.	1,210.	0.	0.
19 Depreciation (attach schedule) and depletion				
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (attach schedule)				
24 Total operating and administrative expenses. Add lines 13 through 23	139,806.	43,440.	0.	84,402.
25 Contributions, gifts, grants paid	357,535.			357,535.
26 Total expenses and disbursements. Add lines 24 and 25	497,341.	43,440.	0.	441,937.
27 Subtract line 26 from line 12.				
a Excess of revenue over expenses and disbursements	204,629.			
b Net investment income (if negative, enter -0-)		662,926.		
c Adjusted net income (if negative, enter -0-)			-0-	

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Form 990-PF (2009)

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash - non-interest-bearing				
	2	Savings and temporary cash investments		251,888.	279,218.	279,218.
	3	Accounts receivable ▶ Less allowance for doubtful accounts ▶				
	4	Pledges receivable ▶ Less allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 16 of the instructions)				
	7	Other notes and loans receivable (attach schedule) ▶ Less allowance for doubtful accounts ▶				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10 a	Investments - U S and state government obligations (attach schedule)		99,950.	0.	0.
	b	Investments - corporate stock (attach schedule)		5,692,110.	4,889,783.	6,207,586.
	c	Investments - corporate bonds (attach schedule)		1,474,257.	2,543,724.	2,766,187.
	11	Investments - land, buildings, and equipment basis Less accumulated depreciation (attach schedule) ▶				
	12	Investments - mortgage loans				
	13	Investments - other (attach schedule)				
	14	Land, buildings, and equipment basis Less accumulated depreciation (attach schedule) ▶				
15	Other assets (describe ▶)					
16	Total assets (to be completed by all filers - see the instructions Also, see page 1, item I)		7,518,205.	7,712,725.	9,252,991.	
Liabilities	17	Accounts payable and accrued expenses				
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe ▶)				
23	Total liabilities (add lines 17 through 22)					
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.					
	24	Unrestricted				
	25	Temporarily restricted				
	26	Permanently restricted				
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input checked="" type="checkbox"/>					
	27	Capital stock, trust principal, or current funds		7,518,205.	7,712,725.	
	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
	29	Retained earnings, accumulated income, endowment, or other funds		0.	0.	
	30	Total net assets or fund balances (see page 17 of the instructions)		7,518,205.	7,712,725.	
31	Total liabilities and net assets/fund balances (see page 17 of the instructions)		7,518,205.	7,712,725.		

Part III 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 (must agree with end-of-year figure reported on prior year's return)	1	7,518,205.
2	Enter amount from Part I, line 27a	2	204,629.
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	7,722,834.
5	Decreases not included in line 2 (itemize) ▶ ATTACHMENT 4	5	10,109.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	7,712,725.

Part IV Capital Gains and Losses for Tax on Investment Income

(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.)			(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a SEE PART IV SCHEDULE					
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a					
b					
c					
d					
e					
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))		
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any			
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss)			2	401,148.	
<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div> <div style="border-left: 1px solid black; padding-left: 10px; min-height: 20px;"></div> </div>					
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)			3		
If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8.					

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank *- Formerly 4947(a)(1) charitable trust*Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☒ Yes ☐ No
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.**1** Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2008			
2007			
2006			
2005			
2004			
2 Total of line 1, column (d)			2
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5			4
5 Multiply line 4 by line 3			5
6 Enter 1% of net investment income (1% of Part I, line 27b)			6
7 Add lines 5 and 6			7
8 Enter qualifying distributions from Part XII, line 4			8

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of ruling letter if necessary - see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	13,259.
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		2	
3 Add lines 1 and 2		3	13,259.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5	13,259.
6 Credits/Payments			
a 2009 estimated tax payments and 2008 overpayment credited to 2009	6a 17,144.		
b Exempt foreign organizations-tax withheld at source	6b 0.		
c Tax paid with application for extension of time to file (Form 8868)	6c 0.		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments Add lines 6a through 6d		7	17,144.
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached		8	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	3,885.
11 Enter the amount of line 10 to be Credited to 2010 estimated tax 3,885. Refunded		11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
c Did the foundation file Form 1120-POL for this year?		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 \$		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		X
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	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	X	
8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) IN,		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	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 27)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address <input type="text"/> N/A				
14	The books are in care of <input type="text"/> JENNIFER KING Telephone no <input type="text"/> 260-461-6444			
Located at <input type="text"/> WELLS FARGO BANK INDIANA, N.A. FORT WAYNE, IN ZIP + 4 <input type="text"/> 46802				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year <input type="text"/>	15		

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? <input type="checkbox"/>	1b	X
Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009? <input type="checkbox"/>	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If "Yes," list the years <input type="text"/>		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see page 20 of the instructions) <input type="checkbox"/>	2b	X
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <input type="text"/>		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009) <input type="checkbox"/>	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? <input type="checkbox"/>	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009? <input type="checkbox"/>	4b	X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No

(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 ☒ 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 ☒ No

b If any answer is "Yes" to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? ☐ **5b**

Organizations relying on a current notice regarding disaster assistance check here ☐

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ **6b** ☒

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 transaction? ☐ Yes ☒ No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ **7b**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ATTACHMENT 5		79,871.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 ☐

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services (see page 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		

Total number of others receiving over \$50,000 for professional services NONE

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
2	
All other program-related investments. See page 24 of the instructions	
3 NONE	
Total. Add lines 1 through 3	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	8,559,039.
b	Average of monthly cash balances	1b	595,531.
c	Fair market value of all other assets (see page 24 of the instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1d	9,154,570.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	9,154,570.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of the instructions)	4	137,319.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	9,017,251.
6	Minimum investment return. Enter 5% of line 5	6	450,863.

Part XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	450,863.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	13,259.
b	Income tax for 2009 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	13,259.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	437,604.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	437,604.
6	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, line 1	7	437,604.

Part XII Qualifying Distributions (see page 25 of the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	441,937.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	441,937.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	441,937.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				437,604.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			341,123.	
b Total for prior years 20 07, 20 06, 20 05				
3 Excess distributions carryover, if any, to 2009				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008 0.				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from Part XII, line 4 ▶ \$ 441,937.				
a Applied to 2008, but not more than line 2a			341,123.	
b Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
c Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d Applied to 2009 distributable amount				100,814.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009 . (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions				
e 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				336,790.
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)				
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009 0.				

Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9) NOT APPLICABLE

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section

4942(j)(3) or

4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

Tax year	Prior 3 years				(e) Total
	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross investment income (interest dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see page 28 of the instructions.)**1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed

ATTACHMENT 6

b The form in which applications should be submitted and information and materials they should include:

ATTACHMENT 7

c Any submission deadlines

APRIL 15TH OF EACH YEAR FOR THE FOLLOWING SCHOOL YEAR

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

RECIPIENTS MUST BE GRADUATES OF ALLEN COUNTY, INDIANA, HIGH SCHOOLS

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

<div>Recipient</div> <div>Name and address (home or business)</div>	<div>If recipient is an individual, show any relationship to any foundation manager or substantial contributor</div>	<div>Foundation status of recipient</div>	<div>Purpose of grant or contribution</div>	<div>Amount</div>
<div>a Paid during the year</div> <div>ATTACHMENT 8</div>				
<div>Total. ▶ 3a</div>				357,535.
<div>b Approved for future payment</div>				
<div>Total. ▶ 3b</div>				

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See page 28 of the instructions)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1	Program service revenue					
a	_____					
b	_____					
c	_____					
d	_____					
e	_____					
f	_____					
g	Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments					
4	Dividends and interest from securities			14	303,120.	
5	Net rental income or (loss) from real estate					
a	Debt-financed property					
b	Not debt-financed property					
6	Net rental income or (loss) from personal property .					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory			18	398,850.	
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory . . .					
11	Other revenue a _____					
b	_____					
c	_____					
d	_____					
e	_____					
12	Subtotal. Add columns (b), (d), and (e)				701,970.	
13	Total. Add line 12, columns (b), (d), and (e)				701,970.	701,970.

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- | 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | Yes | No |
|---|--|-----|----|
| a Transfers from the reporting foundation to a noncharitable exempt organization of | | | |
| (1) Cash | | | X |
| (2) Other assets | | | X |
| b Other transactions | | | |
| (1) Sales of assets to a noncharitable exempt organization | | | X |
| (2) Purchases of assets from a noncharitable exempt organization | | | X |
| (3) Rental of facilities, equipment, or other assets | | | X |
| (4) Reimbursement arrangements | | | X |
| (5) Loans or loan guarantees | | | X |
| (6) Performance of services or membership or fundraising solicitations | | | X |
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees | | | X |
| d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. | | | |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No
- b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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 taxpayer or fiduciary) is based on all information of which preparer has any knowledge.			
Sign Here Paid Preparer's Use Only	Signature of officer or trustee <div style="font-family: cursive; font-size: 1.2em; color: blue;">Rose Wells</div>	Date <div style="font-size: 1.5em; color: blue;">3/9/11</div>	Title <div style="font-family: cursive; font-size: 1.2em; color: blue;">Tax Officer</div>
Paid Preparer's Use Only	Preparer's signature <div style="font-family: cursive; font-size: 1.2em; color: blue;">Charles E. Horwath CPA</div>	Date <div style="font-size: 1.5em; color: blue;">MAR - 1 2011</div>	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP code <div style="font-family: cursive; font-size: 1.2em; color: blue;">CROWE/HORWATH LLP</div> 9910 DUPONT CIRCLE DR E SUITE 230 FORT WAYNE, IN 46825-1612	Preparer's identifying number (See Signature on page 30 of the instructions) <div style="font-family: cursive; font-size: 1.2em; color: blue;">P00009287</div>	
EIN ▶ 35-0921680		Phone no 260-489-1949	

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
2,458,006.		TOTAL LONG-TERM CAPITAL GAIN DIVIDENDS					5,111.	
		SALES OF VARIOUS SECURITIES				P	VAR	VAR
		PROPERTY TYPE: SECURITIES					396,037.	
		2,061,969.						
TOTAL GAIN (LOSS)							<u>401,148.</u>	

FORM 990PF, PART I - ACCOUNTING FEES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
CROWE HORWATH LLP	3,500.	1,750.		1,750.
TAX WKST PREP FEE	150.	75.	0.	75.
TOTALS	3,650.	1,825.	0.	1,825.

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	CHARITABLE PURPOSES
GRANT ADMIN FEES	42,642.	0.	42,642.
INVESTMENT FEES - FROM K-1	0.	469.	0.
TOTALS	42,642.	469.	42,642.

FORM 990PF, PART I - TAXES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
FOREIGN TAXES	343.	1,210.	0.	0.
ESTIMATED TAXES PAID	13,300.	0.	0.	0.
TOTALS	13,643.	1,210.	0.	0.

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCESDESCRIPTIONAMOUNT

ADJUSTMENT TO COST BASIS OF ASSETS

10,109.

TOTAL

10,109.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 5

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
WELLS FARGO BANK INDIANA, N.A. 111 E. WAYNE STREET FORT WAYNE, IN 46802	TRUSTEE 4.00	79,871.	0.	0.
GRAND TOTALS		79,871.	0.	0.

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

JENNIFER KING, WELLS FARGO BANK
P.O. BOX 960
FORT WAYNE, IN 46801
260-461-6458

990PF, PART XV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS

SEE ATTACHED STATEMENT FOR SCHOLARSHIP REQUESTS; NO SPECIAL FORM FOR
OTHER CHARITABLE REQUESTS. **STATEMENT 9**

FORM 990FE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 8

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
ARTS UNITED OF GREATER FORT WAYNE 303 E MAIN ST FORT WAYNE, IN 46802	NONE 501(C) (3)	GENERAL OPERATING SUPPORT	6,652
ASSOCIATED CHURCHES OF FORT WAYNE 602 W WAYNE ST FORT WAYNE, IN 46802	NONE 501(C) (3)	GENERAL OPERATING SUPPORT	6,652
BOY SCOUTS OF AMERICA 8315 W JEFFERSON BLVD FORT WAYNE, IN 46804	NONE 501(C) (3)	GENERAL OPERATING SUPPORT	8,869
CANCER SERVICES OF NORTHEAST INDIANA 6316 MUTUAL DR FORT WAYNE, IN 46825	NONE 501(C) (3)	GENERAL OPERATING SUPPORT	2,217
CONCORDIA HIGH SCHOOL 1601 ST JOE RIVER DR FORT WAYNE, IN 46805	NONE 501(C) (3)	SCHOLARSHIPS	8,869
EASTER SEALS ARC OF NE INDIANA 4919 COLDWATER RD FORT WAYNE, IN 46825	NONE 501(C) (3)	GENERAL OPERATING SUPPORT	4,435

ATTACHMENT 8

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 8 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT		PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
FIRST PRESBYTERIAN CHURCH 300 W WAYNE ST FORT WAYNE, IN 46802	NONE	501(C) (3)	GENERAL OPERATING SUPPORT	8,869
GIRL SCOUTS OF NORTHERN INDIANA 10008 DUPONT CIRCLE FORT WAYNE, IN 46825	NONE	501(C) (3)	GENERAL OPERATING SUPPORT	6,652
INDIANA DEMOLAY FOUNDATION INC PO BOX 348 FRANKLIN, IN 46131	NONE	501(C) (3)	GENERAL OPERATING SUPPORT	8,869
INDIANA INSTITUTE OF TECHNOLOGY 1600 E WASHINGTON BLVD FORT WAYNE, IN 46803	NONE	501(C) (3)	GENERAL OPERATING SUPPORT	11,087
INDIANA MASONIC HOME FDN INC 525 N ILLINOIS ST INDIANAPOLIS, IN 46204	NONE	501(C) (3)	GENERAL OPERATING SUPPORT	8,869
JUNIOR ACHIEVEMENT OF FORT WAYNE 601 NOBLE DR FORT WAYNE, IN 46825	NONE	501(C) (3)	GENERAL OPERATING SUPPORT	8,869

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 8 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
MAYO CLINIC 200 1ST ST SW ROCHESTER, MN 55905	NONE 501(C) (3)	GENERAL OPERATING SUPPORT	8,869
PARKVIEW FOUNDATION 2200 RANDALLIA DR FORT WAYNE, IN 46805	NONE 501(C) (3)	EDUCATION OF NURSES	8,869
SCHOLARSHIP AMERICA 1550 AMERICAN BOULEVARD, ST 155 MINNEAPOLIS, MN 55425	NONE 501(C) (3)	SCHOLARSHIP PROGRAM	180,150
SHRINERS HOSPITALS FOR CHILDREN PO BOX 31356 TAMPA, FL 33631	NONE 501(C) (3)	GENERAL OPERATING SUPPORT	8,869
THE SALVATION ARMY 3100 N MERIDIAN ST INDIANAPOLIS, IN 46208	NONE 501(C) (3)	NEEDY AT CHRISTMAS	4,435
TRUSTEES OF ROTARY FOUNDATION 826 FWING ST, RM 304 FORT WAYNE, IN 46802	NONE 501(C) (3)	GENERAL OPERATING SUPPORT	4,435

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 8 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT		PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
TURNSTONE 3320 N CLINTON ST FORT WAYNE, IN 46805	NONE	501(C) (3)	GENERAL OPERATING SUPPORT	4,435
UNITED WAY OF ALLEN COUNTY INC 334 EAST BERRY FORT WAYNE, IN 46802	NONE	501(C) (3)	GENERAL OPERATING SUPPORT	6,652
UNIVERSITY OF SAINT FRANCIS 2701 SPRING ST FORT WAYNE, IN 46808	NONE	501(C) (3)	GENERAL OPERATING SUPPORT	11,087
YMCA 347 W BERRY ST, STE 500 FORT WAYNE, IN 46802	NONE	501(C) (3)	GENERAL OPERATING SUPPORT	17,738
YWCA 1610 SPY RUN AVENUE FORT WAYNE, IN 46805	NONE	501(C) (3)	GENERAL OPERATING SUPPORT	11,087
TOTAL CONTRIBUTIONS PAID				357,535

NOVEMBER 30,

COMMON SCHOLARSHIP APPLICATION

General Information

Form A

STUDENT AND FAMILY INFORMATION

Student Name:

Last

First

Middle

Social Sec. No.:

Student Address:

Street, City, State, Zip

Phone Number:

Date of Birth:

Month/Day/Year

Place of Birth:

Parent/Guardian:

Last

First

Middle

Parent Address:

Street, City, State, Zip

HIGH SCHOOL INFORMATION

Name of School:

Graduation Date:

Secondary School Activities:

ORGANIZATION NAME	LENGTH OF TIME	MEMBER OR OFFICER

COLLEGE OR UNIVERSITY INFORMATION

Name of College:

Applied? ☐ Yes ☐ No

Address of College:

Street, City, State, Zip

Officially Accepted?

☐ Yes ☐ No

Selected Field of Study:

Selected Profession:

Degree to Obtain:

Expected Date

Of Completion:

Expected Expenses per year:

* Transcript must accompany application.

STATEMENT 9

OTHER SCHOLARSHIP INFORMATION

List all other scholarships applied for:

NAME OF SCHOLARSHIP	AMOUNT PER YEAR (IF KNOWN)	STATUS: <i>unknown, approved, denied</i>

EMPLOYMENT DATA

NAME & ADDRESS OF EMPLOYER	LENGTH OF TIME	TYPE OF WORK	EARNINGS

SIGNATURES

I certify that all statements contained in the foregoing application are true and correct.
 I authorize the school to provide information, including confidential transcripts of grades,
 to the Scholarship Committee upon request.

Student Signature

Date

Parent/Guardian Signature

COMMON SCHOLARSHIP APPLICATION

Confidential Financial Statement

Form B

Student's Name: _____

I. APPLICANT'S ESTIMATED RESOURCES AND EXPENSES

RESOURCES

Net Summer Earnings	_____
Earnings During The School Year	_____
Savings & Checking Accounts	_____
Aid From Parents	_____
Aid From Relatives Or Friends	_____
Other Resources (Specify)	_____
_____	_____
_____	_____
Total	_____

EXPENSES FOR ACADEMIC YEAR

Tuition And Fees	_____
Books	_____
Room And Board	_____
Clothing	_____
Laundry	_____
Other Expenses (Specify)	_____
_____	_____
_____	_____
Total	_____

II. APPLICANT'S ASSETS AND LIABILITIES

ASSETS

Cash Value Of Life Insurance	_____
Cash And Bank Accounts	_____
Other Property	_____
Automobiles:	
Year: _____ Make: _____	
Year: _____ Make: _____	

LIABILITIES

Creditors	Amount	Due Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

III. CHILDREN OF PARENTS

Name	Age	Attended College ?	Marned ?	Claimed as Tax Dependent ?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IV. OTHER DEPENDENTS OF PARENTS

Name	Age	Relationship	Claimed as Tax Dependent ?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

V. PARENT'S EMPLOYMENT**Father or Male Guardian:**

Name: _____

Address: _____

Name of Employer: _____

Job or Position: _____

Number of years with this Employer: _____

Mother or Female Guardian:

Name: _____

Address: _____

Name of Employer: _____

Job or Position: _____

Number of years with this Employer: _____

VI. PARENT'S ANNUAL INCOME AND EXPENSES

1. Salaries & Wages Father: _____

Before Taxes: Mother: _____

2. All Other Income: Father: _____

Mother: _____

3. Gross Income: _____

*Gross income should be the sum of all the income
listed in items 1 and 2 above.*

4. Business expenses (specify)

*Include only those expenses which are allowable as business deductions for
filing your Federal Income Tax return -- not household expense.*5. Taxable Income as
Stated on Tax Return _____*If estimated net income for this year is 10% or more lower than net
income for last year, please explain the reason for the decrease:***VII. FEDERAL INCOME TAX:**

Please list Federal Income Tax paid during the last three years.

	Year	Amount Paid
Last Year:	_____	_____
Prior Year:	_____	_____
Prior Year:	_____	_____

VII. PARENT'S ASSETS AND LIABILITIES**ASSETS**

Life Insurance:

Face Value: _____ Cash Value: _____

All Bank & Savings Accounts Value: _____

All Real Estate:

Market Value: _____

Less Mortgages: _____

Equity Value: _____

Other Assets (Specify): _____

LIABILITIES

Creditors

Amount

VIII. PARENT'S SIGNATURES

Date

Father's Signature

Mother's Signature

STATEMENT 9

COMMON SCHOLARSHIP APPLICATION

Applicant's Essay

Form C

STUDENT NAME: _____

In your own words, state your ambitions and goals in life. Discuss why you wish to continue your education and why you have selected the field of study you intend to pursue. Use only the space provided on this sheet.

COMMON SCHOLARSHIP APPLICATION

Letter Of Recommendation

Form D

STUDENT NAME: _____

The above named student is an applicant for a scholarship to continue his/her education. Will you please tell us in the space below what you know of the initiative, dependability, and other character qualities of the applicant.

Date

Signature of Recommender

Relationship to Applicant

STATEMENT 9

CHURCH MEMBERSHIP

TO THE MINISTER, PRIEST, RABBI OR RELIGIOUS DIRECTOR:

_____ IS AN APPLICANT FOR THE
STUDENT'S NAME

E. H. KILBOURNE SCHOLARSHIP. IN ORDER TO BE CONSIDERED, THE STUDENT
MUST BE A MEMBER OF A CHURCH OR SYNAGOGUE AS SET FORTH BY THE
TERMS OF MR. KILBOURNE'S TRUST. PLEASE VERIFY BELOW THE STUDENT'S
MEMBERSHIP IN YOUR CHURCH.

I HEREBY VERIFY THAT THE ABOVE NAMED STUDENT IS A MEMBER OF

(CHURCH/SYNAGOGUE NAME)

AS OF THIS DATE.

DATE

MINISTER/RABBI/PRIEST

ADDRESS