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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

OMB No 1545-0047

benefit trust or private foundation) Department of the Treasury

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service For the 2010 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if applicable INDIANA UTILTIY RATE PAYER TRUST Address change Doing Business As 35-6651129 E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite Name change Initial return 800 317)848-1873 55 MONUMENT CIRCLE City or town, state or country, and ZIP + 4 Terminated G Gross receipts \$ 1 600 544 46204 INDIANAPOLIS Amended return Yes X No Application pending Name and address of principal officer H(a) Is this a group return for affiliates? HOOSIER TRUST COMPANY 55 MONUMENT CIRCLE, INDIANAPOL H(b) Are all affiliates included? If "No," attach a list (see instructions) 4947(a)(1) or Tax-exempt status H(c) Group exemption number ▶ Website: ► N/A Corporation | X | Trust Other > L Year of formation M State of legal domicile Association IN K Form of organization 1997 Part I Summary TO PROVIDE FUNDS TO HELP COVER LEGAL AN Briefly describe the organization's mission or most significant activities: OTHER EXPENSES TO ANY AND ALL WHO ARE AFFECTED DETRIMENTALLY BY UTILITY RATES AND PRACTICES Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 4 5 Number of independent voting members of the governing body (Part VI, line 1b). 5 0 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) . . . 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 0 Current Year 200.000 200,000 Contributions and grants (Part VIII, line 1h). 8 9 Program service revenue (Part VIII, line 2g) . . . 77,378 96,911 10 Investment income (Part VIII, column (A), lines, 3, 4, and 7d) Other revenue (Part VIR EQUITALITY) Lines 5, 6d, 8c, 9c, 10c, and 11e) . . . Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . 11 296,912 277.378 12 Grants and similar amounts paid (Part IX, column (A), lines 1–3) Benefits paid to of for members (Part IX, column (A), line 4) 159,330 278,913 13 14 Salaries, other compensation, employee benefits Part IX, column (A), lines 5–10). 48,691 47,501 15 Professional fundraising (Pers (Part IX) column (A), line 11e) . . . 16a (Part IX, column (D), line 25) ▶ 6.379 7.570 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 17 214,400 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 333.984 Revenue less expenses. Subtract line 18 from line 12. 19 -56.606 **Beginning of Current Year** End of Year 3,243,043 3,186,437 Total assets (Part X, line 16). 20 21 Total liabilities (Part X, line 26). 3,186,437 3,243,043 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge Devaration of preparer (other than officer) is based on all information of which preparer has any knowle and belief, it is true, correct, an Sign Here Type or print name and title Preparer's signature Date PTIN Print/Type preparer's name Check X Paid Stephen K. Miller Stephen K. Miller 5/16/2011 self-employed Preparer's Firm's EIN ▶ Firm's name **Use Only**

(317) 257-2376

Phone no

Firm's address ▶ 401 W. 63rd. Street, Indianapolis, IN 46260-4719

May the IRS discuss this return with the preparer shown above? (see instructions). . .

Form 9	90 (2010)	INDIANA UTILTIY RATE PAYER TRUST	35-6651129	Page Z
Pa	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response to any question in this Part III	<u> </u>	<u>- </u>
1	TO PR	describe the organization's mission: OVIDE FUNDS TO HELP COVER LEGAL AND OTHER EXPENSES TO ANY AND ALL WHO ARI MENTALLY BY UTILITY RATES AND PRACTICES IN INDIANA		
				
2	the pric	organization undertake any significant program services during the year which were not listed on or Form 990 or 990-EZ?	. Yes	X No
3	service		Yes	X No
4	Describ	" describe these changes on Schedule O. be the exempt purpose achievements for each of the organization's three largest program services 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amons to others, the total expenses, and revenue, if any, for each program service reported.		d
4a		TTACHED FOR 2010 GRANTS		
4b	(Code.) (Expenses \$ 0 including grants of \$ 0) (Revenue	e \$	0)
			· • • • • • • • • • • • • • • • • • • •	
4c	(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue	e \$	0)
4d	Other r	program services. (Describe in Schedule O.)		·
	(Expen		0)	
4-		program equico expanses > 278.013		

e III	Checklist of Required Schedules			•
4	In the experimentary described in specime E01(a)(2) or 4047(a)(1) (athor then a private foundation)? If "Vos."		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		$\frac{\hat{X}}{X}$
3	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	_3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١. ا		
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II	7		X
8	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	40		v
11	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
• •	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	11a	.	Х
	Schedule D, Part VI.			
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			.,
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		<u>X</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		v
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	111		<u> </u>
120	Schedule D, Parts XI, XII, and XIII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
U	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV.	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	ا مد ا		v
17	to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	-	<u>X</u>
• • • • • • • • • • • • • • • • • • • •	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
00.	If "Yes," complete Schedule G, Part III	19		×
	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H </i>	20a		<u>X</u>
D	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).	20b		

Form 9	990 (2010) INDIANA UTILTIY RATE PAYER TRUST 35-66	<u>51129</u>	F	age 4
Par	t IV Checklist of Required Schedules (continued)		-	
	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization 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			
26	990-EZ? If "Yes," complete Schedule L, Part I	25b	-	X
26	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		x
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note . All Form 990 filers are required to complete Schedule O	38	X	

INDIANA UTILTIY RATE PAYER TRUST

Statements Regarding Other IRS Filings and Tax Compliance Part V

	Gheck if Schedule O contains a response to any question in this Part V			<u> </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			ŀ
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Ь.
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	_	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		_
4a	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)?	<u>4a</u>	 -	X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	5a		_v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		x
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		┢
oa	organization solicit any contributions that were not tax deductible?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- 		<u> </u>
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	ì		
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Х
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>	-	Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		Х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	ł		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
•	organization, have excess business holdings at any time during the year?	8	<u> </u>	
9	Sponsoring organizations maintaining donor advised funds.	0.0		
a	Did the organization make any taxable distributions under section 4966?	9a 9b		
b 10	Section 501(c)(7) organizations. Enter:	30		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	[
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	1		
С	Enter the amount of reserves on hand	-		 , ,
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	X
n	THE SEAS HOUSE A FURTH LZU TO TEODO THESE DAVINENTS ZIETNO TOVICIO AN EXPLANATION IN SCHEMILE CI	IAN		

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u>Sect</u>	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 5			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 5			1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relati	onship with		_	1
	any other officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or unc	ler the direct			
	supervision of officers, directors or trustees, or key employees to a management company or of	ther person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization	's assets?	5		Х
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or mo				
	of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other		7b		X
8	Did the organization contemporaneously document the meetings held or written actions underta				
	the year by the following:	J			
а	The governing body?		8a	х	
b	Each committee with authority to act on behalf of the governing body?		8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be				
J	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule		9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the I				
0000	teri B. T. Onotoo (Tino Ocodon B requesto internacion about ponoto necregario a by the F	10,110,110,100	, u. o.,	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a	-	Х
b	If "Yes," does the organization have written policies and procedures governing the activities of s				
	affiliates, and branches to ensure their operations are consistent with those of the organization?		10b		
115	Has the organization provided a copy of this Form 990 to all members of its governing body bef		.02		
Ha	form?	-	11a		x
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		114		$\stackrel{\sim}{\vdash}$
12a	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a		X
	Are officers, directors or trustees, and key employees required to disclose annually interests that		124		<u> </u>
D	rise to conflicts?	_	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy		120		
C	describe in Schedule O how this is done		12c		1
13	Does the organization have a written whistleblower policy?		13		X
	Does the organization have a written document retention and destruction policy?		14		X
14	Did the process for determining compensation of the following persons include a review and ap		17		 ^-
15	independent persons, comparability data, and contemporaneous substantiation of the deliberat				1
_		on and decision.	15a		v
	The organization's CEO, Executive Director, or top management official				X
D	Other officers or key employees of the organization		15b		 ^-
46-	·				1
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arm with a taxable entity during the year?	_	16a		х
L			Iba		├~
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to its participation in joint venture arrangements under applicable federal tax law, and taken steps				
	the organization's exempt status with respect to such arrangements?		16h		
C = =4			16b		
	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► IN	000 T (504/a)(2)a a=			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	390-1 (301(C)(3)S ON	ıy)		
	available for public inspection. Indicate how you make these available. Check all that apply.				
46	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing docume	nts, conflict of interes	τ		
	policy, and financial statements available to the public.				
20	State the name, physical address, and telephone number of the person who possesses the boo				
	organization: ► HOOSIER TRUST COMPANY	(317)816-428	88		
	55 MONUMENT CIRCLE, STE 800, INDIANAPOLIS, IN 46204				

Section A.

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100.000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees: highest compensated employees; and former such persons.

Check this box if neither the organization nor ar	ny related organ	izati	on c	om	pen	sated	an	y current officer	, director, or true	stee.
(A) Name and Title	(B) Average	(C) Position (check all that apply)						(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) ROBERT GRAY EXECUTIVE COMMITTEE	2.5	Х						5,450	0	0
(2) CHRIS WILLIAMS EXECUTIVE COMMITTEE	2.5	х						5,450	_0	0
(3) ANN BECKER EXECUTIVE COMMITTEE	2.5	х						5,450	0	0
(4) JUNE LYLE EXECUTIVE COMMITTEE	2.5	х						5,450	0	0
(5) JOHN F. WICKS EXECUTIVE COMMITTEE	4.5	X						5,450	0	0
(6) HOOSIER TRUST COMPANY TRUSTEE	4.5		x					20,251	0	0
									_	
(10)	·									
(11)			_							
(12)										
(13)										
(14)				_	_					
(15)										
(16)										

Р	Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	nd	Highe	est	Compensated	Employees (<u>contu</u>	nued)	
	· (A)	(B)	Bocut	ion (e		C)	that ap	nh A	(D)	(E)		(F)	
	, Name and title	Average hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director		Officer	_			Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC	;)	Estimate amount other compensation from the organization	of ation ne tion ted
(17)													
(18)												,	
(19)													
(20)								•					
(21)													
(22)													
(23)													
(24)				-									
(25)													
(26)													
(27)													
(28)													
1b	Sub-total								47,501		0		0
c d	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)							▶	0 47,501		0		0
2	Total number of individuals (including but not l reportable compensation from the organization	limited to those								100,000 in	<u> </u>		,
3	Did the organization list any former officer, dir employee on line 1a? <i>If</i> "Yes," <i>complete Sche</i>									.	3	Yes	No X
4	For any individual listed on line 1a, is the sum the organization and related organizations gre individual	of reportable co	ompe	nsa	tıon	an	d othe	er c	compensation fro		4		X
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "Y										5	;	x
Sec 1	tion B. Independent Contractors Complete this table for your five highest comp	ensated indene	nden	t co	ntra	ecto	re tha	t re	ceived more th	an \$100 000 c	f		
	compensation from the organization.	ensated indepe	nuen				13 (110			1			
	(A) Name and business addi	ress							(B) Description of ser	vices		(C) pensation	
													<u>0</u> 0
													0
													0
													0
2	Total number of independent contractors (inclumore than \$100,000 in compensation from the	-	nited ►	to th	105	e lis	ted a 0	b٥١	/e) who received	i			
	more than \$ 100,000 in compensation norm the	Jorganization									Fo	m 990	(2010)

(D)

Revenue

excluded from

tax under sections

512, 513, or 514

(C)

Unrelated

business revenue

d All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions.

0

0 0

277,378

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

per organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete column (A)	but are not require	ed to complete colu	mns (B), (C), and (I	D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	278,913	278,913		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	o			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	47,501		47,501	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			;	
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				
а	Management	0			
b	Legal	0			
С	Accounting	2,800		2,800	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0	-		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance				
24	above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)				
_		157		157	
a	INICHIDANICE	1,372		1,372	
b	TRAVEL, MEETING AND MISC EXP	3,239	-	3,239	
d	DOLINDING EDDOD	3,239		3,239	
e		0			-
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	333,984	278,913	55,071	
26	Joint costs. Check here ▶ If following	230,004	210,010	30,071	
20	SOP 98-2 (ASC 958-720). Complete this line	ļ			
	only if the organization reported in column			ĺ	
	(B) joint costs from a combined educational				
	campaign and fundraising solicitation			1	
	campaign and randialing solicitation				Form 990 (2010)

Part X **Balance Sheet** (A) (B) End of year Beginning of year 1 466,242 346.271 2 2 3 0 3 0 0 0 4 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 0 0 7 8 9 Prepaid expenses and deferred charges . . . 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a **b** Less accumulated depreciation | 10b | 10c 0 2,720,195 2.896.772 11 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 0 12 0 ol 13 0 13 Investments—program-related. See Part IV, line 11 0 14 0 14 0 0 15 15 16 **Total assets.** Add lines 1 through 15 (must equal line 34) 3,243,043 16 3,186,437 17 17 18 18 Grants payable 19 Deferred revenue 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 ol 0 23 Secured mortgages and notes payable to unrelated third parties 23 ol 0 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D O 25 0 Total liabilities. Add lines 17 through 25. . 26 01 26 Organizations that follow SFAS 117, check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 29 Organizations that do not follow SFAS 117, check here ► X and complete lines 30 through 34. 3,243,043 30 3,186,437 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds . . . 32 3,186,437 33 3,243,043 33 Total liabilities and net assets/fund balances 3,243,043 **34** 3.186.437

Form 9	90 (2010) INDIANA UTILTIY RATE PAYER TRUST	<u> </u>	<u>-005 1129</u>	Pa	ge IZ
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				Ш
1	Total revenue (must equal Part VIII, column (A), line 12)	1		277	7,378
2	Total expenses (must equal Part IX, column (A), line 25)	2		333	3,984
3	Revenue less expenses. Subtract line 2 from line 1	3		-56	6,606
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,243	3,043
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6		3,186	<u>3,437</u>
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII	<u></u>			Ш_
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.			-	ļ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				X
b	Were the organization's financial statements audited by an independent accountant?		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .		. <u>2c</u>		ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in	l			
	Schedule O.		Ì		,
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
	issued on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			_	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		<u> </u>
			Form	990	(2010)

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047	2010	1
	l	

Open to Public

Employer identification number

ջ □ (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 35-6651129 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 0 ō 0 ᇹ (e) Amount of non-cash assistance (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations. the selection criteria used to award the grants or assistance? . General Information on Grants and Assistance (c) IRC section if applicable can be duplicated if additional space is needed. (P) EIN INDIANA UTILTIY RATE PAYER TRUST (1) SEE ATTACHED 1 (a) Name and address of organization Part I Part II Ē 2 <u>@</u>; 2 ⊕ €. 9 8 € 6

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter total number of other organizations

Schedule I (Form 990) (2010)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Inspection Employer identification number

INDIANA UTILTIY RATE PAYER TRUST	35-6651129
Form 990 Part Part VI Section A Line 3 INVESTMENT AND MOST ADMIN	ISTRATIVE DECISIONS DELECATED
TO HOOSIER TRUST COMPANY	
Form 990	
Form 990 Part Part VI Section A Line 8b THE ORGANIZATION ONLY HAS	S AN EXECUTIVE COMMITTEE WHOSE
RESPONSIBILITIES INVOLVE DETERMING GRANS	
Form 990 Part Part VI Section A Line 11 A COPY OF FORM 990 IS PROV	IDED TO HOOSIER TRUST
COMPANY FOR REVIEW AND FILING. THE EXECUTIVE COMMITT'S RE	ESPONSIBILITIES INVOLVE DETERMING
GRANTS.	

INDIANA UTILITY RATE PAYER TRUST #35-6651129 2010 GRANTS AND DISTRIBUTIONS

2010

2010 Grants

Distributions \$30,387 67

2010-6 Vectren-Citizens Industrial Group

Vectren-Citizens Industrial Group

\$32,000.00

Attn: Ms. Jennifer Wheeler Terry, Lewis & Kappes PC, One Am Sq, Ste 2500, Indpls, IN 46282 PURPOSE: To pay legal expenses associated with the negoation of new supply arrangements for three Indiana gas Utilities (Vectren North, Vectren South and Citizens Gas) with their

affiliate. ProLiance upon the expiration fo a settlement reached in 2006

2010-7 Town Of Macy

\$15,000.00

\$12,033.09

Town of Macy Indiana

Attn: Marilyn Jackson, Town Board President, P.O. Box 56, Macy, IN 46951 PURPOSE: To provide funds for assistance in obtaining relief from Duke Energy and, if necessary the IURC for an unmetered flat rate for sewage grander pumps in order to keep their

proposed monthly sewer bills

2010-8 Duke Industrial Group

\$40,000.00

\$0.00

The Duke Industrial Group

Attn: Timothy L Stewart, Lewis & Kappes, 2500 One Am Sq, Indpls, In 46282

PURPOSE: To provide funds for continued proceeding focusing primarily on reducing the impact Duke will have on the costs paid by ratepayers by proposing alternatives to the Rate Payer Commission that can reduce the huge impact the plat is and will have on

all ratepayers.

2010-9 The Laundry Connection of Indiana

\$50,000.00

\$50,000 00

The Laundry Connection of Indiana

Attn: Michael D. Gilley, 2653 Tobey Drive, Indianapolis, In 46219-1416

PURPOSE: To provide funds for legal fees to challenge a 71% sewer rate increase by the Town of Speedway for purpose of upgrades and repairs on the sewer system

2010-10 CACEF Citizens Energy Group

\$60,000.00

\$629.00

Citizens Action Coalition Education Fund, Inc (CACEF)

Attn: Jerome E. Polk, Attorney at Law, 101 West Ohio Street, Suite 2000, Indpls, In 46204 PURPOSE: to pray for legal and expert witness expenses necessary to ensure any transfer of the Indinaapolis water and sewer utilities is done at a fair price that benefits both taxpayers and ratepayers and that also protects the public "trust."

2010-11 White River Citizens United Inc (WRCU)

\$40,000.00

\$0.00

White River Citizens United Inc.

Attn: Don Gatlin, P.O. Box 561, Greenwood, IN 46142

PURPOSE: To pay for legal and expert witness expenses for support of opposition to the unfair water rate increase proposed by the town of Bargaersville Waterworks Utility fo raising water utility rates by 76.9% to pay for a \$20 million expansion project

> **TOTALS** \$504,640.30

\$278,912.87

INDIANA UTILITY RATE PAYER TRUST #35-6651129 2010 GRANTS AND DISTRIBUTIONS

2010 Grants Distributions

\$40,000.00

2009-5 Indiana Tree Alliance - IURC Proceedings

Indiana Tree Alliance - IURC Proceedings

Attn: Jerome Polk, Polk & Associates LLC, 101 W Ohio Street, Indpls, IN 46204 PURPOSE: to help pay legal expense and expert witnesses and court costs in civil and administrative litigation and settlement talks intended to lead to consistent statewide vegatation management practices and rules that balance electric system reliability with preserving the integrity of urban trees and neighborhoods as well as protecting personal and economic rights of property owners

2009-6 CSC of Southern Hancock County

\$40,000.00

\$30,000 00

\$12,268 90

Southern Hancock County Community School Corporation

Attn: Robert L Yoder, Asst Superintendent, 4711 S 500 West, New Palestine, IN 46163 PURPOSE: to pay legal expense and expert witness fees for litigation against Indianapolis Water Utility for failure to provide servcie pipe for the School Corporation

2009-7 Rolling Homeowners Association

\$0.00

\$0 00

Attn: Ms. Shirley Goodwin, 10600 N Rolling Valley Dr Mooresville, In 46158 PURPOSE: to pay legal expense and expert witness fees for litigation against Sani Tech for a proposed rate increase

2010-1 C.A.C.E.F. Leucadia Coal Gasification Project

\$11,317.90

\$2,575.50

Citizens Action Coalition Education Fund, Inc (CACEF)

Attn: Jerome E. Polk, Attorney at Law, 101 West Ohio Street, Suite 2000, Indpls, In 46204 PURPOSE: To pay costs for legal and expert consultant fees associated with the comment and review of the Federal Loan Guarantee and the EIS for the Leucadia gasification project

2010-2 CACEF Edwardsport #4

\$66,322.40

\$52,696 15

Citizens Action Coalition Education Fund, Inc (CACEF)

Attn. Jerome E. Polk, Attorney at Law, 101 West Ohio Street, Suite 2000, Indpls, In 46204 PURPOSE: To pay costs for legal and expert consultant fees associated with the continued proceeding protesting Duke Energy's latest cost increase for Edwardsport IGCC project

2010-3 Vectren Base Rate

\$65,000.00

\$48,393 43

Citizens Action Coalition Education Fund, Inc (CACEF)

Attn Jerome E. Polk, Attorney at Law, 101 West Ohio Street, Suite 2000, Indpls, In 46204 PURPOSE: To pay costs for legal and expert consultant fees associated with the litigation and, if possible, settlement negoatiations regarding Vectren's electric rates increase

2010-4 Woodland Ridge and Hamlets West HOA's

\$30.000.00

\$0.00

Woodland Ridge and Hamlets West HOA's

Attn: Jay Miller, 6521 E Canal Pointe Lane, Fort Wayne, IN 46804 (Woodland Ridge)
Attn: Robert C. Nern, 9926 woodland Ridge West, Fort Wayne, IN 46804 (Hamlets West)
PURPOSE: reasonable legal fees and expenses to continue to participate in litigation against sewer utility, Utility Center, Inc, d/b/a Aqua Indiana Inc and health hazards

2010-5 Crossroads Community Church

\$15,000.00

\$15,000.00

Crossroads Community Church

Attn: Jeff Harlow, Senior Pastor, 4254 S 00 EW., Kokomo, IN 46902

PURPOSE: enable the Church to litigate a complaint before the IURC to challenge excessive and inaccurate utility bills form Indiana American Water, which bills directly correlate to the installation and then replacement of new meters by the utility

Report Date

January 19, 2011

Time Prepared Requested By

03:04:43 PM Connie Allman

Includes

Account: 23 00 4220 0 02 INDIANA UTILITY RATE PAYER TRUST DTD 07/29/1997

Account Holdings as of 12/31/2010

				Unit Dues	Market Value	Prop Data
Cusip No	Security Name	Shares / Par	Investment	Unit Price	Market Value	Price Date
002824100	ABBOTT LABORATORIES	600 0000	26,850 10	47.91	28,746 00	12/31/2010
086516101	BEST BUY COMPANY INC	650 0000	27,140.14	34 29	22,288 50	12/31/2010
126650100	CVS/CAREMARK CORP	700 0000	21,454 70	34 77	24,339.00	12/31/2010
166764100	CHEVRON CORPORATION	300.0000	20,272 29	91 25	27,375 00	12/31/2010
17275R102	CISCO SYSTEMS INC	900 0000	24,473 67	20 23	18,207 00	12/31/2010
191216100	COCA-COLA CO	375 0000	19,574.59	65 77	24,663 75	12/31/2010
20825C104	CONOCO PHILLIPS	525 0000	36,216.14	68 10	35,752.50	12/31/2010
235851102	DANAHER CORPORATION	750 0000	20,124 90	47 17	35,377.50	12/31/2010
25179M103	DEVON ENERGY CORP	325 0000	20,040.14	78.51	25,515.75	12/31/2010
31331G6J3	FFCB 3 80% 12/14/17C	150,000 0000	148,875 00	102 023	153,034 50	12/31/2010
31331GRW1	FFCB 4 65% 04/01/24C	100,000 0000	100,075 00	100 709	100,709 00	12/31/2010
31331JA60	FFCB 3 35% 09/07/22C	75,000 0000	75,000.00	95 283	71,462 25	12/31/2010
31331JB36	FFCB 3.59% 09/02/25C	50,000 0000	48,625.00	92 719	46,359.50	12/31/2010
31331JEN9	FFCB 4 19% 02/24/20C	200,000 0000	200,000.00	104 094	208,188 00	12/31/2010
31331JN74	FFCB 3 875% 10/7/25C	50,000 0000	49,687 50	94 433	47,216 50	12/31/2010
31331JZT3	FFCB 3 45% 12/07/23C	75.000.0000	75,000 00	96 877	72,657.75	12/31/2010
31331JZU0	FFCB 3 47% 06/03/24C	75,000 0000	75,000.00	96.105	72,078 75	12/31/2010
31331YER7	FFCB 4 350% 11/21/11	150,000.0000	153,373 50	103.489	155,233 50	12/31/2010
3133XP2W3	FHLB 3 375% 02/27/13	100,000 0000	100,947 00	105 536	105,536 00	12/31/2010
3133XYT47	FHLB 4 50% 06/21/24C	107,142 8500	107,142 85	99 266	106,356 42	12/31/2010
3133XYUQ6	FHLB 3 00% 06/30/22C	150,000 0000	150,000 00	100.168	150,252 00	12/31/2010
3134A4QD9	FHLMC 5 125% 7/15/12	200,000 0000	198,164.00	106 909	213,818 00	12/31/2010
31359MJH7	FNMA 6 000% 05/15/11	200,000.0000	199,276 00	102 116	204,232.00	12/31/2010
31398APG1	FNMA 2 750% 04/11/11	150,000 0000	151,026 00	100.692	151,038.00	12/31/2010
36966RV78	GE CAP 5 45% 2/15/23	100,000 0000	100,000 00	97.203	97,203 00	12/31/2010
428236103	HEWLETT PACKARD CO	450 0000	22,801 13	42 10	18,945 00	12/31/2010
452308109	ILLINOIS TOOL WORKS	500 0000	24,171.15	53.40	26,700 00	12/31/2010
459200101	IBM CORP	200 0000	22,879 96	146 76	29,352 00	12/31/2010
46625H100	JP MORGAN CHASE & CO	550 0000	25,328 11	42 42	23,331.00	12/31/2010
478160104	JOHNSON & JOHNSON	400 0000	26,205 93	61 85	24,740.00	12/31/2010
585055106	MEDTRONIC INC	475.0000	27,299 23	37 09	17,617 75	12/31/2010
594918104	MICROSOFT CORP	475 0000	12,545 41	27.91	13,257 25	12/31/2010
60934N807	FED GOVT OBLIG #395	400,845 0600	400,845 06	1 00	400,845 06	12/31/2010
60934N80I	FED GOV OBLIG #395-I	65,396 9200	65,396 92	1 00	65,396 92	12/31/2010
68389X105	ORACLE CORP	775 0000	17,047.31	31 30	24,257.50	12/31/2010
713448108	PEPSICO INC	400 0000	22,750.44	65 33	26,132.00	12/31/2010
742718109	PROCTER & GAMBLE CO	500 0000	28,204 10	64 33	32,165 00	12/31/2010
863667101	STRYKER CORP	475 0000	24,230 49	53.70	25,507 50	12/31/2010
88059TFB2	TVA 4 250% 05/15/25C	150,000 0000	150,000.00	99 706	149,559 00	12/31/2010
882508104	TEXAS INSTRUMENTS	675 0000	19,832 44	32 50	21,937 50	12/31/2010
921813AA9	VANDERBT 5 25 4/1/19	100,000 0000	101,000 00	109 798	109,798.00	12/31/2010
931142103	WAL MART STORES INC	450.0000	21,926 00	53.93	24,268 50	12/31/2010
949746101	WELLS FARGO & CO NEW	850 0000	25,635 24	30.99	26,341 50	12/31/2010
	Total Securities Income Cash Principal Cash	2,660,684.8300	3,186,437,44 0.00 0.00		3,257,791.65 0 00 0.00	
	Account Total		3,186,437.44		3,257,791.65	

Report Date

January 19, 2011

Time Prepared Requested By

03:04:22 PM Connie Allman

Includes

Account: 23 00 4220 0 02 INDIANA UTILITY RATE PAYER TRUST DTD 07/29/1997

Account Holdings as of 12/31/2009

Cusip No	Security Name	Shares / Par	Investment	Unit Price	Market Value	Price Date		
002824100	ABBOTT LABORATORIES	600 0000	26,850.10	53 99		12/31/2009		
086516101	BEST BUY COMPANY INC	450.0000	20,308 38	39 46	17,757 00	12/31/2009		
126650100	CVS/CAREMARK CORP	500 0000	15,504 92	32 21	16,105 00	12/31/2009		
166764100	CHEVRON CORPORATION	225 0000	14,886 29	76 99	17,322.75	12/31/2009		
17275R102	CISCO SYSTEMS INC	900.0000	24,473 67	23.94	21,546.00	12/31/2009		
20825C104	CONOCO PHILLIPS	525 0000	36,216 14	51 07	26,811 75	12/31/2009		
235851102	DANAHER CORPORATION	375 0000	20,124 90	75 20	28,200 00	12/31/2009		
25179M103	DEVON ENERGY CORP	250 0000	15,309 64	73 50	18,375.00	12/31/2009		
3128X0Y78	FHLMC 4 15% 04/01/10	150,000.0000	151,795 50	100 939	151,408 50	12/31/2009		
3128X2HT5	FHLMC 4 50% 12/16/10	215,000.0000	217,885.60	103 594	222,727 10	12/31/2009		
31331G5E5	FFCB 3 60% 12/07/16C	150,000 0000	149,625.00	97 094	145,641 00	12/31/2009		
31331G6J3	FFCB 3 80% 12/14/17C	150,000 0000	148,875 00	98 875	148,312 50	12/31/2009		
31331GRV3	FFCB 4 20% 04/01/19C	100,000 0000	100,100 00	97 125	97,125 00	12/31/2009		
31331GRW1	FFCB 4 65% 04/01/24C	100,000 0000	100,075 00	93 969	93,969.00	12/31/2009		
31331GSE0	FFCB 4 25% 04/02/19C	100,000.0000	100,150.00	97.688	97,688 00	12/31/2009		
31331YER7	FFCB 4 350% 11/21/11	150,000.0000	153,373 50	105 781	158,671 50	12/31/2009		
3133XP2W3	FHLB 3 375% 02/27/13	100,000 0000	100,947 00	104 094	104,094 00	12/31/2009		
3133XTEK8	FHLB 4 50% 03/26/21C	100,000 0000	100,150.00	98 594	98,594.00	12/31/2009		
3133XTFR2	FHLB 4 75% 04/02/24C	50,000 0000	50,000 00	94 563	47,281 50	12/31/2009		
3134A4QD9	FHLMC 5 125% 7/15/12	200,000 0000	198,164 00	108 625		12/31/2009		
31359MJH7	FNMA 6 000% 05/15/11	200,000 0000	199,276 00	107 063	214,126 00			
31398AMV1	FNMA 2 500% 04/09/10	135,000.0000	136,082 70	100 625	135,843 75	12/31/2009		
31398APG1	FNMA 2 750% 04/11/11	150,000 0000	151,026 00	102 50		12/31/2009		
36966RV78	GE CAP 5 45% 2/15/23	100,000.0000	100,000.00	95.412	•	12/31/2009		
412822108	HARLEY DAVIDSON INC	425 0000	22,228.73	25 20		12/31/2009		
428236103	HEWLETT PACKARD CO	450 0000	22,801 13	51 51		12/31/2009		
452308109	ILLINOIS TOOL WORKS	500 0000	24,171.15	47.99		12/31/2009		
459200101	IBM CORP	200.0000	22,879 96	130 90	•	12/31/2009		
46625H100	JP MORGAN CHASE & CO	500 0000	23,395 11	41 67	20,835 00	12/31/2009		
478160104	JOHNSON & JOHNSON	400.0000	26,205.93	64 41		12/31/2009		
502424104	L3 COMMUNICATIONS	275 0000	22,765 44	86 95		12/31/2009		
518439104	ESTEE LAUDER CO INC	400 0000	14,564 03	48 36		12/31/2009		
548661107	LOWES COMPANIES	700 0000	23,406.96	23 39	16,373 00	12/31/2009		
585055106	MEDTRONIC INC	475 0000	27,299 23	43 98		12/31/2009		
594918104	MICROSOFT CORP	175 0000	5,270.74	30 48		12/31/2009		
60934N807	FED GOVT OBLIG #395	167,473 9400	167,473 94	1 00	167,473 94			
60934N80I	FED GOV OBLIG #395-I	178,796 8100	178,796.81	1 00	178,796 81			
617446448	MORGAN STANLEY COM	550 0000	28,430 37	29 60		12/31/2009		
68389X105	ORACLE CORP	575.0000	12,389.55	24 53		12/31/2009		
713448108	PEPSICO INC	400 0000	22,750.44	60 80		12/31/2009		
742718109	PROCTER & GAMBLE CO	500 0000	28,204 10	60 63	30,315 00	12/31/2009		
81369Y100	SECTOR SPDR TR MAT	625 0000	25,346 22	32 99		12/31/2009		
863667101	STRYKER CORP		24,230 49	50 37		12/31/2009		
882508104	TEXAS INSTRUMENTS	475 0000 375 0000	24,230 49 12,509 77	26 06 ⁻	9,772 50			
902973304	US BANCORP		30,635 97	22 51		12/31/2009		
921813AA9	VANDERBT 5 25 4/1/19	1,000 0000 100,000 0000	101,000.00	104.227	104,227.00	12/31/2009		
931142103	WAL MART STORES INC	·		53 45	21,380.00	12/31/2009		
949746101	WELLS FARGO & CO NEW	400 0000 850 0000	19,452.00 25,635.24	26 99	22,941.50	12/31/2009		
	Total Securities Income Cash Principal Cash Account Total	2,610,345.7500	3,243,042.65 0.00 0.00 3,243,042.65	0.00				

FOR TAX YEAR ENDED 12/31/2010

TAX ID# = 356651129 STATE TAX ID# =

PROCESS DATE 01/11/2011

SECTION A - CAPITAL GAINS & LOSSES

	SASIS GAIN OR LOSS 00.00 0.00	375.00	375.00	375.00		3ASIS GAIN OR LOSS 95.50 -1795.50	35.60 -2885.60	50.00 -150.00	-50000.00 0.00	00.00 -100.00	50.00 -150.00	82.70 -1082.70	-22228.73 -8317 95	-22765.44 1299 40	-14564.03 9480.04	-23406.96 -6390.25	-28430.37 -13778.62	-25346.22 -5889.61	35.97 -6436.38	1023541.52 -36197.17	-36197.17	-35822.17
	COST BASIS -150000.00	-149625.00	1 299625.00			COST BASIS -151795.50	-217885.60	-100150.00	-500	-100100.00	-100150.00	-136082.70	-222	-227	-145	-234	-284	-253	-30635.	, 10235		
	INCOME CASH PRINCIPAL CASH 150000.00	150000.00	00.00000٤			INCOME CASH PRINCIPAL CASH 15000.00	215000.00	100000.00	20000.00	100000.00	100000.00	135000.00	13910.78	24064.84	24044.07	17016.71	14651.75	19456.61	24199.59	987344.35		
s & MATURITIES DATE	ACQUIRED SOLD 06/07/10 09/30/10	12/29/09 12/07/10			& MATURITIES DATE	ACQUIRED SOLD 12/11/07 04/01/10	02/26/04 12/16/10	03/27/09 07/19/10	03/27/09 07/09/10	03/27/09 06/17/10	03/27/09 06/17/10	03/25/08 04/09/10	09/16/05 04/09/10	09/16/05 05/18/10	04/12/06 05/18/10	09/16/05 05/18/10	07/18/06 05/18/10	06/13/07 05/18/10	04/12/06 05/18/10			
SHORT TERM SALES	SHARES/PAR SECURITY REG 150000.0000 FHLB 3.000% DUE 06/30/25 C 0	(3133AX55U5) (3133AX5U5) 150000.0000 FFCB 3.600% DUE 12/07/16 C	(3133165E5) TOTAL SHORT TERM SALES & MATURITIES	TOTAL SHORT TERM GAIN & LOSSES	LONG TERM SALES	SHARES/PAR SECURITY REG 150000.0000 FHLMC 4.150% DUE 04/01/10 0	(3128X01/8) 215000.0000 FHLMC 4.500% DUE 12/16/10	(3128XZH15) 100000.0000 FHLB 4.500% DUE 03/26/21 C	(3133XIEK8) 50000.0000 FHLB 4.750% DUE 04/02/24 C 0	(3133XIFR2) 100000.0000 FFCB 4.200% DUE 04/01/19 C 0	(31331GRV3) 100000.0000 FFCB 4.250% DUE 04/02/19 C	(31331GSE0) 135000.0000 FNMA 2.500% DUE 04/09/10	(31398AMVI) 425.0000 HARLEY DAVIDSON INC 0	HOL	INC (502424104) 400.0000 ESTEE LAUDER COMPANIES INC 0	(518439104) 700.0000 LOWES COMPANIES INC COM	(548661107) 550.0000 MORGAN STANLEY COM	(617446448) 625.0000 SECTOR SPDR TR - MATERIALS	(813691100) 1000.0000 US BANCORP	(902973304) TOTAL LONG TERM SALES & MATURITIES	TOTAL LONG TERM GAIN & LOSSES	TOTAL CAPITAL GAINS & LOSSES