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## Return of Organization Exempt From Income Tax

Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2010

Open to Public  
InspectionA For the 2010 calendar year, or tax year beginning **2010**, and ending **2010**

<input checked="" type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <b>R &amp; A ULLOM TRUST FBO YOUTH OPPORTUNITY CENTER #004457</b>				D Employer identification number <b>35-6659861</b>	
	Doing Business As				E Telephone number	
	Number and street (or P O box if mail is not delivered to street address) <b>200 EAST JACKSON STREET</b>			Room/suite		
	City or town, state or country, and ZIP + 4 <b>MUNCIE, IN 47305</b>				G Gross receipts \$ <b>133,044</b>	
	F Name and address of principal officer:				H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
					H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list (see instructions)				
J Website: ► <b>N/A</b>		H(c) Group exemption number ►				
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation: <b>1997</b> M State of legal domicile: <b>IN</b>				

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>SEE STATEMENT 1</b>		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	
		NONE	
Revenue	8 Contributions and grants (Part VIII, line 1b)	Prior Year	
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Current Year	
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ► <b>1,336</b>		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	650	650	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	21,516	21,717	
19 Revenue less expenses. Subtract line 18 from line 12	-1,937	-4,583	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	609,546	604,963
	22 Net assets or fund balances. Subtract line 21 from line 20	NONE	NONE
		609,546	604,963

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	► <b>Terry L Cook</b>	Date <b>05-16-11</b>	
	Signature of officer		
	► <b>Terry L Cook</b>	Preparer's signature <b>Patricia K Renew</b>	
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name <b>FIDUCIARY TAX SERVICES, LLC</b>	Date <b>MAY 13 2011</b>	Check if self-employed <input type="checkbox"/>
	Firm's name ► <b>FIDUCIARY TAX SERVICES, LLC</b>	Firm's EIN ► <b>274374744</b>	PTIN <b>P00028170</b>
	Firm's address ► <b>400 S WALNUT STREET SUITE 200; MUNCIE, IN 47305</b>	Phone no.	<b>765-288-3651</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010) Z

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III . . . . .  X**1** Briefly describe the organization's mission:**SEE STATEMENT 1****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  X No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  X No

If "Yes," describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code:                   ) (Expenses \$ 15,723. including grants of \$ 15,723. ) (Revenue \$                   )  
YOUTH OPPORTUNITY CENTER**4b** (Code:                   ) (Expenses \$                    including grants of \$                    ) (Revenue \$                   )**4c** (Code:                   ) (Expenses \$                    including grants of \$                    ) (Revenue \$                   )**4d** Other program services. (Describe in Schedule O.)(Expenses \$                    including grants of \$                    ) (Revenue \$                    )**4e** Total program service expenses ► 15,723.

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .

2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) . . . . .

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 . . . . .

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

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 . . . . .

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 . . . . .

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .

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 . . . . .

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 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 . . . . .

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 . . . . .

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 . . . . .

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .

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 . . . . .

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV . . . . .

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 . . . . .

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV . . . . .

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .

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 . . . . .

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .

b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) . . . . .

	Yes	No
1	X	
2	X	
3	X	
4	X	
5		
6	X	
7	X	
8	X	
9	X	
10	X	
11a	X	
11b	X	
11c	X	
11d	X	
11e	X	
11f	X	
12a	X	
12b	X	
13	X	
14a	X	
14b	X	
15	X	
16	X	
17	X	
18	X	
19	X	
20a	X	
20b		

## Part 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? If "Yes," complete Schedule J . . . . .	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	X
24b		24b	
24c		24c	
24d		24d	
25a	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	X
25b	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 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	25b	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II .	26	X
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):		
28a	a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .	28a	X
28b	b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .	28b	X
28c	c 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	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31	X
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	X
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
a	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 . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No
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	X
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

**Part V. Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V. 

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	0	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	0	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)</i>		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
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)?		
4b	If Yes, enter the name of the foreign country: ► <i>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</i>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	X	
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	X	
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<b>Section 501(c)(12) organizations.</b> Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
13a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O.</i>		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	X	

**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.

Check if Schedule O contains a response to any question in this Part VI  X

### Section 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	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
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 more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	X
a	The governing body?	8b	X
b	Each committee with authority to act on behalf of the governing body?		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	X
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	13	X
13	Does the organization have a written whistleblower policy?	14	X
14	Does the organization have a written document retention and destruction policy?	15	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	X
a	The organization's CEO, Executive Director, or top management official	15b	X
b	Other officers or key employees of the organization	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	X

### Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ►Indiana
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►FIRST MERCHANTS TRUST COMPANY TEL: (765) 751-1831 TRUSTEE

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

 Check if Schedule O contains a response to any question in this Part VII . . . . . 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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."
- 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 any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated			
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

## Part VII. Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Trustee	Institutional Officer	Key employee	Highest compensated employee	Former		
(17)									
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									
(26)									
(27)									
(28)									
<b>1b Sub-total</b>									
<b>c Total from continuation sheets to Part VII, Section A</b>									
<b>d Total (add lines 1b and 1c)</b>									

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 0

	Yes	No
3		X
4		X
5		X

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. . . . .

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
<b>2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization</b> ► 0		

**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	1a Federated campaigns . . . . .	1a				
	b Membership dues . . . . .	1b				
	c Fundraising events . . . . .	1c				
	d Related organizations . . . . .	1d				
	e Government grants (contributions) . . . . .	1e				
	f All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f				
	g Noncash contributions included in lines 1a-1f: \$					
	<b>h Total. Add lines 1a-1f . . . . .</b>					
<b>Program Service Revenue</b>		<b>Business Code</b>				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue . . . . .					
	<b>g Total. Add lines 2a-2f . . . . .</b>					
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts) . . . . .		17,885.		17,885.	
	4 Income from investment of tax-exempt bond proceeds . . . . .					
	5 Royalties . . . . .					
	6a Gross Rents . . . . .	(i) Real	(ii) Personal			
	b Less: rental expenses . . . . .					
	c Rental income or (loss) . . . . .					
	d Net rental income or (loss) . . . . .					
	7a Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other			
	115,159					
b Less: cost or other basis and sales expenses . . . . .	115,910					
c Gain or (loss) . . . . .	-751					
d Net gain or (loss) . . . . .			-751.	-751.		
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a					
b Less: direct expenses . . . . .	b					
c Net income or (loss) from fundraising events . . . . .						
9a Gross income from gaming activities. See Part IV, line 19 . . . . .	a					
b Less: direct expenses . . . . .	b					
c Net income or (loss) from gaming activities . . . . .						
10a Gross sales of inventory, less returns and allowances . . . . .	a					
b Less: cost of goods sold . . . . .	b					
c Net income or (loss) from sales of inventory . . . . .						
<b>Miscellaneous Revenue</b>	<b>Business Code</b>					
11a						
b						
c						
d All other revenue . . . . .						
e Total. Add lines 11a-11d . . . . .						
<b>12 Total revenue. See instructions . . . . .</b>		17,134.	-751.		17,885.	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . . .				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	15,723	15,723		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .				
4 Benefits paid to or for members . . . . .				
5 Compensation of current officers, directors, trustees, and key employees . . . . .	5,344		4,008	1,336
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7 Other salaries and wages . . . . .				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions). . . . .				
9 Other employee benefits . . . . .				
10 Payroll taxes . . . . .				
11 Fees for services (non-employees):				
a Management . . . . .				
b Legal . . . . .				
c Accounting . . . . .	650	650		
d Lobbying . . . . .				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees . . . . .				
g Other . . . . .				
12 Advertising and promotion . . . . .				
13 Office expenses . . . . .				
14 Information technology . . . . .				
15 Royalties . . . . .				
16 Occupancy . . . . .				
17 Travel . . . . .				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings . . . . .				
20 Interest . . . . .				
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .				
23 Insurance . . . . .				
24 Other expenses. Itemize expenses not covered 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)				
a -----				
b -----				
c -----				
d -----				
e -----				
f All other expenses -----				
25 Total functional expenses. Add lines 1 through 24f	21,717	16,373	4,008	1,336
26 Joint Costs. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing . . . . .		1	
	2 Savings and temporary cash investments . . . . .	41,437	2	47,124
	3 Pledges and grants receivable, net . . . . .		3	
	4 Accounts receivable, net . . . . .		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		5	
	6 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	
	7 Notes and loans receivable, net . . . . .		7	
	8 Inventories for sale or use . . . . .		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
	11 Investments - publicly traded securities . . . . .		11	
	12 Investments - other securities. See Part IV, line 11 . . . . .	568,109	12	557,839
	13 Investments - program-related. See Part IV, line 11 . . . . .		13	
	14 Intangible assets . . . . .		14	
	15 Other assets. See Part IV, line 11 . . . . .		15	
	16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . .	609,546	16	604,963
Liabilities	17 Accounts payable and accrued expenses . . . . .		17	
	18 Grants payable . . . . .		18	
	19 Deferred revenue . . . . .		19	
	20 Tax-exempt bond liabilities . . . . .		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		22	
	23 Secured mortgages and notes payable to unrelated third parties . . . . .		23	
	24 Unsecured notes and loans payable to unrelated third parties . . . . .		24	
	25 Other liabilities. Complete Part X of Schedule D . . . . .		25	
	26 Total liabilities. Add lines 17 through 25 . . . . .		NONE	NONE
	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets . . . . .		27	
	28 Temporarily restricted net assets . . . . .		28	
	29 Permanently restricted net assets . . . . .		29	
Net Assets or Fund Balances	Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds . . . . .	609,546	30	604,963
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
	33 Total net assets or fund balances . . . . .	609,546	33	604,963
	34 Total liabilities and net assets/fund balances . . . . .	609,546	34	604,963

Form 990 (2010)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI . . . . . 

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	17,134.
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	21,717.
3	Revenue less expenses. Subtract line 2 from line 1 . . . . .	3	-4,583.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	609,546.
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	604,963.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII . . . . . 

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .

b Were the organization's financial statements audited by an independent accountant? . . . . .

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

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? . . . . .

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.

	Yes	No
2a	X	
2b	X	
2c		
3a	X	
3b		

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

R & A ULLOM TRUST FBO YOUTH OPPORTUNITY

Employer identification number

35-6659861

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  
 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  
 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  
 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  
 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)  
 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  
 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  
 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
 a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other  
 e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).  
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. . . . .  
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .  
 (ii) A family member of a person described in (i) above? . . . . .  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .  
 h Provide the following information about the supported organization(s).

	Yes	No
11g(i)	X	
11g(ii)	X	
11g(iii)	X	

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) Is the organization in col. (I) listed in your governing document?		(V) Did you notify the organization in col. (I) of your support?		(VI) Is the organization in col. (I) organized in the U.S.?		(VII) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) STMT 2									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2010

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") . . . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 Total. Add lines 1 through 3 . . . . .						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						
6 Public support. Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 . . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
11 Total support. Add lines 7 through 10 . . .						
12 Gross receipts from related activities, etc (see instructions) . . . . .					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

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

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	15	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total. Add lines 1 through 5 . . . . .</b>						
<b>7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .</b>						
<b>b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .</b>						
<b>c Add lines 7a and 7b . . . . .</b>						
<b>8 Public support (Subtract line 7c from line 6) . . . . .</b>						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9 Amounts from line 6. . . . .</b>						
<b>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .</b>						
<b>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .</b>						
<b>c Add lines 10a and 10b . . . . .</b>						
<b>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .</b>						
<b>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .</b>						
<b>13 Total support. (Add lines 9, 10c, 11, and 12.) . . . . .</b>						
<b>14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/></b>						

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

<b>15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . . .</b>	<b>15</b>	<b>%</b>
<b>16 Public support percentage from 2009 Schedule A, Part III, line 15 . . . . .</b>	<b>16</b>	<b>%</b>

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

<b>17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) . . . . .</b>	<b>17</b>	<b>%</b>
<b>18 Investment income percentage from 2009 Schedule A, Part III, line 17 . . . . .</b>	<b>18</b>	<b>%</b>
<b>19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/></b>		
<b>b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/></b>		
<b>20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/></b>		

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions.)

**SCHEDULE I**  
**(Form 990)****Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**Department of the Treasury  
Internal Revenue ServiceComplete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
► Attach to Form 990.

OMB No 1545-0047

**2010****Open to Public  
Inspection**

Name of the organization

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States** Complete if the organization answered "Yes" to 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 can be duplicated if additional space is needed ► 

1	1(a) Name and address of organization or government	1(b) EIN	1(c) IRC section if applicable	1(d) Amount of cash grant	1(e) Amount of non-cash assistance	1(f) Method of valuation (book, FMV, appraisal, other)	1(g) Description of non-cash assistance	1(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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Schedule I (Form 990) (2010)

**Part III** can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SEE STATEMENT 3						
2						
3						
4						
5						
6						
7						

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

R & A ULLOM TRUST FBO YOUTH OPPORTUNITY

Employer identification number

35-6659861

**PART VI - OFFICERS, KEY EMPLOYEES**

**LINE 50 A**

TRUSTEE FEES \$ 5,344.52

**FORM 990, PAGE 6, PART VI, LINE 11-DESCRIPTION OF PROCESS FOR REVIEW**

RETURN IS GIVEN TO THE TRUSTEE AND THE BOARD MEMBERS

**EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 12c**

SEE ATTACHED WRITTEN POLICIES

## FORM 990, PART I AND PART III - ORGANIZATION'S MISSION

=====

THE R & A ULLOM TRUST FBO YOUTH OPPORTUNITY CENTER DISTRIBUTES THE NET INCOME THAT HAS BEEN EARNED IN THE TRUST EACH YEAR TO THE BOARD OF DIRECTORS OF THE CENTER. THE FUNDS ARE TO BE USED TO BENEFIT THE THE DAY TO DAY OPERATIONS OF THE CENTER IN WHICH BENEFIT THE YOUTH OF THE COMMUNITY.

STATEMENT 1

SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS  
=====

## NAME OF SUPPORTED ORGANIZATION:

Youth Opportunity Center

EIN: 35-1805697

TYPE OF ORGANIZATION FROM PART I: 13

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: NO

IS THE ORGANIZATION ORGANIZED IN THE U.S.? : NO

AMOUNT OF SUPPORT: ..... 15,723.

TOTAL SUPPORT: ..... 15,723.  
=====

Report Date: **April 27, 2011**  
Time Prepared: **02:46:53 PM**  
Requested By: **Summer Gibson**  
Includes **Account: 23 00 4457 5 06 ROBERT AND ANNA ULLOM TRUST FOR YOUTH OPP CENTER**

**FIRST MERCHANTS TRUST CO. N.A.**

## **Account Holdings as of 12/31/10**

Cusip No.	Security Name	Shares / Par	Investment	Unit Price	Market Value	Price Date
314172214	FED CLOVER VALUE INS	7,439.6470	118,166.06	14.42	107,279.71	12/31/2010
316071109	FIDELITY CONTRAFUND	242 6390	16,400.00	67.73	16,433.94	12/31/2010
369990015	INTER TERM IN PER TR	28,695.0290	242,247.07	8.69286345	249,441.97	12/31/2010
464287705	S&P M/C 400 VAL SPDR	538.0000	36,876.25	79.46	42,749.48	12/31/2010
464287804	S&P S/C 600 SPDR	332.0000	17,892.93	68.47	22,732.04	12/31/2010
464287879	S&P S/C 600 SPDR	90.0000	5,014.76	71.89	6,470.10	12/31/2010
60934N104	FED GOVT OBLIG PRIN	47,124.0300	47,124.03		47,124.03	08/20/2007
78467Y107	S&P 400 MID-CAP SPDR	228.0000	25,175.58	164.68	37,547.04	12/31/2010
921921300	VANGUARD EQUITY	390.3830	16,400.00	42.73	16,681.07	12/31/2010
922018304	VANGUARD WINDSOR II	366.0710	16,400.00	45.56	16,678.19	12/31/2010
922031737	VANGUARD INFLATION	1,003.6130	25,000.00	25.54	25,632.28	12/31/2010
922042775	FTSE AW EX-US ETF	591.0000	21,866.35	47.73	28,208.43	12/31/2010
922908496	VANGUARD 500 INDEX	174.8590	16,400.00	95.68	16,730.51	12/31/2010
	<b>Total Securities</b>	<b>87,215.2710</b>	<b>604,963.03</b>		<b>633,708.79</b>	
	Income Cash		0.00		0.00	
	Principal Cash		0.00		0.00	
	<b>Account Total</b>		<b>604,963.03</b>		<b>633,708.79</b>	

## SCH. I, PART III- GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS IN THE US

## =====

## TYPE OF GRANT OR ASSISTANCE

YOUTH OPPORTUNITY CENTER

GENERAL

NUMBER OF RECIPIENTS.....	.....	1
AMOUNT OF CASH GRANT.....	.....	15,723.

TOTAL NUMBER OF RECIPIENTS.....	.....	1
TOTAL CASH GRANTS.....	.....	15,723.

=====

RA Ullom Trust FBO Youth Opportunity  
Form 990  
EIN: 35-6659861  
Tax Year 2010

#### **PART VI – POLICIES**

This is a Charitable Trust with a corporate Trustee. The trustee functions under the guidelines of the Trust Agreement. The Trustee complies with OCC regulations regarding trust administration and documentation. The Trustee has corporate written policies regarding employee conduct, conflict of interest, whistle blowing and record retention. The Trustee reports directly to the charitable organization which benefits from the trust. The charitable organization does not have authority over the administration of the trust; however, does hold the trustee accountable to the Prudent Investor guidelines and the standards set forth by law imposed upon a fiduciary.

**FIRST MERCHANTS TRUST COMPANY**  
**SECTION: GENERAL POLICIES**  
**POLICY NUMBER: 10**  
**EFFECTIVE DATE:**

January 16, 2008

## **CONFLICT OF INTEREST**

### **1. Confidentiality of Trust Records**

- a. **Policy** – employees must maintain the confidentiality of the bank's fiduciary relationships.
- b. **Procedures** – bank employees will not reveal information about trust accounts to unauthorized parties and will disclose trust records only in the following circumstances:
  1. Information is requested by a party whose beneficial interest entitles him or her to the information under the law.
  2. Information is ordered by a court or by a subpoena.
  3. Information is requested by federal or state banking authorities with an official interest in examination and supervision of the bank.
  4. The Investment Committee determines that disclosure is in the best interests of the account.

### **2. Conflicts of Interest**

- a. **Policy** – Officers, directors, and employees of the bank will be free from any conflict of interest with the beneficiaries and fiduciary accounts.
- b. **Procedures**
  1. Officers, directors, and employees will not:
    - Have any interest, activity, or association that would influence the independent exercise of judgment in the best interests of the beneficiaries of a fiduciary account.

**FIRST MERCHANTS TRUST COMPANY**  
**SECTION: GENERAL POLICIES**  
**POLICY NUMBER: 10 (Continued)**  
**EFFECTIVE DATE:**

**January 16, 2008**

- Personally profit from business information or opportunities obtained as a result of a position with the bank.
- Sell assets to or purchase assets from fiduciary accounts directly or through a firm in which the officer, director, or employee has a direct or indirect interest, unless specifically authorized by the governing instrument, local law, or court order.
- Receive loans from fiduciary accounts.

2. No officer or employee of the bank may:

- Receive anything of value in connection with any business transaction involving bank activities.\*
- Receive loans from fiduciary clients.
- Serve as a co-fiduciary without the consent of the bank administrative committee. Receipt of any compensation for acting as co-fiduciary is discouraged and must be approved by the board of directors (12 CFR 9.15).
- Engage in any activity in competition with the bank or in conflict with his or her fiduciary responsibilities.

*\*This prohibition does not apply to insignificant entertainment or small gift giving that does not involve dishonesty or breach of fiduciary duty.*

**FIRST MERCHANTS TRUST COMPANY**  
**SECTION: GENERAL POLICIES**  
**POLICY NUMBER: 10 (Continued)**  
**EFFECTIVE DATE:**

**January 16, 2008**

3. Bank personnel who make recommendations or decisions for accounts, participate in the determination of such recommendations or decisions, or know which securities are being purchased, sold, or recommended for action are in a position to benefit from such knowledge. They will not use the information for their own benefit or for the benefit of close relatives. 12 CFR 12 and the Investment Advisor Act of 1940 require reporting of trading activity of officers involved in the investment decision making process.
4. Each bank employee who is close to the investment process must file a quarterly report of personal investment transactions. It has been concluded that each investment officer and all of our administrators, together with those bank officers who have access to the investment process through the First Merchants Trust Company Board of Directors, must file these reports.

The regulations (CFR Section 12.7) do not require that the forms be forwarded to a federal agency; only that they be maintained for a period of three years for inspection presumably by the Trust or bank examiners.

**3. Inside Information**

- a. **Policy** – Material inside information will not be used to trade the securities of a company, nor will it be used for the benefit of officers, directors, and employees of the bank or disclosed to other persons.
- b. **Procedures** – Material inside information is information about a company or the market for the company's securities that has not been generally disclosed to the marketplace, the dissemination of which is likely to affect significantly the market price of the company's securities or to be considered important by reasonable investors in determining whether to trade in such securities.

**FIRST MERCHANTS TRUST COMPANY**  
**SECTION: GENERAL POLICIES**  
**POLICY NUMBER: 10 (Continued)**  
**EFFECTIVE DATE:**

**January 16, 2008**

1. An employee who receives material inside information should communicate this fact to the chairman of the Investment Committee, and should not discuss the information inside or outside the bank. The Chairman of the Investment Committee, with advice of counsel, will decide whether the information is material and has not been made public, since material information may not be used until it has been fully disseminated to the public. Until then, no trading in the securities of the company is permitted either for trust accounts or for personal accounts.
2. Access to affiliate bank credit files is prohibited to trust investment personnel. Other bank personnel may have access only with the permission of the chairman of the Investment Committee.

**4. Transactions Affecting the Bank**

- a. **Policy** – Transactions between the bank and its affiliates, as well as transactions affecting bank securities and bank activities, will be conducted to avoid a conflict of interest that would favor the bank at the expense of trust beneficiaries.
- b. **Procedures**
  1. *Investments for fiduciary accounts.* Unless authorized by applicable law, the bank may not invest fiduciary funds where the bank has investment discretion in the stock, or obligations of, or assets acquired from:
    - The bank or any of its directors, officers, or employees.
    - Affiliates of the bank or any of their directors, officers, or employees.
    - Individuals or organizations with whom there exists an interest that might affect the bank's ability to exercise its best judgment.

**FIRST MERCHANTS TRUST COMPANY**  
**SECTION: GENERAL POLICIES**  
**POLICY NUMBER: 10 (Continued)**  
**EFFECTIVE DATE:**

**January 16, 2008**

2. *Loans, sales, or other transfers from fiduciary accounts.* Unless authorized by applicable law, or required in writing by the OCC, the bank may not lend, sell, or otherwise transfer assets in a fiduciary account, where the bank has investment discretion, to:

- The bank or any of its directors, officers, or employees.
- Affiliates of the bank or any of their directors, officers, or employees.
- Individuals or organizations with whom there exists an interest that might affect the bank's ability to exercise its best judgment.

(This rule is not applicable when the bank is advised by legal counsel that it has incurred, in its fiduciary capacity, a contingent or potential liability requiring reimbursement of the account, or where an investment has defaulted.)

3. *Loans of funds held as trustee.* The bank will not lend any funds held in trust to directors, officers, or employees, except for the exemptions listed in section 408 of the Employee Retirement Income Security Act of 1974 (ERISA).
4. *Loans to fiduciary accounts.* The bank or its affiliates may make a loan to a fiduciary account and may hold a security interest in assets of the account if the transaction is fair to the account.

5. **Transactions Between Trusts**

- a. **Policy** – transactions between trust accounts must be fair to both parties and are permitted if not prohibited by applicable laws.



## **First Merchants Corporation Whistleblower Policy**

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### **PURPOSE**

First Merchants Corporation is committed to the highest possible standards of ethical, moral and legal business conduct. In line with this commitment and First Merchant's commitment to open communication, this Policy aims to provide more than one avenue for raising concerns regarding accounting, Internal controls, or auditing matters — also known as whistleblowing — with the assurance that any person raising a concern will be protected from reprisals or victimization for whistleblowing in good faith.

### **PERSONS COVERED**

The protection and procedures provided by this Policy are available to all First Merchants directors, officers, shareholders, and employees, including those who are part time, temporary and contract employees.

### **CONDUCT AND MATTERS COVERED**

This Policy covers conduct and matters that could have a material impact on First Merchants or involve serious and sensitive issues, including but not limited to:

- Fraud or deliberate error in the preparation, evaluation, review, or audit of any financial statement of the Corporation;
- Fraud or deliberate error in the recording and maintaining of financial records of the Corporation;
- Deficiencies in or noncompliance with the Corporation's Internal accounting controls;
- A misrepresentation or false statement to or by a senior officer, accountant or auditor regarding a matter contained in the financial records, financial reports, or audit reports of the Corporation;
- Deviation from full and fair reporting of the Corporation's financial condition;
- Conduct in violation of federal or state criminal laws or the applicable federal, state and local statutes and regulations governing the Corporation's business;
- Actions or the failure to act that are inconsistent or contrary to the Corporation's policies, including the Code of Conduct; or
- Actions or the failure to act that otherwise amount to serious improper conduct.

This Policy does not apply to regular business matters or general employment related concerns.

The procedures provided by this Policy are to be used in good faith. A person using this Policy for malicious or personal purposes may be subject to an adverse action such as disciplinary action of employees.

## **SAFEGUARDS**

### **Confidentiality**

An effort will be made to protect the identity of a person who comes forward with information about conduct or matters covered by this Policy. A person who makes a report should understand that the information provided may result in an investigation by internal and/or external personnel. To assure that there is a proper and complete review of the information provided, a reporting person's identity may become known during the course of the investigation.

### **Anonymity**

A person reporting conduct and matters covered by this Policy may elect to remain anonymous at all times after making the report. Concerns expressed anonymously will be investigated, but consideration will be given to:

- The seriousness of the concern raised;
- The credibility of the concern alone; and
- The likelihood of confirming allegations of the concern from creditable sources.

### **No Reprisals**

There shall not be any retaliation or reprisals against a person using the procedures provided by this Policy to report a concern in good faith. An employee will not be discharged, demoted, suspended, threatened, harassed, or in any manner discriminated against in the terms or conditions of employment based on any lawful actions of taken by such employee with respect to good faith reporting of concerns about conduct and matters covered by this Policy.

## **REPORTING**

Serious concerns and sensitive issues relating to financial reporting, unethical or illegal conduct, or any other of the conduct and matters covered by this Policy should be reported in one of the following ways:

- 1. Toll Free Hotline:** (877) 472-2110 (USA & Canada English speaking)  
(800) 216-1288 (North America Spanish speaking)
- 2. Third-party Web Service:** Report site  
<http://www.lighthouse-services.com/Incident/Incident.php>  
**Username:** firstmerchants (all one word)  
**Password:** first  
Homepage site  
<http://www.lighthouse-services.com>  
click on submit a report  
**Username:** firstmerchants (all one word)  
**Password:** first
- 3. Third-party E-mail Service:** [reports@lighthouse-services.com](mailto:reports@lighthouse-services.com)  
"First Merchants" should be named in the message
- 4. Internal Audit:** An employee who does not require anonymity may also report a concern on conduct or matters covered by this

Policy to the Director of Internal Audit or Senior Manager, Internal Audit.

Employment-related concerns should continue to be reported through normal channels as outlined in the Employee Handbook.

## **HOW REPORTED CONCERNS/ISSUES WILL BE HANDLED**

The action taken upon receipt of a report will depend on the nature of the concern presented.

### **Audit Committee Notice**

The Audit Committee of First Merchants Corporation Board of Directors will be advised of each and every report received and the action taken on such report.

### **Initial Inquiries**

Initial inquiries will be made to determine whether an investigation is appropriate, and if appropriate the form that it should take. Some concerns may be resolved by agreed-upon action without the need for an investigation.

### **Investigations**

When an investigation is undertaken, it may be conducted internally or by an external third-party as determined appropriate. Confidentiality will be maintained to the extent possible while assuring a proper and complete review of the concern raised by the report.

### **Reporting Person's Role**

The amount of contact between the person reporting the concern and the party doing the investigating will depend on: (i) the nature of the conduct or matter reported, (ii) the clarity of the information provided, and (iii) whether the reporting person remains accessible for follow-up on information obtained during the investigation. Further information may be sought from the reporting person at any time during the investigation.

### **Follow-up With Reporting Person**

A person reporting a concern or issue will be given the opportunity to receive a follow-up response on the concern raised.

## **RETENTION OF REPORTS**

The Audit Committee will retain as part of its records each report made under this Policy for a period of at least five (5) years.

**FIRST MERCHANTS TRUST COMPANY  
SECTION: ACCOUNTING POLICIES  
POLICY NUMBER: 7  
REVIEWED**

**January 16, 2008**

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### **RECORDKEEPING**

In compliance with 12CFR9.8(a)-(c) it is the policy of the Bank that it shall maintain adequate records of all fiduciary accounts. The Bank shall retain these records for a period of three years from the later of the termination of the account or the termination of any litigation relating to the account. The records of the fiduciary accounts are separate and distinct from the records of the Bank.