



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

Department of the Treasury
Internal Revenue Service

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

2010

| <p>For calendar year 2010, or tax year beginning</p> <p><input type="checkbox"/> Check all that apply</p> <p><input type="checkbox"/> Initial return <input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Initial Return of a former public charity</p> <p><input type="checkbox"/> Address change <input type="checkbox"/> Name change</p> | | <p>Jan 01, 2010, and ending</p> | <p>Dec 31, 2010</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>A Employer identification number 37-6241638</p> <p>B Telephone number (see the instructions) 877-642-9664</p> <p>C If exemption application is pending, check here ►</p> <p>D 1 Foreign organizations, check here ► 2 Foreign organizations meeting the 85% test, check here and attach computation ►</p> <p>E If private foundation status was terminated under section 507(b)(1)(A), check here ►</p> <p>F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ►</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation</p> <p>I Fair market value of all assets at end of year (from Part II, col. (c), line 16) <input type="checkbox"/> \$ 456,372.</p> <p>J Accounting method. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____</p> <p>(Part I, column (d) must be on cash basis)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), & (d) may not necessarily equal the amounts in column (a) (see instr))</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Revenue</th> <th style="width: 25%; text-align: center;">(a) Revenue and expenses per books</th> <th style="width: 25%; text-align: center;">(b) Net investment income</th> <th style="width: 25%; text-align: center;">(c) Adjusted net income</th> <th style="width: 25%; text-align: center;">(d) Disbursements for charitable purposes (cash basis only)</th> </tr> </thead> <tbody> <tr> <td>1 Contributions, gifts, grants, etc., received (attach schedule)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2 Check ► <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3 Interest on savings and temp cash investments</td> <td style="text-align: right;">84.</td> <td style="text-align: right;">84.</td> <td></td> <td></td> </tr> <tr> <td>4 Dividends and interest from securities</td> <td style="text-align: right;">9,013.</td> <td style="text-align: right;">9,013.</td> <td></td> <td></td> </tr> <tr> <td>5a Gross rents b Net rental income or (loss) _____</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>6a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 35,419.</td> <td style="text-align: right;">(2,372.)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>7 Capital gain net income (from Part IV, line 2)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>8 Net short-term capital gain</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>9 Income modifications Gross sales less rns & allowances _____</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>10a Less Cost of goods sold</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c Gross profit or (loss) (attach schedule)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>11 Other income (attach schedule)</td> <td style="text-align: right;">24.</td> <td style="text-align: right;">24.</td> <td></td> <td></td> </tr> <tr> <td>12 Total. Add lines 1 through 11</td> <td style="text-align: right;">6,749.</td> <td style="text-align: right;">9,121.</td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;">6,043.</td> <td style="text-align: right;">5,643.</td> <td></td> <td style="text-align: right;">400.</td> </tr> <tr> <td>13 Compensation of officers, directors, trustees, etc</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>14 Other employee salaries and wages</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>15 Pension plans, employee benefits</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>16a Legal fees (attach schedule)...</td> <td style="text-align: right;">300.</td> <td style="text-align: right;">200.</td> <td></td> <td style="text-align: right;">100.</td> </tr> <tr> <td>b Accounting fees (attach schedule)</td> <td style="text-align: right;">1,750.</td> <td style="text-align: right;">1,750.</td> <td></td> <td></td> </tr> <tr> <td>c Other professional fees (attach schedule)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>17 Interest</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>18 Taxes (attach schedule) (see instructions)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>19 Depreciation (attach sch) and depletion</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>20 Occupancy</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>21 Travel, conferences, and meetings</td> <td style="text-align: right;">506.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>22 Printing and publications</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>23 Other expenses (attach schedule)</td> <td style="text-align: right;">15.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>24 Total operating and administrative expenses Add lines 13 through 23</td> <td style="text-align: right;">8,645.</td> <td style="text-align: right;">7,593.</td> <td></td> <td style="text-align: right;">500.</td> </tr> <tr> <td>25 Contributions, gifts, grants paid</td> <td style="text-align: right;">18,350.</td> <td></td> <td></td> <td style="text-align: right;">19,150.</td> </tr> <tr> <td>26 Total exp & disbursements Add lines 24 and 25</td> <td style="text-align: right;">26,995.</td> <td style="text-align: right;">7,593.</td> <td></td> <td style="text-align: right;">19,650.</td> </tr> <tr> <td>27 Subtract line 26 from line 12</td> <td style="text-align: right;">(20,246.)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>a Excess of revenue over expenses and disbursements</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b Net investment income (if neg, enter -0-)</td> <td></td> <td style="text-align: right;">1,528.</td> <td></td> <td></td> </tr> <tr> <td>c Adjusted net income (if neg, enter -0-)</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | Revenue | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) | 1 Contributions, gifts, grants, etc., received (attach schedule) | | | | | 2 Check ► <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B | | | | | 3 Interest on savings and temp cash investments | 84. | 84. | | | 4 Dividends and interest from securities | 9,013. | 9,013. | | | 5a Gross rents b Net rental income or (loss) _____ | | | | | 6a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 35,419. | (2,372.) | | | | 7 Capital gain net income (from Part IV, line 2) | | | | | 8 Net short-term capital gain | | | | | 9 Income modifications Gross sales less rns & allowances _____ | | | | | 10a Less Cost of goods sold | | | | | c Gross profit or (loss) (attach schedule) | | | | | 11 Other income (attach schedule) | 24. | 24. | | | 12 Total. Add lines 1 through 11 | 6,749. | 9,121. | | | | 6,043. | 5,643. | | 400. | 13 Compensation of officers, directors, trustees, etc | | | | | 14 Other employee salaries and wages | | | | | 15 Pension plans, employee benefits | | | | | 16a Legal fees (attach schedule)... | 300. | 200. | | 100. | b Accounting fees (attach schedule) | 1,750. | 1,750. | | | c Other professional fees (attach schedule) | | | | | 17 Interest | | | | | 18 Taxes (attach schedule) (see instructions) | | | | | 19 Depreciation (attach sch) and depletion | | | | | 20 Occupancy | | | | | 21 Travel, conferences, and meetings | 506. | | | | 22 Printing and publications | | | | | 23 Other expenses (attach schedule) | 15. | | | | 24 Total operating and administrative expenses Add lines 13 through 23 | 8,645. | 7,593. | | 500. | 25 Contributions, gifts, grants paid | 18,350. | | | 19,150. | 26 Total exp & disbursements Add lines 24 and 25 | 26,995. | 7,593. | | 19,650. | 27 Subtract line 26 from line 12 | (20,246.) | | | | a Excess of revenue over expenses and disbursements | | | | | b Net investment income (if neg, enter -0-) | | 1,528. | | | c Adjusted net income (if neg, enter -0-) | | | | |
| Revenue | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 Contributions, gifts, grants, etc., received (attach schedule) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 Check ► <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 Interest on savings and temp cash investments | 84. | 84. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 Dividends and interest from securities | 9,013. | 9,013. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5a Gross rents b Net rental income or (loss) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 35,419. | (2,372.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 Capital gain net income (from Part IV, line 2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 Net short-term capital gain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 Income modifications Gross sales less rns & allowances _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10a Less Cost of goods sold | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c Gross profit or (loss) (attach schedule) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 Other income (attach schedule) | 24. | 24. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 Total. Add lines 1 through 11 | 6,749. | 9,121. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6,043. | 5,643. | | 400. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 Compensation of officers, directors, trustees, etc | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 Other employee salaries and wages | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 Pension plans, employee benefits | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16a Legal fees (attach schedule)... | 300. | 200. | | 100. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b Accounting fees (attach schedule) | 1,750. | 1,750. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c Other professional fees (attach schedule) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 Interest | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 Taxes (attach schedule) (see instructions) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 Depreciation (attach sch) and depletion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 Occupancy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 Travel, conferences, and meetings | 506. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 Printing and publications | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 Other expenses (attach schedule) | 15. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 Total operating and administrative expenses Add lines 13 through 23 | 8,645. | 7,593. | | 500. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 Contributions, gifts, grants paid | 18,350. | | | 19,150. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 Total exp & disbursements Add lines 24 and 25 | 26,995. | 7,593. | | 19,650. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 Subtract line 26 from line 12 | (20,246.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a Excess of revenue over expenses and disbursements | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b Net investment income (if neg, enter -0-) | | 1,528. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c Adjusted net income (if neg, enter -0-) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For Paperwork Reduction Act Notice, see the instructions.

BCA

US990P\$1

22 Form 990-PF (2010)

| Part II Balance Sheets | | Attached schedules and amounts in the description column should be for end-of-year amounts only (See inst.) | |
|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| | | Beginning of year (a) Book Value | End of year (b) Book Value (c) Fair Market Value |
| Assets | 1 Cash - non-interest-bearing | | |
| | 2 Savings and temporary cash investments | 4,332. | 14,919. |
| | 3 Accounts receivable ► | | |
| | Less: allowance for doubtful accts ► | | |
| | 4 Pledges receivable ► | | |
| | Less: allowance for doubtful accts ► | | |
| | 5 Grants receivable | | |
| | 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions) | | |
| | 7 Other notes and loans receivable (attach schedule) ► | | |
| | Less: allowance for doubtful accounts ► | | |
| | 8 Inventories for sale or use | | |
| | 9 Prepaid expenses and deferred charges .. | 1,434. | 1,401. |
| | 10a Investments - U.S. and state govt obligations (attach schedule) | | |
| | b Investments - corporate stock (attach schedule) | 369,432. | 344,193. |
| | c Investments - corporate bonds (attach schedule) | 88,248. | 81,887. |
| | 11 Investments - land, buildings, and equipment basis ► | | |
| Less accumulated depreciation (attach schedule) ► | | | |
| 12 Investments - mortgage loans | | | |
| 13 Investments - other (attach schedule) | | | |
| 14 Land, buildings, and equipment basis ► | | | |
| Less accumulated depreciation (attach schedule) ► | | | |
| 15 Other assets (describe ►) | | | |
| 16 Total assets (to be completed by all filers - see the instructions Also, see page 1, item I) | 463,446. | 442,400. | |
| 17 Accounts payable and accrued expenses | | | |
| 18 Grants payable | 10,250. | 9,450. | |
| 19 Deferred revenue | | | |
| 20 Loans from officers, directors, trustees, and other disqualified persons | | | |
| 21 Mortgages and other notes payable (attach schedule) | | | |
| 22 Other liabilities (describe ►) | | | |
| 23 Total liabilities (add lines 17 through 22) | 10,250. | 9,450. | |
| Net Assets or Fund Balances | Foundations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31. | | |
| 24 Unrestricted | | | |
| 25 Temporarily restricted | | | |
| 26 Permanently restricted | 453,196. | 432,950. | |
| Foundations that do not follow SFAS 117, ck. here ► <input type="checkbox"/> and complete lines 27 through 31. | | | |
| 27 Capital stock, trust principal, or current funds | | | |
| 28 Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| 29 Retained earnings, accumulated income, endowment, or other funds | | | |
| 30 Total net assets or fund balances (see the instructions) | 453,196. | 432,950. | |
| 31 Total liabilities and net assets/fund balances (see the instructions) | 463,446. | 442,400. | |

Part III Analysis of Changes in Net Assets or Fund Balances

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---|-----------|
| 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | ... | 1 | 453,196. |
| 2 Enter amount from Part I, line 27a | .. | 2 | (20,246.) |
| 3 Other increases not included in line 2 (itemize) ► | | 3 | |
| 4 Add lines 1, 2, and 3 | .. | 4 | 432,950. |
| 5 Decreases not included in line 2 (itemize) ► | | 5 | |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 | | 6 | 432,950. |

Part IV Capital Gains and Losses for Tax on Investment Income

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co) | (b) How acquired P - Purchase D - Donation | (c) Date acquired (mo., day, yr) | (d) Date sold (mo , day, yr) |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------|----------------------------------|
| 1 a 903+ SH BLACKROCK LARGE CAP VALUE FD | P | 12/14/2007 | 05/11/2010 |
| b 362+ SH AMERICAN GROWTH FUND AMERICA | P | 04/01/2005 | 05/11/2010 |
| c 1153+ SH VANGUARD TOTAL BOND MARKET FD | P | 11/06/2006 | 01/05/2010 |
| d COLUMBIA ACORN FUND - LT CAP GAIN DIV | P | 12/19/2001 | 12/14/2010 |
| e SEE ATTACHED WORKSHEET | | | |

| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) |
|-----------------------|--------------------------------------------|-------------------------------------------------|----------------------------------------------|
| a 12,605. | | 16,622. | (4,017.) |
| b 10,000. | | 9,658. | 342. |
| c 12,000. | | 11,510. | 490. |
| d 490. | | | 490. |
| e 323. | | | 323. |

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

| (i) F.M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col (i) over col (j), if any | (l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) |
|--------------------------|--------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------|
| a | | | (4,017.) |
| b | | | 342. |
| c | | | 490. |
| d | | | 490. |
| e | | | 323. |

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---|----------|
| 2 Capital gain net income or (net capital loss) | ▲ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 | 2 | (2,372.) |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see the instructions). If (loss), enter -0- in Part I, line 8 | ▼ | 3 | |

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

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

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

 Yes No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries

| (a) Base period years Calendar year (or tax year beg in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio (col (b) divided by col (c)) |
|----------------------------------------------------------------|------------------------------------------|-------------------------------------------------|-----------------------------------------------------------|
| 2009 | | | |
| 2008 | | | |
| 2007 | | | |
| 2006 | | | |
| 2005 | | | |

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| 2 Total of line 1, column (d) | 2 |
| 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years | 3 |
| 4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5 | 4 |
| 5 Multiply line 4 by line 3 | 5 |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | 6 |
| 7 Add lines 5 and 6 | 7 |
| 8 Enter qualifying distributions from Part XII, line 4 | 8 |

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

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

| | | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> & enter "N/A" on line 1 Date of ruling or determination letter. _____ (attach copy of letter if necessary - see instr) | 1 | 31. |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input type="checkbox"/> and enter 1% of Part I, line 27b | | |
| c | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b) | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | 2 | 0 |
| 3 | Add lines 1 and 2 | 3 | 31. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | 4 | 0 |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- | 5 | 31. |
| 6 | Credits/Payments | | |
| a | 2010 estimated tax payments and 2009 overpayment credited to 2010 | 6a | 628. |
| b | Exempt foreign organizations - tax withheld at source | 6b | |
| c | Tax paid with application for extension of time to file (Form 8868) | 6c | |
| d | Backup withholding erroneously withheld | 6d | |
| 7 | Total credits and payments Add lines 6a through 6d | 7 | 628. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached | 8 | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | 597. |
| 11 | Enter the amount of line 10 to be Credited to 2011 estimated tax | 11 | Refunded |

Part VII-A Statements Regarding Activities

| | | | |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | Yes | No |
| 1a | | X | |
| 1b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? | Yes | No |
| 1b | | X | |
| c | Did the foundation file Form 1120-POL for this year? | Yes | No |
| c | | X | |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ► \$ _____ (2) On foundation managers. ► \$ _____ | Yes | No |
| e | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$ _____ | Yes | No |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities | Yes | No |
| 2 | | X | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | Yes | No |
| 3 | | X | |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | Yes | No |
| 4a | | X | |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | Yes | No |
| b | | X | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T. | Yes | No |
| 5 | | X | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? | Yes | No |
| 6 | | X | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV | Yes | No |
| 7 | | X | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see the instructions) ► IL | Yes | No |
| 8b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation | Yes | No |
| 8b | | X | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV in instructions)? If "Yes," complete Part XIV | Yes | No |
| 9 | | X | |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | Yes | No |
| 10 | | X | |

Part VII-A Statements Regarding Activities (continued)

| | | | |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes" attach schedule (see instructions) If "Yes," attach schedule (see instructions) | 11 | X |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? | 12 | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► home.midwest.net/~cbconly/blac | 13 | X |
| 14 | The books are in care of ► INTEGRA BANK TRUST SERV Located at ► 227 MAIN STREET IN EVANSVILLE | Telephone no ► 877-642-9664 ZIP+4 ► 47705-0868 | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year | ► 15 | □ |
| 16 | At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country ► | 16 | Yes X No |

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

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

| | | Yes | No |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------|
| 1a | During the year did the foundation (either directly or indirectly) | <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? | <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) | <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No |
| b | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)? Organizations relying on a current notice regarding disaster assistance check here | ► <input type="checkbox"/> | 1b X |
| c | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010? | | 1c X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | |
| a | At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? If "Yes," list the years ► 20 __, 20 __, 20 __, 20 __ | <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see the instructions) | | 2b |
| c | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20 __, 20 __, 20 __, 20 __ | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? | <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No |
| b | If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010.) | | 3b |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | | 4a X |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010? | | 4b X |

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?
 (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?
 (3) Provide a grant to an individual for travel, study, or other similar purposes?
 (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)
 (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

Yes No
 Yes No
 Yes No
 Yes No
 Yes No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see the instructions)?Organizations relying on a current notice regarding disaster assistance check here ► **c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

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

Yes No

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes No

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

If "Yes" to 6b, file Form 8870

Yes No

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

Yes No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

7b ► **Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1** List all officers, directors, trustees, foundation managers and their compensation (see the instructions).

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred comp | (e) Expense account, other allowances |
|-------------------------------|-----------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------|---------------------------------------|
| PATRICIA EVANS 227 MAIN ST | | SEE | STMT | |
| JAY WALDEN 202 E NORTH | | | | |
| DAVID CAMPBELL 609 W MAIN | | | | |
| L B CONLEY 301 S WALNUT | | | | |

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

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

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see the instructions). If none, enter "NONE."

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|-------------------------------------------------------------|---------------------|------------------|
| NONE | | |
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Total number of others receiving over \$50,000 for professional services

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical info such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

| | |
|---|--|
| 1 | |
| 2 | |
| 3 | |
| 4 | |

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

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

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

| | | |
|---|-----------------------------------------------------------------------------------------------------------------|-------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes | |
| a | Average monthly fair market value of securities | 1a 410,488. |
| b | Average of monthly cash balances | 1b 16,892. |
| c | Fair market value of all other assets (see the instructions) | 1c |
| d | Total (add lines 1a, b, and c) | 1d 427,380. |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1e |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 |
| 3 | Subtract line 2 from line 1d | 3 427,380. |
| 4 | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see the instructions) | 4 6,411. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 420,969. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 21,048. |

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

| | | |
|-----|----------------------------------------------------------------------------------------------------------|-----------|
| 1 | Minimum investment return from Part X, line 6 | 1 21,048. |
| 2 a | Tax on investment income for 2010 from Part VI, line 5 | 2a 31. |
| b | Income tax for 2010. (This does not include the tax from Part VI) | 2b |
| c | Add lines 2a and 2b | 2c 31. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 21,017. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 |
| 5 | Add lines 3 and 4 | 5 21,017. |
| 6 | Deduction from distributable amount (see the instructions) | 6 |
| 7 | Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 21,017. |

Part XII Qualifying Distributions (see the instructions)

| | | |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes | |
| a | Expenses, contributions, gifts, etc -total from Part I, column (d), line 26 | 1a 19,650. |
| b | Program-related investments-total from Part IX-B | 1b |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 |
| 3 | Amounts set aside for specific charitable projects that satisfy the. | |
| a | Suitability test (prior IRS approval required) | 3a |
| b | Cash distribution test (attach the required schedule) | 3b |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 19,650. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see the instructions) | 5 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 19,650. |

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

Part XIII Undistributed Income (see the instructions)

| | (a) Corpus | (b) Years prior to 2009 | (c) 2009 | (d) 2010 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2010 from Part XI, line 7 | | | | 21,017. |
| 2 Undistributed income, if any, as of the end of 2010 | | | 16,203. | |
| a Enter amount for 2009 only | | | | |
| b Total for prior yrs 20____, 20____, 20____ | | | | |
| 3 Excess distribs carryover, if any, to 2010. | | | | |
| a From 2005 | | | | |
| b From 2006 | | | | |
| c From 2007 | | | | |
| d From 2008 | | | | |
| e From 2009 | | | | |
| f Total of lines 3a through e | | | 16,203. | |
| 4 Qualifying distributions for 2010 from Part XII, line 4 ► \$ 19,650. | | | | |
| a Applied to 2009, but not more than line 2a | | | 16,203. | |
| b Applied to undistributed income of prior years (Election required - see the instr.) | | | | |
| c Treated as distributions out of corpus (Election required - see the instructions) | | | | |
| d Applied to 2010 distributable amount | | | | 3,447. |
| e Remaining amt distributed out of corpus | | | | |
| 5 Excess distribs carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in col (a)) | | | | |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 3f, 4c, & 4e Subtract line 5 | | | | |
| b Prior years' undistributed income Subtract line 4b from line 2b | | | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | | | |
| d Subtract line 6c from line 6b Taxable amount - see the instructions | | | | |
| e Undistributed income for 2009 Subtract line 4a from line 2a. Taxable amount - see the instructions | | | | |
| f Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011 | | | | 17,570. |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see the instructions) | | | | |
| 8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see the instructions) | | | | |
| 9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a | | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2006 | | | | |
| b Excess from 2007 | | | | |
| c Excess from 2008 | | | | |
| d Excess from 2009 | | | | |
| e Excess from 2010 | | | | |

Part XIV Private Operating Foundations (see the instructions and Part VII-A, question 9)

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

1 Information Regarding Foundation Managers:

- a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))
- b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

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

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

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

INTEGRA BANK WEALTH MAN 877-642-9664 PO BOX 868 Evansville IN 47705

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

LETTER OF APPLICATION, PROOF OF TAX EXEMPTION, BUDGET OR PROJECT INFO

c Any submission deadlines.

NONE, BUT MEETINGS HELD EARLY MAY AND LATE OCTOBER OR NOVEMBER ANNUALLY

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

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Name and address (home or business) | | | | |
| a Paid during the year | | | | |
| ASHLAND 2225 CO 62820- | | PUBLIC | CHARITABLE | 150. |
| BIG PRAI 1454 CO 62821 | | PUBLIC | CHARITABLE | 150. |
| BT PRAIR C/O 201 62806 | | PUBLIC | CHARITABLE | 150. |
| BT PRAIR 1750 CO 62821 | | PUBLIC | CHARITABLE | 150. |
| CARMI NE 400 W FA 62821 | | PUBLIC | CHARITABLE | 150. |
| CHERRY S PO BOX 6 62821 | | PUBLIC | CHARITABLE | 150. |
| GRAYVILL 321 W MI 62844 | | PUBLIC | CHARITABLE | 150. |
| COMMUNIT C/O 409 62821 | | PUBLIC | CHARITABLE | 150. |
| CONCORD 472 CO R 62867 | | PUBLIC | CHARITABLE | 150. |
| CORNERST PO BOX 2 62844 | | PUBLIC | CHARITABLE | 150. |
| CROSSROA 583 HWY 62869 | | PUBLIC | CHARITABLE | 150. |
| CROSSVIL PO BOX 2 62827 | | PUBLIC | CHARITABLE | 150. |
| CROSSVIL PO BOX 9 62827 | | PUBLIC | CHARITABLE | 150. |
| ENFIELD 319 RAIL 62835 | | PUBLIC | CHARITABLE | 150. |
| ENFIELD PO BOX 2 62835 | | PUBLIC | CHARITABLE | 150. |
| FAITH TA 900 N 9T 62821 | | PUBLIC | CHARITABLE | 150. |
| CARMI FI PO BOX 2 62821 | | PUBLIC | CHARITABLE | 150. |
| GRAYVILL PO BOX 8 62844 | | PUBLIC | CHARITABLE | 150. |
| CARMI FI 702 W KE 62821 | | PUBLIC | CHARITABLE | 150. |
| CARMI FI 310 S FI 62821 | | PUBLIC | CHARITABLE | 150. |
| FIRST SO PO BOX 3 62869 | | PUBLIC | CHARITABLE | 150. |
| GEORGIA C/O 111 62821 | | PUBLIC | CHARITABLE | 150. |
| GOSPEL A C/O RR 3 62837 | | PUBLIC | CHARITABLE | 150. |
| GRAYVILL PO BOX 4 62844 | | PUBLIC | CHARITABLE | 150. |
| KINGDOM 887 CO R 62821 | | PUBLIC | CHARITABLE | 150. |
| MARSHALL 833 CO R 62821 | | PUBLIC | CHARITABLE | 150. |
| MAUNIE 1 PO BOX 5 62861 | | PUBLIC | CHARITABLE | 150. |
| MAUNIE F 245 S JO 62821 | | PUBLIC | CHARITABLE | 150. |
| CROSSVIL PO BOX 4 62827 | | PUBLIC | CHARITABLE | 150. |
| MT OVAL C/O 950 62871 | | PUBLIC | CHARITABLE | 150. |
| NORRIS C 211 N EA 62869 | | PUBLIC | CHARITABLE | 150. |
| NORRIS C PO BOX 5 62869 | | PUBLIC | CHARITABLE | 150. |
| Total | | | ► 3a | 19,150. |
| b Approved for future payment | | | | |
| ASHLAND 2225 CO 62820 | | PUBLIC | CHARITABLE | 150. |
| BIG PRAI 1454 CO 62821 | | PUBLIC | CHARITABLE | 150. |
| CARMI JE 305 S TH 62821 | | PUBLIC | CHARITABLE | 150. |
| CARMI NE 709 CO R 62821 | | PUBLIC | CHARITABLE | 150. |
| CHERRY S PO BOX 6 62821 | | PUBLIC | CHARITABLE | 150. |
| GRAYVILL C/O 481 62806 | | PUBLIC | CHARITABLE | 150. |
| COMMUNIT C/O 409 62821 | | PUBLIC | CHARITABLE | 150. |
| CONCORD 472 CO R 62867 | | PUBLIC | CHARITABLE | 150. |
| CROSSROA PO BOX 3 62869 | | PUBLIC | CHARITABLE | 150. |
| CROSSVIL PO BOX 3 62827 | | PUBLIC | CHARITABLE | 150. |
| ENFIELD 140 CO R 62835 | | PUBLIC | CHARITABLE | 150. |
| CARMI FI PO BOX 2 62821 | | PUBLIC | CHARITABLE | 150. |
| CARMI FI 310 S FI 62821 | | PUBLIC | CHARITABLE | 150. |
| NORRIS C PO BOX 3 62869 | | PUBLIC | CHARITABLE | 150. |
| FULL GOS 901 W SY 62821 | | PUBLIC | CHARITABLE | 150. |
| GEORGIA C/O 111 62821 | | PUBLIC | CHARITABLE | 150. |
| SEE SCHE ALL PUBL | | PUBLIC | CHARITABLE | 7,050. |
| Total | | | ► 3b | 9,450. |

Part XVI-A Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated | Unrelated business income | | Excluded by section 512, 513, or 514 | | (e) Related or exempt function income (See the instructions) |
|------------------------------------------------------------|---------------------------|---------------|--------------------------------------|---------------|---------------------------------------------------------------------------|
| | (a) Business code | (b) Amount | (c) Excl code | (d) Amount | |
| 1 Program service revenue | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash investments | | | 14 | 84. | |
| 4 Dividends and interest from securities | | | 14 | 9,013. | |
| 5 Net rental income or (loss) from real estate | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal property | | | | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other than inventory | | | 18 | (2,372.) | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue a <u>FUND SETTLEMENT</u> | | | 14 | 24. | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | | | 6,749. | |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 6,749. |

(See worksheet in line 13 instructions to verify calculations.)

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

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

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

| (a) Line no | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Desc of transfers, transactions, and sharing arrangements |
|-------------|---------------------|-----------------------------------------------|---------------------------------------------------------------|
| A1 | 1,000. | CARMI MASONIC LODGE | DONATION FOR CHARITABLE PURPOSES |
| A1 | 500. | MAY EASTERN STAR CHAPTER | DONATION FOR CHARITABLE PURPOSES |
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2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
| | | |
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Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge

*Integro Bank NA
Brenda Carrigan*
Signature of officer or trustee

| 5-12-11

TRUST OFFICER

Data

| | | | | | |
|---------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------|-------------------------|
| Paid Preparer Use Only | Print/Type preparer's name LUCINDA BIRK CONLEY | Preparer's signature  | Date 5/10/11 | Check <input checked="" type="checkbox"/> if self-employed | PTIN P0057044 |
| | Firm's name LUCINDA BIRK CONLEY, CPA | Firm's EIN 37-1179204 | | | |
| | Firm's address 301 S WALNUT ST | Phone no 618-382-2048 | | | |

CARMI IL 62821-

Form 990-PF (2010)

US 990**Other Income****2010**

| Description | Revenue and expenses per books | Investment income | Adjusted net income |
|------------------------------|-----------------------------------|----------------------|------------------------|
| INVESCO FAIR FUND SETTLEMENT | 24. 24. | 24. 24. | |

US 990**Legal Fees****2010**

| Description | Expenses per books | Net investment income | Adjusted net income | Charitable purposes |
|----------------------------------------------------------|-----------------------|--------------------------|------------------------|------------------------|
| JAY D WALDEN, ATTORNEY PROVIDES LEGAL ADVICE TO TRUST | 300. | 200. | | 100. |
| | 300. | 200. | | 100. |

US 990

Accounting Fees

2010

| Description | Expenses per books | Net investment income | Adjusted net income | Charitable purposes |
|------------------------------------------------------------|-----------------------|--------------------------|------------------------|------------------------|
| LUCINDA BIRK CONLEY, CPA PREPARES 990FP AND FMV REPORTS | 1,750. | 1,750. | | |
| | 1,750. | 1,750. | | |

US 990

Taxes

2010

| Description | Expenses per books | Net investment income | Adjusted net income | Charitable purposes |
|---------------------------------|-----------------------|--------------------------|------------------------|------------------------|
| EXCISE TAX ON INVESTMENT INCOME | 31. 31. | | | |

US 990**Other Expenses****2010**

| Description | Expenses per books | Net investment income | Adjusted net income | Charitable purposes |
|-----------------------------|-----------------------|--------------------------|------------------------|------------------------|
| ILLINOIS CHARITY BUREAU FEE | 15. 15. | | | |

US 990

Investments: Corporate Stock as of Year End

2010

| Description | Book value | FMV |
|-------------------------------------------|------------|----------|
| COLUMBIA ACORN FUND CLASS Z | 11,277. | 17,684. |
| DWS DREMAN SMALL CAP VALUE FUND | 17,065. | 17,616. |
| DODGE AND COX STOCK FUND | 82,767. | 67,668. |
| GOLDMAN SACHS MID-CAP VALUE FUND | 18,270. | 18,288. |
| AMERICAN GROWTH FUND OF AMERICA | 99,743. | 112,775. |
| ROYCE VALUE FUND | 17,571. | 17,368. |
| VANGUARD INTERNATIONAL GROWTH FUND | 37,181. | 38,603. |
| VANGUARD INTL EQUITY EMERGING MARKETS EFT | 7,896. | 9,629. |
| VANGUARD 500 INDEX FUND | 5,088. | 9,433. |
| CITIGROUP CAP XVI PFD | 5,000. | 4,580. |
| COUNTRYWIDE CAP IV GTD TR PFD | 5,000. | 4,920. |
| ING GROEP NV PERP PFD | 1,573. | 2,026. |
| LINCOLN NATIONAL CORP IND CAP PFD | 10,262. | 10,056. |
| MORGAN STANLEY CAP TR IV PFD | 25,500. | 22,800. |
| | 344,193. | 353,446. |

US 990

Investments: Corporate Bonds as of Year End

2010

| Description | Book value | FMV |
|-------------------------------------------|------------|---------|
| VANGUARD TOTAL BOND MARKET INDEX FUND | 68,864. | 72,855. |
| GOLDMAN SACHS GROUP INC SR NOTE 5.3% | 4,655. | 5,232. |
| HOLLAND MI SCHOOL DIST BLDG BOND 5.78% | 5,150. | 4,970. |
| ZIONSVILLE IN COMM SCHOOLS BLDG BOND ZERO | 3,218. | 3,549. |
| | 81,887. | 86,606. |

US 990PF**Expenditure Responsibility****2010**

| | | | |
|---------------------------|-----------------------------------|--|-----------------|
| Grantee's name | CARMI MASONIC LODGE | | |
| Grantee's address | N WALNUT ST | | 62821- IL CARMI |
| Grant date | 11/17/2010 | | |
| Grant amount | 1,000. | | |
| Grant purpose | DONATIONS TO 5 CHARITIES 200 EACH | | |
| Amount expended | 1,000. | | |
| Any diversion by grantee? | NO | | |
| Dates of reports | 01/15/2011 | | |
| Date of verification | 01/15/2011 | | |
| Results of verification | NO PROBLEM | | |

US 990PF**Expenditure Responsibility****2010**

| | | | |
|---------------------------|------------------------------------|--|-----------------------|
| Grantee's name | MAY CHAPTER ORDER OF EASTERN STAR | | |
| Grantee's address | S DIVISION ST | | 62869- IL NORRIS CITY |
| Grant date | 12/06/2010 | | |
| Grant amount | 500. | | |
| Grant purpose | MINISTERIAL 250 AMBULANCE SERV 250 | | |
| Amount expended | 500. | | |
| Any diversion by grantee? | NO | | |
| Dates of reports | MAY 5, 2011 | | |
| Date of verification | 05/10/2011 | | |
| Results of verification | NO PROBLEM | | |

List of Officers, Directors, Trustees and Key Employees 990EZ: Page 2 Part IV; 990-PF: Page 6, Part VIII

2010

US 990PF**Grants and Contributions Paid During the Year****2010**

| Recipient name and address | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|----------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|--------|
| NORRIS C PO BOX 2 62869- | | PUBLIC | CHARITABLE | 150. |
| OUTREACH 357 CO R 62869 | | PUBLIC | CHARITABLE | 150. |
| PLAINVIE 1426 US 62835 | | PUBLIC | CHARITABLE | 150. |
| PLEASANT 2174 CO 62821 | | PUBLIC | CHARITABLE | 150. |
| POWELL G PO BOX 2 62869 | | PUBLIC | CHARITABLE | 150. |
| RLDS CHU RR 1 BOX 62887 | | PUBLIC | CHARITABLE | 150. |
| SALEM PR 103 N GO 62827 | | PUBLIC | CHARITABLE | 150. |
| SPRINGER 112 MARC 62887 | | PUBLIC | CHARITABLE | 150. |
| ST PATRI HIGHWAY 62835 | | PUBLIC | CHARITABLE | 150. |
| ST POLYC 209 FOUR 62821 | | PUBLIC | CHARITABLE | 150. |
| SUNSET C 311 PLUM 62821 | | PUBLIC | CHARITABLE | 150. |
| NEW HEAV PO BOX 8 62827 | | PUBLIC | CHARITABLE | 150. |
| UNION CO PO BOX 2 62869 | | PUBLIC | CHARITABLE | 150. |
| UNITED C 204 S PO 62869 | | PUBLIC | CHARITABLE | 150. |
| WESLEY C 1251 CO 62835 | | PUBLIC | CHARITABLE | 150. |
| WEST ANT RR 1 62862 | | PUBLIC | CHARITABLE | 150. |
| WORLD HA 1600 SAU 62821 | | PUBLIC | CHARITABLE | 150. |
| FULL GOS 901 W SY 62821 | | PUBLIC | CHARITABLE | 150. |
| EMMANUEL 700 THIR 62821 | | PUBLIC | CHARITABLE | 150. |
| UNION RI 1163 CO 62867 | | PUBLIC | CHARITABLE | 150. |
| STEWART PO BOX 1 62821 | | PUBLIC | CHARITABLE | 150. |
| CARMIC CO 305 S 3R 62821 | | PUBLIC | CHARITABLE | 150. |
| MACEDONI HIGHWAY 62869 | | PUBLIC | CHARITABLE | 150. |
| MAY CHAP S DIVISI 62869 | | PUBLIC | CHARITABLE | 500. |
| CARMIC MA N WALNUT 62821 | | PUBLIC | CHARITABLE | 1,000. |
| SALVATIO 105 NEEL 62821 | | PUBLIC | CHARITABLE | 1,400. |
| ENFIELD HIGHWAY 62835 | | PUBLIC | FOOD PANTRY | 100. |
| CHERRY S 3RD AND 62821 | | PUBLIC | FOOD PANTRY | 100. |
| CROSSROA 583 HWY 62869 | | PUBLIC | FOOD PANTRY | 100. |
| WADI FOO WEST OAK 62821 | | PUBLIC | FOOD PANTRY | 100. |
| GRAYVILL 122 S CO 62844 | | PUBLIC | FOOD PANTRY | 100. |
| ONE ROOM E ROBINS 62821 | | PUBLIC | EDUCATIONAL | 500. |
| | | | | 7,350. |

US 990PF**Grants and Contributions Paid During the Year****2010**

| Recipient name and address | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|----------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|--------|
| HABITAT PO BOX 9 62946- | | PUBLIC | CHARITABLE | 1,000. |
| WHITE CO 113 S WA 62821 | | PUBLIC | CHARITABLE | 250. |
| GRAYVILL 302 COLL 62821 | | PUBLIC | CHARITABLE | 250. |
| CHRISTMA PO BOX 7 62869 | | PUBLIC | CHARITABLE | 250. |
| GRAYVILL 122 SOUT 62844 | | PUBLIC | MEDICAL CHARITY | 250. |
| PHOENIX 400 S PL 62821 | | PUBLIC | MEDICAL CHARITY | 3,500. |
| GRAYVILL PO BOX 1 62844 | | PUBLIC | EDUCATIONAL | 500. |
| BLACKLED PO BOX 8 47705 | | PUBLIC | CHARITABLE | 1,000. |
| | | | | 7,000. |

Detail Sheet**2010****Name:** MARTIN BLACKLEDGE TRUST**ID:** 37-6241638**Description:** ADDITONAL FUTURE CONTRIBUTIONS

| Type | Amount |
|----------------------------------------------------|---------------|
| GOSPEL ASSEMBLY, C/O RR3, BOX621, FAIRFIELD, 62837 | 150. |
| GRAYVILLE 1ST UM CHR, PO BOX 422, GRAYVILLE, 62844 | 150. |
| KINGDOM BAPTIST CHR, 887 CO RD 1050N, CARMI, 62821 | 150. |
| MARSHALL FERRY CHR, 833 CO RD 1930E, CARMI, 62821 | 150. |
| MAUNIE 1ST CHURCH GOD, 918 W FACKNEY, CARMI, 62821 | 150. |
| MAUNIE UNIT METH CHURCH, 1207 GILPIN, CARMI, 62821 | 150. |
| MISSION BAPTIST CHR, PO BOX 265, CROSSVILLE, 62827 | 150. |
| MT OVAL CUMB PRESBYT, 945 WASHINGTON, OMAHA, 62871 | 150. |
| NORRIS CITY CHRIST, PO BOX455, NORRIS CITY, 62869 | 150. |
| NORRIS CITY CHR GOD, PO BOX 5, NORRIS CITY, 62869 | 150. |
| NORRIS CITY GEN BAPTIST CHRCH, NORRIS CITY, 62869 | 150. |
| OUTREACH CHRT TAB, 357 CORD 375N, NORRIS CY, 62869 | 150. |
| PLAINVIEW GEN BAP CHR, 1426 HWY 45, ENFIELD, 62835 | 150. |
| PLEASANT UNION CHR, 2174 CO RD 1025E, CARMI, 62821 | 150. |
| POWELL GB CHRCH, 433 CORD 700N, NORRIS CITY, 62869 | 150. |
| RLDS CHURCH, RR 1 BOX 161, SPRINGERTON, 62887 | 150. |
| SALEM PRIM BAPT, 103 N GOODMAN, CROSSVILLE, 62827 | 150. |
| ST PATRICK CATH CHURCH, HWY 14 E, ENFIELD, 62835 | 150. |
| ST POLYCARP CATH CHURCH, 209 4TH ST, CARMI, 62821 | 150. |
| STEWART ST BAPT CHURCH, PO BOX 158, CARMI, 62821 | 150. |
| TEMPLE OF GRACE, PO BOX 27, CROSSVILLE, IL 62827 | 150. |
| UNION COMMUNITY CHR, PO BOX472, NORRIS CITY, 62869 | 150. |
| UNION RIDGE PRESBYTERIAN, 21051 SHAWNEETOWN-HAVEN | |
| ROAD, OMAHA, IL 62871 | 150. |
| UNITED CUMB PRES, 319 CORD110E, NORRIS CITY, 62869 | 150. |
| WESLEY CHAPEL UMC, 1277 CORD 1430N, CARMI, 62821 | 150. |
| WEST ANTIOCH GEN BAPT CHUR, RR 4, BARNHILL, 62809 | 150. |
| WORLD HARVEST CHR CTR, 1600 SAUNDERS, CARMI, 62821 | 150. |
| ENFIELD MISS BAPT CHUR, 103 N FIR, ENFIELD, 62835 | 150. |
| BT PRAIRIE CONG CHR, 1750 CORD 1150E, CARMI, 62821 | 150. |
| CROSSVILLE UMC, 1726 CORD 1650, CROSSVILLE, 62827 | 150. |
| SUNSET CHURCH OF CHRIST, 311 S PLUM, CARMI, 62821 | 150. |
| MILL SHOALS CHR CHURCH, POBOX8, MILL SHOALS, 62862 | 150. |
| CARMI MASONIC LODGE, N WALNUT, CARMI, IL 62821 | 1,000. |
| MAY CHAPTER OES, S DIVISION, NORRIS CITY, IL 62869 | 500. |
| BT PRAIRIE CUMBERLAN, C/O 201 ELLIS, ALBION, 62806 | 150. |
| EMMANUEL UNITED METHOD, 700 3RD ST, CARMI, 62821 | 150. |
| ENFIELD UNITED METHOD, PO BOX 206, ENFIELD, 62835 | 150. |
| FIRST PENTECOST CHURCH, 702 W KERNEY, CARMI, 62821 | 150. |
| FAITH TABERNACLE, 900 9TH ST, CARMI, IL, 62821 | 150. |
| Total | 7,050. |