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Form 990

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

2010

Open to Public  
InspectionDepartment 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

<b>A For the 2010 calendar year, or tax year beginning</b>		8/1/2010	<b>and ending</b>	7/31/2011
<b>B Check if applicable</b>		<b>C Name of organization</b>		<b>D Employer identification number</b>
<input type="checkbox"/> Address change		40 & 8 CHARLES W. ARDERY MEMORIAL CHILD W		51-0177489
<input type="checkbox"/> Name change		Doing Business As		<b>E Telephone number</b>
<input type="checkbox"/> Initial return		Number and street (or P O box if mail is not delivered to street address)		Room/suite
<input type="checkbox"/> Terminated		55 MONUMENT DIRCLE		800
<input type="checkbox"/> Amended return		City or town, state or country, and ZIP + 4		317-816-4288
<input type="checkbox"/> Application pending		INDIANAPOLIS IN 46204		<b>G Gross receipts \$</b>
				292,754
<b>I Tax-exempt status</b>		<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		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>J Website:</b> ► na				<b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
<b>K Form of organization</b>		<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Trust	<b>L Year of formation</b> 1975
		<input type="checkbox"/> Association	<input type="checkbox"/> Other ►	<b>M State of legal domicile</b> IN

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities	PAYMENTS TO OR FOR THE BENEFIT OF NEEDY CHILDREN FOR EMERGENCY FOOD, CLOTHING, MEDICAL SERVICES, ETC	
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
<b>Revenue</b>	3 Number of voting members of the governing body (Part VI, line 1a)	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
<b>Expenses</b>	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	26,256	53,616
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	57,323	64,089
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0
		83,579	117,705
<b>Net Assets or Fund Balances</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	26,256	23,054
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	10,752	17,393
	16a Professional fundraising fees (Part IX, column (A), line 16)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25)	32,685	21,669
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	69,693	62,116
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	13,886	55,589	
19 Revenue less expenses. Subtract line 18 from line 12	OGDEN, UT		
	Beginning of Current Year	End of Year	
20 Total assets (Part X, line 16)	1,462,575	1,518,164	
21 Total liabilities (Part X, line 26)	0	0	
22 Net assets or fund balances. Subtract line 21 from line 20	1,462,575	1,518,164	

**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**

Signature of officer

Connie S Allman, President of Hoosier Trust Company, trustee

Type or print name and title

<b>Paid Preparer's Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Stephen K Miller	Stephen K Miller	12/15/2011		P00176210
	Firm's name ►		Firm's EIN ►		
Firm's address ► 401 W 63rd Street, Indianapolis, IN 46260-4719		Phone no	(317) 257-2376		

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

 Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

Form 990 (2010)

01/11

15

**Part III****Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III 

**1** Briefly describe the organization's mission

TO PROVIDE BENEFITS TO OR FOR THE BENEFIT OF NEEDY CHILDRED FOR EMERGENCY FOOD, CLOTHING, MEDICAL CARE, ETC.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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

Yes  No

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If "Yes," describe these changes on Schedule O

Yes  No

**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 \$ ..... 23,054 including grants of \$ ..... 23,054 ) (Revenue \$ ..... 0 )  
FOR EXEMPT PURPOSE

**4b** (Code ..... ) (Expenses \$ ..... 0 including grants of \$ ..... 0 ) (Revenue \$ ..... 0 )

**4c** (Code ..... ) (Expenses \$ ..... 0 including grants of \$ ..... 0 ) (Revenue \$ ..... 0 )

**4d** Other program services (Describe in Schedule O )

(Expenses \$ ..... 0 including grants of \$ ..... 0 ) (Revenue \$ ..... 0 )

**4e** Total program service expenses ► 23,054

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2 X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3 X	
4	<b>Section 501(c)(3) organizations.</b> 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	4 X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6 X	
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	7 X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 X	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9 X	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
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	11a X	
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11b X	
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	11c X	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11d X	
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	11e X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11f 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 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	12b X	
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 X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14b X	
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 X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	16 X	
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 X	
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 X	
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 X	
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 X	
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20b X	
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

**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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 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	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	X
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	29	X
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	X
31	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	X
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	X
33	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33	X
34	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	34	X
35	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	35	X
a	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
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? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	X

Yes  No

**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	1a	0
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
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	2a	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	5a	X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	6a	X
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	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	X
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7b	
a	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?	7c	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7d	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7f	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	8	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9a	X
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?	9b	X
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?	10a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	10b	
10	<b>Section 501(c)(7) organizations.</b> Enter	11a	
a	Initiation fees and capital contributions included on Part VIII, line 12	11b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12a	
11	<b>Section 501(c)(12) organizations.</b> Enter	12b	
a	Gross income from members or shareholders	13a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	13b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	13c	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	14a	X
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	14b	
a	Is the organization licensed to issue qualified health plans in more than one state?		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**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.

### 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	5
b	Enter the number of voting members included in line 1a, above, who are independent	1b	5
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	X
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		

### 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	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	
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	
a	The organization's CEO, Executive Director, or top management official	15b	
b	Other officers or key employees of the organization	16a	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		16b	
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?		
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?		

### Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	► IN
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 checked="" 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	► HOOSIER TRUST CO 317-816-4288
		55 MONUMENT CIR, STE 800, INDIANAPOLIS, IN 46204

**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) JOHN DIGILIO JR ADVISOR	1 X						0	0	0
(2) WILLIAM JAMNICK ADVISOR	1 X						0	0	0
(3) JAMES W BURDEN ADVISOR	1 X						0	0	0
(4) SILAS M NOEL ADVISOR	1 X						0	0	0
(5) HAROLD L MILLER ADVISOR	1 X						0	0	0
(6) HOOSIER TRUST COMPANY TRUSTEE	2 X						17,393	0	0
(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
		Former employee	Highest compensated employee	Key employee			
(17) .....							
(18) .....							
(19) .....							
(20) .....							
(21) .....							
(22) .....							
(23) .....							
(24) .....							
(25) .....							
(26) .....							
(27) .....							
(28) .....							
<b>1b Sub-total</b>					► 17,393	0	0
<b>c Total from continuation sheets to Part VII, Section A</b>					► 0	0	0
<b>d Total (add lines 1b and 1c)</b>					► 17,393	0	0

**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
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
<b>4</b> 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	4	X
<b>5</b> 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	5	X

**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
		0
		0
		0
		0
		0
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 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	0			
1b Membership dues . . . . .	1b	0			
1c Fundraising events . . . . .	1c	0			
1d Related organizations . . . . .	1d	0			
1e Government grants (contributions) . . . . .	1e	0			
1f All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	53,616			
1g Noncash contributions included in lines 1a-1f . . . . .	\$	0			
<b>h Total. Add lines 1a-1f . . . . .</b>		<b>53,616</b>			
<b>Program Service Revenue</b>		<b>Business Code</b>			
2a . . . . .			0		
b . . . . .			0		
c . . . . .			0		
d . . . . .			0		
e . . . . .			0		
f All other program service revenue . . . . .			0		
<b>g Total. Add lines 2a-2f . . . . .</b>		<b>►</b>	<b>0</b>		
<b>3 Investment income (including dividends, interest, and other similar amounts) . . . . .</b>			<b>►</b>	<b>64,138</b>	
<b>4 Income from investment of tax-exempt bond proceeds . . . . .</b>			<b>►</b>	<b>0</b>	
<b>5 Royalties . . . . .</b>			<b>►</b>	<b>0</b>	
6a Gross Rents . . . . .	(i) Real	(ii) Personal			
b Less rental expenses . . . . .					
c Rental income or (loss) . . . . .		0	0		
d Net rental income or (loss) . . . . .			<b>►</b>	<b>0</b>	
7a Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses . . . . .	175,000	0			
c Gain or (loss) . . . . .	175,049	0			
d Net gain or (loss) . . . . .	-49	0			
			<b>►</b>	<b>-49</b>	
<b>8a Gross income from fundraising events (not including \$ . . . . . of contributions reported on line 1c) . . . . .</b>	0				
See Part IV, line 18 . . . . .					
b Less direct expenses . . . . .	a	0			
c Net income or (loss) from fundraising events . . . . .	b	0			
<b>9a Gross income from gaming activities . . . . .</b>					
See Part IV, line 19 . . . . .	a	0			
b Less direct expenses . . . . .	b	0			
c Net income or (loss) from gaming activities . . . . .			<b>►</b>	<b>0</b>	
<b>10a Gross sales of inventory, less returns and allowances . . . . .</b>	a	0			
b Less cost of goods sold . . . . .	b	0			
c Net income or (loss) from sales of inventory . . . . .			<b>►</b>	<b>0</b>	
<b>Miscellaneous Revenue</b>	<b>Business Code</b>				
<b>11a . . . . .</b>				0	
b . . . . .				0	
c . . . . .				0	
d All other revenue . . . . .				0	
<b>e Total. Add lines 11a-11d . . . . .</b>		<b>►</b>	<b>0</b>		
<b>12 Total revenue. See instructions . . . . .</b>		<b>►</b>	<b>117,705</b>	<b>0</b>	<b>0</b>

**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	0			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	23,054	23,054		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	17,393		17,393	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees)				
a Management	0			
b Legal	3,070		3,070	
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other	0			
12 Advertising and promotion	0			
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	3,546		3,546	
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0	0	0	0
23 Insurance	0			
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 SUB-ACCOUNTING FEES	53		53	
b CLERICAL ASSISTANCE	15,000		15,000	
c	0			
d	0			
e	0			
f All other expenses	0			
<b>25 Total functional expenses.</b> Add lines 1 through 24f	<b>62,116</b>	<b>23,054</b>	<b>39,062</b>	<b>0</b>
<b>26 Joint costs.</b> Check here <input checked="" 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	64,766	2	236,315
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
	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)		5	
	7 Notes and loans receivable, net	0	7	0
	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	0	
	b Less: accumulated depreciation	10b	0	10c
	11 Investments—publicly traded securities		1,397,809	11
	12 Investments—other securities See Part IV, line 11		0	12
	13 Investments—program-related See Part IV, line 11		0	13
	14 Intangible assets		0	14
	15 Other assets. See Part IV, line 11		0	15
	16 Total assets. Add lines 1 through 15 (must equal line 34)		1,462,575	16
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	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances	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	
	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	1,462,575	30	1,518,164
	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	1,462,575	33	1,518,164
	34 Total liabilities and net assets/fund balances	1,462,575	34	1,518,164

**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	117,705
2	Total expenses (must equal Part IX, column (A), line 25)	2	62,116
3	Revenue less expenses Subtract line 2 from line 1	3	55,589
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,462,575
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	1,518,164

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
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?	2c	
	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		
	<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

40 & 8 CHARLES W ARDERY MEMORIAL CHILD WELFARE TRUST

Employer identification number

51-0177489

**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?

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

**h Provide the following information about the supported organization(s)**

(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	
(A)								0
(B)								0
(C)								0
(D)								0
(E)								0
<b>Total</b>								0

**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")	10,333	18,891	26,443	26,256	53,616	135,539
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0					0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0					0
4 Total. Add lines 1 through 3	10,333	18,891	26,443	26,256	53,616	135,539
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						135,539

**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	10,333	18,891	26,443	26,256	53,616	135,539
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	59,715	69,156	49,853	59,853	64,138	302,715
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0					0
11 Total support. Add lines 7 through 10						438,254
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	30 93%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	27 27%
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 checked="" 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")	0					0
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	0					0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0					0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0					0
6 <b>Total.</b> Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 <b>Public support</b> (Subtract line 7c from line 6)						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0					0
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	0
14 <b>First five years.</b> 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**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	0 00%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	0 00%

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

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	0 00%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0 00%
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 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"/>		
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"/>		

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

Part II Line 17A THIS ORGANIZATION ONLY RECEIVES SUPPORT FROM DIRECT OR INDIRECT  
CONTRIBUTIONS FROM THE GENERAL PUBLIC. THE ORGANIZATION IS OPERATED IN A MANNER TO ATTRACT  
NEW CONTRIBUTIONS, AND IN FACT CONTRIBUTIONS INCREASED THIS YEAR.

Part II Line 17A THE INVESTMENT INCOME FROM THE ENDOWMENT FUND INCREASED THIS YEAR AS  
WELL THE ENDOWMENT FUND WAS BEGUN AND HAS INCREASED SOLEY FROM CONTRIBUTIONS FROM THE  
GENERAL PUBLIC

**SCHEDULE I**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service  
Name of the organization**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete 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  
InspectionName & # CHARLES W. ARDERY MEMORIAL CHILD WELFARE TRUST  
Employer identification number  
51-0177489**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. ► 

<b>1 (a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
(1)				0	0		
(2)				0	0		
(3)				0	0		
(4)				0	0		
(5)				0	0		
(6)				0	0		
(7)				0	0		
(8)				0	0		
(9)				0	0		
(10)				0	0		
(11)				0	0		
(12)				0	0		

**2** Enter total number of section 501(c)(3) and government organizations**3** Enter total number of other organizationsFor Paperwork Reduction Act Notice, see the Instructions for Form 990.  
(HTA)

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

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	<u>SEE ATTACHED</u>	0	0	0		
2		0	0	0		
3		0	0	0		
4		0	0	0		
5		0	0	0		
6		0	0	0		
7		0	0	0		

**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)**

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

OMB No 1545-0047

2010

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**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.**

**Name of the organization**

**Employer identification number**

40 & 8 CHARLES WARDERY MEMORIAL CHILD WELFARE TRUST

51-0177489

**Form 990 Part VI Section 8 Line 11A THE ORGANIZATION CIRCULATES THE FORM 990 TO THE ADVISORS**

**FOR THEIR REVIEW PRIOR TO FILING**

**Form 990 Part VI Section B Line 19 THE TRUST MAKES AVAILABLE UPON REQUEST ANY DOCUMENTS IT**

HAS

Name of the organization

40 &amp; 8 CHARLES W ARDERY MEMORIAL CHILD WELFARE TRUST

Employer identification number

51-0177489

Report Date **November 17, 2011**  
 Time Prepared **09:10:20 AM**  
 Requested By **Melissa Wallace**  
 Includes **40 & 8 Ardery (00-2895 & 01-2895)**

**HOOSIER TRUST COMPANY**

***Consolidated Account Holdings as of 8/1/2010***

Cusip No	Security Name	Shares / Par	Investment	Unit Price	Market Value	Price Date
002824AS9	ABBOTT 5.6% 5/15/11	25,000 0000	25,446.25	103.951	25,987.75	07/30/2010
22541LAB9	CR SUIS 6 125 111511	50,000 0000	51,211.00	106.071	53,035.50	07/30/2010
291011AM6	EMERSN 7.125 8/15/10	50,000 0000	49,978.50	100.204	50,102.00	07/30/2010
31331GF53	FFCB 5 00% 08/05/24C	100,000.0000	100,000.00	104.156	104,156.00	07/30/2010
31331JAQ6	FFCB 4 25% 01/06/20C	100,000 0000	100,000.00	108.063	108,063.00	07/30/2010
31331JEN9	FFCB 4 19% 02/24/20C	100,000 0000	100,000.00	105.375	105,375.00	07/30/2010
31331YER7	FFCB 4 350% 11/21/11	65,000 0000	66,461.85	105.063	68,290.95	07/30/2010
3133XCQZ9	FHLB 4 375% 09/17/10	25,000.0000	25,187.50	100.531	25,132.75	07/30/2010
3133XYT47	FHLB 4 50% 06/21/24C	200,000.0000	200,000.00	100.781	201,562.00	07/30/2010
3134A4QD9	FHLMC 5 125% 7/15/12	85,000 0000	84,219.70	108.844	92,517.40	07/30/2010
31359MZL0	FNMA 4 750% 12/15/10	75,000 0000	74,438.00	101.75	76,312.50	07/30/2010
31368HTL7	FNMA 7 000% 01/01/14	478 7800	473.59	107.153	513.03	07/30/2010
31368HVA8	FNMA 7.000% 02/01/14	610 1500	605.33	107.153	653.79	07/30/2010
38374LWE7	GNMA 5 000% 08/20/34	35,000.0000	35,568.75	102.001	35,700.35	07/30/2010
38374LZY0	GNMA 5 000% 06/20/31	47,149 1200	47,384.87	100.37	47,323.57	07/30/2010
38374UYY1	GNMA 4 000% 06/20/39	75,000 0000	73,054.69	105.724	79,293.00	07/30/2010
38375QWF2	GNMA 5 250% 04/16/38	23,842 0700	24,027.69	100.407	23,939.11	07/30/2010
38375YHN5	GNMA 5 500% 09/20/23	100,000.0000	100,000.00	109.859	109,859.00	07/30/2010
60934N807	FED GOVT OBLIG #395	32,778 5500	32,778.55	1.00	32,778.55	07/30/2010
60934N80I	FED GOV OBLIG #395-I	31,988 5600	31,988.56	1.00	31,988.56	07/30/2010
713448BH0	PEPSICO 5.0% 6/01/18	100,000 0000	99,750.00	111.531	111,531.00	07/30/2010
88059TEM9	TVA 4 500% 03/15/24	120,000 0000	120,000.00	101.98	122,376.00	07/30/2010
88059TFB2	TVA 4 250% 05/15/25C	20,000 0000	20,000.00	99.773	19,954.60	07/30/2010
<b>Total Securities</b>		<b>1,461,847.2300</b>	<b>1,462,574.83</b>		<b>1,526,445.41</b>	
<b>Income Cash</b>			<b>0.00</b>		<b>0.00</b>	
<b>Principal Cash</b>			<b>0.00</b>		<b>0.00</b>	
<b>Account Total</b>			<b>1,462,574.83</b>		<b>1,526,445.41</b>	

Report Date **November 17, 2011**  
 Time Prepared **09:11:16 AM**  
 Requested By **Melissa Wallace**  
 Includes: **40 & 8 Ardery (00-2895 & 01-2895)**

**HOOSIER TRUST COMPANY**

***Consolidated Account Holdings as of 7/31/2011***

Cusip No	Secunty Name	Shares / Par	Investment	Unit Price	Market Value	Price Date
22541LAB9	CR SUIS 6 125 111511	50,000 0000	51,211 00	101 506	50,753 00	07/29/2011
31331GF53	FFCB 5 00% 08/05/24C	100,000 0000	100,000 00	100 053	100,053.00	07/29/2011
31331JAQ6	FFCB 4 25% 01/06/20C	100,000 0000	100,000 00	109 723	109,723.00	07/29/2011
31331JEN9	FFCB 4 19% 02/24/20C	100,000.0000	100,000 00	102.041	102,041 00	07/29/2011
31331JYL1	FFCB 3 20% 05/19/20C	75,000 0000	75,000 00	100 033	75,024 75	07/29/2011
31331YER7	FFCB 4 350% 11/21/11	65,000 0000	66,461 85	101 27	65,825 50	07/29/2011
3133XYT47	FHLB 4 50% 06/21/24C	142,857 1400	142 857 14	100 018	142,882 85	07/29/2011
3134A4QD9	FHLMC 5 125% 7/15/12	85,000 0000	84,219 70	104 644	88,947 40	07/29/2011
31368HTL7	FNMA 7 000% 01/01/14	308 0500	304 70	106 049	326.68	07/29/2011
31368HVA8	FNMA 7 000% 02/01/14	362.0000	359 14	106 05	383 90	07/29/2011
38374LWE7	GNMA 5 000% 08/20/34	35,000 0000	35,568 75	103 411	36,193 85	07/29/2011
38374LZY0	GNMA 5.000% 06/20/31	15,903 7300	15,983 25	103.867	16,518 73	07/29/2011
38374UYY1	GNMA 4 000% 06/20/39	75,000 0000	73,054.69	102 93	77,197 50	07/29/2011
38375QWF2	GNMA 5 250% 04/16/38	2,061 2600	2,077 31	100 044	2,062 17	07/29/2011
38375YHN5	GNMA 5.500% 09/20/23	100,000 0000	100,000 00	110 858	110,858.00	07/29/2011
38377MRY4	GNMA 4 000% 11/01/40	95 000 0000	95,000 00	100 327	95,310 65	07/29/2011
60934N807	FED GOVT OBLIG #395	191,647 7500	191,647 75	1 00	191,647 75	07/29/2011
60934N80I	FED GOV OBLIG #395-I	44,667.5400	44,667 54	1 00	44,667 54	07/29/2011
713448BH0	PEPSICO 5 0% 6/01/18	100,000.0000	99,750.00	113 23	113,230 00	07/29/2011
88059TEM9	TVA 4 500% 03/15/24	120,000 0000	120,000 00	100 504	120,604 80	07/29/2011
88059TFB2	TVA 4 250% 05/15/25C	20,000 0000	20,000 00	100 249	20,049 80	07/29/2011
<b>Total Securities</b>		<b>1,517,807.4700</b>	<b>1,518,162.82</b>		<b>1,564,301.87</b>	
<b>Income Cash</b>			<b>0.00</b>		<b>0.00</b>	
<b>Principal Cash</b>			<b>0.00</b>		<b>0.00</b>	
<b>Account Total</b>			<b>1,518,162.82</b>		<b>1,564,301.87</b>	

**Ardery Disbursement Report (7-31-10 - 8-1-11)**

Record Number	Voiture Locale or Grande	Address				Amount Paid	Date Claim Paid
		Grand	Street	City	St	Zip	
110001	292	MO	PO Box 7634	Columbia	MO	65205	\$600.00 8/6/10
110002	903	PA	1098 Renovo Road	Lock Haven	PA	17751	\$153.54 8/6/10
110003	1064	NY	109 Mill Street	Canastota	NY	13032	\$798.72 8/6/10
110003	1329	MN	10794 Harvest Road	Little Falls	MN	56345	\$452.01 8/20/10
110005	812	IL	256 West Chestnut Street	Canton	IL	61520	\$600.00 8/25/10
110006	260	WI	N10688 Sec 1 Road	Hixton	WI	54635	\$110.98 8/25/10
110007	903	PA	1098 Renovo Road	Lock Haven	PA	17751	\$65.89 9/16/10
110008	1598	FL	15940 SE 65th Street Road	Ocklawaha	FL	32179	\$1,870.00 9/17/10
110009	292	MO	PO Box 7634	Columbia	MO	65205	\$200.00 10/21/10
100018	1325	Stop payment placed on lost check #16870				(\$300.00)	
110010	260	WI	549 Gilman Street	Mondovi	WI	54755	\$368.04 11/16/10
110011	1329	MN	10794 Harvest Road	Little Falls	MN	56345	\$200.00 11/16/10
110012	391	IL	4046 Veschi Ave	Granite City	IL	62040	\$188.08 12/27/10
110013	856	WI	625 Oak Lane	Horicon	WI	53032	\$333.06 12/13/10
110014	1064	NY	25 South Street, Apt E132	Marcellas	NY	13108	\$789.08 12/28/10
110015	812	IL	490 West Pine Street	Canton	IL	61520	\$295.73 1/5/11
110016	1444	SC	906 Brown Street	Camden	SC	29020	\$536.88 1/19/11
110017	997	MI	152 9th Street	Britton	MI	49229	\$598.94 1/5/11
110020	1064	NY	109 Mill Street	Canastota	NY	13032	\$788.17 1/14/11
110021	1325	IL	301 Tom Street	Odney	IL	62450	\$300.00 1/19/11
110022	1325	IL	301 Tom Street	Olney	IL	62450	\$300.00 1/19/11
110023	856	WI	625 Oak Lane	Horicon	WI	53032	\$138.42 1/20/11
110024	1276	KY	164 Versailles Road	Frankfort	KY	40601	\$400.00 1/24/11
110025	760	MO	3742 North Delaware Ave	Springfield	MO	65803	\$565.04 1/24/11
110026	750	WI	312 Hillsde Circle	Johnson Creek	WI	53038	\$400.00 2/11/11
110027	750	WI	312 Hillsde Circle	Johnson Creek	WI	53038	\$800.00 2/11/11
110028	712	MN	20672 169th Ave	Park Rapids	MN	56470	\$331.95 2/11/11
110029	1439	IL	9352 East Park Lane	Effingham	IL	62401	\$238.08 2/14/11
110030	1536	MI	3211 Roads Lake Road	Lepcor	MI	48446	\$517.53 2/16/11
110031	1536	MI	3211 Roads Lake Road	Lepeer	MI	48446	\$582.50 2/16/11
110032	1261	KS	5115 South 5th Street	Herington	KS	67449	\$306.70 2/24/11
110033	1064	NY	25 South Street, Apt E132	Marcellas	NY	13108	\$402.84 2/24/11
110034	875	IN	1421 West 2nd Street	Marion	IN	46952	\$204.56 2/24/11
110035	875	IN	1421 West 2nd Street	Marion	IN	46952	\$174.38 2/24/11
110036	875	IN	1421 West 2nd Street	Marion	IN	46952	\$324.22 2/24/11

110037	875	IN	1421 West 2nd Street	Marion	IN	46952	\$91.89	2/24/11
110038	875	IN	1421 West 2nd Street	Marion	IN	46952	\$160.99	2/24/11
110039	276	IN	756 East Hwy 20	Michigan City	IN	46360	\$588.82	3/8/11
110040	292	MO	PO Box 7634	Columbia	MO	65205	\$400.00	3/8/11
110041	830	WI	7111 South 6th Street	La Crosse	WI	54601	\$400.00	3/10/11
110042	382	PA	1419 Memorial Ave.	Williamsport	PA	17701	\$328.50	3/10/11
110043	840	WI	206 West Chestnut Street	Parkerville	WI	53954	\$200.00	3/10/11
110044	236	WI	PO Box 605	Dresser	WI	54009	\$304.90	3/16/11
110045	1064	NY	6597 Aspen Circle	Red Creek	NY	13143	\$1,000.02	3/21/11
110046	1140	WI	130 East Hoover Ave	Appleton	WI	54915	\$153.49	3/31/11
110047	15	OH	415 Stewart Ave	Columbus	OH	43206	\$347.17	3/31/11
110048	1024	ME	25 Back Winterport Road	Winterport	ME	4496	\$283.22	4/12/11
110049	760	MO	1325 North Johnston	Springfield	MO	65802	\$342.19	4/13/11
110050	382	PA	1419 Memorial Ave	Williamsport	PA	17701	\$393.82	4/19/11
110051	433	IL	110 North 1st Street	Neponset	IL	61345	\$313.17	5/9/11
110052	1276	KY	164 Versailles Road	Frankfort	KY	40601	\$199.46	6/10/11
110053	1276	KY	164 Versailles Road	Frankfort	KY	40601	\$597.81	6/10/11
110054	1276	KY	164 Versailles Road	Frankfort	KY	40601	\$591.11	6/10/11
110055	1276	KY	164 Versailles Road	Frankfort	KY	40601	\$400.00	6/10/11
110056	1261	KS	515 South 5th Street	Herington	KS	67449	\$1,133.23	6/28/11
100058	594	IL	Check lost, stop payment placed, and reissued				(\$267.31)	7/14/11
110010	560	WI	Check lost, stop payment placed, and reissued				(\$368.04)	7/14/11
110013	856	WI	Check lost, stop payment placed, and reissued				(\$333.06)	7/14/11
100058	594	IL	11795 East 2100th Road	Marshall	IL	62441	\$267.31	7/14/11
110010	560	WI	549 Gilman Street	Mandovi	WI	54755	\$368.04	7/14/11
110013	856	WI	625 Oak Lane	Horicon	WI	53032	\$333.06	7/14/11
120001	830	WI	711 South 6th Street	La Crosse	WI	54601	\$188.62	7/28/11

	From/IN Memory of:	Donation Date	Ck #	Amount
Voiture Nationale	777 N. Meridian St., Indpls., IN 46204	9/1/09	6134	\$753.25
Voiture Nationale	777 N. Meridian St., Indpls., IN 46204	9/8/09	6190	\$1,058.00
Voiture Nationale	777 N. Meridian St., Indpls., IN 46204	9/8/09	6194	\$100.00
National Child Welfare Club	12 Brainard St., Whitesboro, NY 13492	9/16/09	1004	\$10,000.00
Voiture Nationale	777 N. Meridian St., Indpls., IN 46204	10/8/09	6275	\$934.00
Voiture Nationale	777 N. Meridian St., Indpls., IN 46204	11/19/09	6365	\$973.00
Voiture Nationale	777 N. Meridian St., Indpls., IN 46204	12/1/09	8064	\$966.25
Long Beach General Business (Cardinal Health Class Action)		1/22/10	26103963	\$7.56
Voiture Nationale	777 N. Meridian St., Indpls., IN 46204	1/22/10	8126	\$831.25
Voiture Nationale	777 N. Meridian St., Indpls., IN 46204	2/2/10	8184	\$780.75
Voiture Nationale	777 N. Meridian St., Indpls., IN 46204	2/16/10	8195	\$1,137.40
Voiture Nationale	777 N. Meridian St., Indpls., IN 46204	3/15/10	8254	\$1,225.75
National Child Welfare	12 Brainard St., Whitesboro, NY 13492	3/31/10	1005	\$200.00
Thomas or Alberta Henderson	315 NW 62nd St., Lawton, OK 73505	3/31/10	7057	\$100.00
Henry or Sharon Kwiatkowski	613 Gorton Road, Doyline, LA 71023	3/31/10	481	\$722.00
RMCS John or Nancy Schenk	516 Fishermans Rd., Norfolk, VA 23503	3/31/10	7841	\$25.00
Voiture Nationale	777 N. Meridian St., Indpls., IN 46204	4/5/10	8338	\$468.75
Voiture Nationale	777 N. Meridian St., Indpls., IN 46204	5/5/10	8401	\$207.50
Voiture Nationale	777 N. Meridian St., Indpls., IN 46204	6/2/10	8522	\$586.50
San Thomas Voiture	365 Bldg. Fdn, PO Box 3412, Santa Clara, Ca 95055	6/2/10	3051	\$5,000.00
Edward MacLachlan	9436 Farrand Rd., Otisville, MI 48463	6/2/10	2673	\$25.00
Locale 111	56 Seacliffe Rd., Rochester, NY 14622	7/1/10	3062	\$50.00
Locale 40	La Grande Voiture De Pennsylvania	7/1/10	2259	\$25.00
Voiture Nationale	777 N. Meridian St., Indpls., IN 46204	7/2/10	8596	\$78.75
				\$26,255.71