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Form 990-EZ

Short Form  
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ELISABETH BALL TRUST FOR FIRST PRESBYTERIAN CHURCH 002021		D Employer identification number 35-6353200
	Number and street (or P O box, if mail is not delivered to street address) Room/suite 200 EAST JACKSON STREET		E Telephone number ( ) -
	City or town, state or country, and ZIP + 4 MUNCIE, IN 47305		F Group Exemption Number
	G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►		H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
	I Website: <input type="checkbox"/> Tax-exempt status (check only one): <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		

K Check ☒ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 30,043.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)  
Check if the organization used Schedule O to respond to any question in this Part I. ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	8,523.
	5a	Gross amount from sale of assets other than inventory	5a	21,459.
	5b	Less: cost or other basis and sales expenses	5b	13,462.
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	7,997.
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
Expenses	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	6c	Less: direct expenses from gaming and fundraising events	6c	
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	61.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	16,581.
	Net Assets	10	Grants and similar amounts paid (list in Schedule O)	10
11		Benefits paid to or for members	11	
12		Salaries, other compensation, and employee benefits	12	3,549.
13		Professional fees and other payments to independent contractors	13	750.
14		Occupancy, rent, utilities, and maintenance	14	
15		Printing, publications, postage, and shipping	15	
16		Other expenses (describe in Schedule O)	16	
17		Total expenses. Add lines 10 through 16	17	10,730.
18		Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,851.
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	292,887.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	298,738.

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

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Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (see the instructions for Part III.)
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Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>	<b>6,431</b>
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Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

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**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		X
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .		X
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		X
<b>b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .		
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		X
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> <input type="text"/>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b> <input type="text"/>		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> <input type="text"/>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> <input type="text"/>		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <input type="text"/> ; section 4912 ▶ <input type="text"/> ; section 4955 ▶ <input type="text"/>		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		X
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ <input type="text"/>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ <input type="text"/>		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		X
<b>41</b> List the states with which a copy of this return is filed. ▶ <u>Indiana</u>		
<b>42a</b> The organization's books are in care of ▶ <u>FIRST MERCHANTS TRUST COMPANY</u> Telephone no. ▶ <u>(765) 747-1321</u> Located at ▶ <u>200 E JACKSON ST; MUNCIE, IN</u> ZIP + 4 ▶ <u>47305</u>		
<b>b</b> 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)? If "Yes," enter the name of the foreign country: ▶ <input type="text"/>	Yes	No
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		X
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . . If "Yes," enter the name of the foreign country: ▶ <input type="text"/>		X
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here. . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> <input type="text"/>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .		X
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>45b</b> 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions). . . . .		X

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. . . . .

	Yes	No
<b>46</b>		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

**47** 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 . . . . .

	Yes	No
<b>47</b>		X

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

	Yes	No
<b>48</b>		X

**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

	Yes	No
<b>49a</b>		X

**b** If "Yes," was the related organization a section 527 organization? . . . . .

	Yes	No
<b>49b</b>		

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

**f** Total number of other employees paid over \$100,000 . . . . . 0

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . 0

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. . . . .

☒ Yes ☐ No

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.

<b>Sign Here</b>	Signature of officer <i>Laura Moorman AVP</i>	Date 05/21/2012			
	LAURA MOORMAN AVP Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name BRENDA REVEAL	Preparer's signature <i>Brenda K Reveal</i>	Date MAY 15 2012	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	FIDUCIARY TAX SERVICES, LLC	Firm's EIN		
	Firm's address	400 S WALNUT STREET SUITE 200, MUNCIE, IN 47305	Phone no	765-288-3651	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ☒ Yes ☐ No

**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

**2011**

Open to Public  
Inspection

Name of the organization

ELISABETH BALL TRUST FOR FIRST PRESBYTERIAN

Employer identification number

35-6353200

**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)		X
11g(ii)		X
11g(iii)		X

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	Yes	No	
(A) SEE PART IV									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> <b>Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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). . . . .						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc (see instructions) . . . . .					<b>12</b>	
<b>13</b> <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 <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a</b> <b>33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b</b> <b>33 1/3% support test - 2010.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>17a</b> <b>10%-facts-and-circumstances test - 2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b</b> <b>10%-facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>18</b> <b>Private foundation.</b> 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	N/A (f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .						
<b>14 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**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2011.** 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 ► ☐

**b 33 1/3% support tests - 2010.** 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 ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐



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

## NAME OF SUPPORTED ORGANIZATION:

1st Presbyterian Chruch

EIN: 35-0869041

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 6,431.

TOTAL SUPPORT:

-----  
6,431.

=====

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

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

ELISABETH BALL TRUST FOR FIRST PRESBYTERIAN

Employer identification number

35-6353200

**PART IV(A) - OFFICERS, KEY EMPLOYEES**

TRUSTEE FEE \$3,549.

Name of the organization

ELISABETH BALL TRUST FOR FIRST PRESBYTERIAN

Employer identification number

35-6353200

FORM 990-EZ, PAGE 1, PART I, LINE 8 - OTHER REVENUE  
-----DESCRIPTION  
-----AMOUNT  
-----

Other Income - ROP

61.

TOTAL

61.

=====

Name of the organization

ELISABETH BALL TRUST FOR FIRST PRESBYTERIAN

Employer identification number

35-6353200

FORM 990EZ, PAGE 1, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID

## RECIPIENT NAME:

FIRST PRESBYTERIAN CHURCH

## ADDRESS:

ATTN:LISA ULRICH

MUNCIE, IN 47303-3654

## RELATIONSHIP:

NONE

## PURPOSE OF GRANT:

CONTRIBUTION

AMOUNT OF GRANT PAID ..... 6,431.

Name of the organization

ELISABETH BALL TRUST FOR FIRST PRESBYTERIAN

Employer identification number

35-6353200

## FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

=====

To distribute net income to First United Presbyterian Church to use  
for thier day to day expenses.

DEC 31, 2011

# PORTFOLIO INVESTMENT REVIEW

070

ALPHA KEY: BALLPRESBY

ELISABETH BALL TRUST FOR 1ST PRESBYTERIAN CHURCH

23 00 2021 5 06

**PAGE 1**

ACCT TYPE	CHAR	TRUST	DATE OPENED	12/17/1980	FEE DUE	M-MAY	FEE SCHED-AS	RTN PWR-GENERAL	INV POWERS-FULL	INV OBJ-BALANCED
BRANCH	-06	CRITICAL	DT-09/00/0000	FEE TYPE	-DEDUCT	TAXLOTS	-YES	OWN TIME DEP -N	OWN TIME DEP -Y	
OFFICER	-MOORMAN	PROXY OWNER	-01522 OBO	FEE PYMT	-12/07/2011	TAX Y/E	-DEC	COM TRUST FND-N	COM TRUST FND-Y	
INV OFFICER	-THURHUNE	INV INCOME	-NO	FEE BASE		SITUS	-IN	NON INC PROP -Y	NON INC PROP -N	
NO OF BENE	-01	PRIN INVAS	-NO	FEE MIN		TAX SV	-YES	REAL ESTATE -N	REAL ESTATE -N	
ACCT STATUS	-ACTIVE	AUTO OVDRFT	-NO	FEE DISC		MDB ELEC	-NONE	OWN STOCK -Y	OWN STOCK -N	
VOTNG AUTH	-SOLE	STMT DUE	-Q-DEC	FEE DISC		CASH SWEEP	-YES	BUSINESS INT -Y	BUSINESS INT -N	
INVST DISC	-FULL	REVW DUE	-A-DEC	INF RPTG		-APPLICABLE	1098 & 1099MISC	(NONRMP COMP) ONLY		

SECURITY NAME	SHARES OR PAR	RTNG	DISC	PINL	INVT	INVESTMENT COST BASIS	INVENTORY BASIS	EST ANNUAL INCOME	CURR YLD MAT	CURR YLD MKT VALUE	ADJUSTED MKT VAL LAST YR	UNIT MARKET PRICE	CURRENT MARKET VALUE
---------------	---------------	------	------	------	------	-----------------------	-----------------	-------------------	--------------	--------------------	--------------------------	-------------------	----------------------

DEC 31, 2011

## P O R T F O L I O I N V E S T M E N T R E V I E W

070

ALPHA KEY: BALLPRESBY

ELISABETH BALL TRUST FOR 1ST PRESBYTERIAN CHURCH

23 00 2021 5 06

PAGE 2

SECURITY NAME	SHARES OR PAR	RTNG	DISC	FINL INVT	INVESTMENT	INVENTORY	EST	CURR	CURR	%	ADJUSTED	UNIT	CURRENT
					COST	BASIS	ANNUAL	YLD	MAT	MKT	LAST YR	MARKET	MARKET
							INCOME			VALUE		PRICE	VALUE

## \*\*\*EQUITIES

## LARGE/MULTI- CAP EQUITY FUNDS

## NOT CLASSIFIED

FEDERATED CLOVER VALUE INSTL

FUND

FIDELITY CONTRAFUND

VANGUARD EQUITY INCOME FUND

ADMIRAL CLASS

VANGUARD WINDSOR II

ADMIRAL CLASS

VANGUARD 500 INDEX

SIGNAL CLASS

TOTAL NOT CLASSIFIED

TOTAL LARGE/MULTI- CAP EQUITY FUNDS

## MID CAP EQUITY FUNDS

## NOT CLASSIFIED

S&amp;P MID-CAP 400 GROWTH SPDR

S&amp;P MID-CAP 400 VALUE SPDR

S&amp;P 400 MID-CAP SPDR

TOTAL NOT CLASSIFIED

TOTAL MID CAP EQUITY FUNDS

## SMALL CAP EQUITY FUNDS

## NOT CLASSIFIED

S&amp;P SMALL CAP 600 SPDR

S&amp;P SMALL CAP 600 VALUE SPDR

VANGUARD SMALL CAP INDEX

SIGNAL CLASS

TOTAL NOT CLASSIFIED

TOTAL SMALL CAP EQUITY FUNDS

## INTERNATIONAL EQUITY FUNDS

## NOT CLASSIFIED

VANGUARD INTL GROWTH

ADMIRAL SHARES

TOTAL NOT CLASSIFIED

TOTAL INTERNATIONAL EQUITY FUNDS

DEC 31, 2011

P O R T F O L I O I N V E S T M E N T R E V I E W

070

ALPHA KEY: BALLPRESBY

ELISABETH BALL TRUST FOR 1ST PRESBYTERIAN CHURCH

23 00 2021 5 06

PAGE 3

SECURITY NAME	SHARES OR PAR	FINL INVT RTNG DISC	INVESTMENT COST BASIS	INVENTORY BASIS	EST ANNUAL INCOME	CURR YLD MAT	CURR YLD MAT	ADJUSTED MKT VAL LAST YR	UNIT MARKET PRICE	CURRENT MARKET VALUE
FTSE ALL WORLD EX-US ETF	137	FULL	5,967.35	5,967	188	3.5	1.6	6,539	39.650	5,432.05
TOTAL NOT CLASSIFIED			15,967.35	15,967	374	2.7	4.0	16,541		13,884.32
TOTAL INTERNATIONAL EQUITY FUNDS			15,967.35	15,967	374	2.7	4.0	16,541		13,884.32

SPECIALTY ALTERNATIVE FUNDS

NOT CLASSIFIED  
VANGUARD REIT INDEX  
SIGNAL CLASS

301.334	FULL	7,000.00	6,274	234	3.5	1.9	7,000	21.930	6,608.25
***		137,847.38	161,008	2,402	1.4	49.7	177,515		172,938.19
***SUB-TOTALS***		298,737.77	321,898	8,545	2.5	100.0	349,564		347,844.20
ACCRUED INTEREST									0.17
EX-DIVIDENDS									794.05

\*\*\*GRAND TOTALS\*\*\*

INVESTMENT CONTROL

298,737.54	SHARES/PAR CONTROL	42,238.189
------------	--------------------	------------

TAX YTD LONG TERM G/L

351,416.27

TAX YTD MID TERM G/L

0.00

TAX YTD SHORT TERM G/L

0.00

8,026.20

FEE PAID Y/T/D

4,299.91

LAST FEE PMT DATE

12/07/2011

0.00

-24.09

PRIOR Y/E MARKET VALUE

CONTRIBUTIONS TO DATE