Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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 and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 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*

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable
- [x] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
AIChE Tri-State Section Scholarship Fund Inc

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
Box 1492 , 11631 US Route 23

City or town, state or country, and ZIP + 4
Catlettsburg, KY 41129

D Employer identification number
61-1172615

E Telephone number
606-921-6555

F Group Exemption Number ▶

• *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).*

G Accounting Method [x] Cash [ ] Accrual
Other (specify) ▶

H Check ▶ [x] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ N/A

J Tax-exempt status (check only one) — [x] 501(c) (3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check ▶ [ ] if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 1233.62

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	0
	2	Program service revenue including government fees and contracts		2	0
	3	Membership dues and assessments		3	0
	4	Investment income		4	1233.62
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ [ ]			
	a	Gross revenue (not including $ 0 of contributions reported on line 1)	6a 0		
	b	Less direct expenses other than fundraising expenses	6b 0		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	0
	7a	Gross sales of inventory, less returns and allowances	7a 0		
	b	Less cost of goods sold	7b 0		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe ▶)		8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	1233 62
Expenses	10	Grants and similar amounts paid (attach schedule)		10	5000 00
	11	Benefits paid to or for members		11	0
	12	Salaries, other compensation, and employee benefits		12	0
	13	Professional fees and other payments to independent contractors		13	996 96
	14	Occupancy, rent, utilities, and maintenance		14	0
	15	Printing, publications, postage, and shipping		15	0
	16	Other expenses (describe ▶)		16	0
	17	**Total expenses.** Add lines 10 through 16 ▶		17	5999 96
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-4766 34
	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	77972.33
	20	Other changes in net assets or fund balances (attach explanation) (See attachment)		20	10326 98
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	83532 97

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OGDEN, UT
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Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	77972 33	22	83532 97
23	Land and buildings	0	23	0
24	Other assets (describe ▶)	0	24	0
25	**Total assets**	77972 33	25	83522 97
26	**Total liabilities** (describe ▶)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	77972 33	27	83532 97

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? Provide Scholarship Awards for local High School Seniors

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

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

28	Scholarships awarded to local high school seniors (See attachment for complete addresses) 5/29/09 Shelby M Malone $2000, Patrick O Dugan $1000, Lindsay Wehmeier $1000, and Ryan E Lago $1000 (Grants $ 5000 00) If this amount includes foreign grants, check here ▶ ☐	28a	5000 00
29	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	0
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	5000

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Richard A Debord 3814 Briarwood Dr Catlettsburg, KY 41129-9300	Treasurer, 2 hr	0	0	0
Mark Hogge 709 Turley Ave; Flatwoods, KY 41139	Chairperson, Director, 1 hr	0	0	0
Jennifer Rice 15941 Ivywood Dr, Catlettsburg, KY 41129	Vice Chair; Director, 1hr	0	0	0
Angelia M Sarra 332 Wood Lomond Way, Huntington, WV 25705	Secretary, 1 hr	0	0	0
Laura E Debord Box 1492, Catlettsburg Refining , Catlettsburg, KY 41129	Director, 1 hr	0	0	0

Part V **Other Information** (Note the statement requirements in the instructions for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	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	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	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 period covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a 0			
b	Gross receipts, included on line 9, for public use of club facilities 39b 0			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
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 is it 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	40b		✓
c	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 ▶ 0			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	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	40e		✓

41 List the states with which a copy of this return is filed ▶ Kentucky

42a The organization's books are in care of ▶ Richard A Debord Telephone no ▶ 606-921-6555
Located at ▶ 3814 Briarwood Dr ZIP + 4 ▶ 41129-9300

			Yes	No
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)?	42b		✓
	If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶	42c		✓

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		✓

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 46–49b and complete the tables for lines 50 and 51

			Yes	No
46	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	46		✓
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization a section 527 organization?	49b		✓

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) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over $100,000 ▶

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 ▶

Sign Here

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

▶ Richard A Debord | 5/17/2010

Signature of officer | Date

▶ Richard A Debord, Treasurer

Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶			EIN ▶
			Phone no ▶

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

2009 AICHE Tri-State Scholarship Fund Inc   EIN 61-1172615

Attachment to 990-EZ Line 20 explanation

The Scholarship Fund had unrealized gains of $10,326.98 from investing in the following three Vanguard Mutual Funds:

- Vanguard Small Cap Stock Index Fund
- Vanguard Windsor Fund
- Vanguard 500 Index Fund

These investments are carried at market value on our books.

Richard Debord   5/14/10

Richard Debord

Treasurer

Community Trust® and Investment Company

2009 Tax Information Statement

AICHE TRI-STATE - RICH DEBOARD

Account Number: 1040000336
Tax ID Number: 61-1172615

Tax Summary

Listed below is a summarization of all items posted to your account It includes items reported to the IRS on 1099 Forms INT, DIV, B and OID, items reported to the IRS by individual payers, and miscellaneous information you may need in the preparation of your federal and state income tax returns.

INCOME	Reported on Combined 1099	Total
Domestic Dividends:		
Total for year	$1,129.38	$1,129.38
Qualified	$655.46	$655.46
U.S. Government Interest Reported as Dividends:		
Total for year	$104.24	$104.24
Qualified	$0.06	$0.06

DEDUCTIONS	Total
Agency Fees	$1,000.00

Payments/Receipts Made on Behalf of AICHE TRI-STATE - RICH DEBOARD	Payments	Receipts

The following items from the account are presented to assist you in the preparation of your individual tax return Transactions have been summarized under three general headings of, where applicable, Medical expenses, Taxes paid and Miscellaneous They are intended to cover those items the account paid on your behalf during the tax year that you may want to consider for your individual tax return We recommend that you check your statement of transactions for any corrections or additions

	Payments	Receipts
Miscellaneous	$5,000.00	$0.00

2009 Tax Infori. tion Statement

Payer's Name and Address
COMMUNITY TRUST & INVESTMENT COMPANY
101 N MAIN STREET, 2ND FLOOR
VERSAILLES, KY 40383

Account Number:	**1040000336**
Recipient's Tax ID number:	**61-1172615**
Payer's Federal ID number	**61-1251178**
Questions?	**(606)329-6043**

☐ **Corrected** ☐ **2nd TIN notice**

Recipient's Name and Address
AICHE TRI-STATE - RICH DEBOARD
BOX 1492
CATLETTSBURG , KY 41129

2009 Combined Year-End 1099 Forms

Form 1099-DIV Dividends and Distributions
OMB No. 1545-0110

1a	Total ordinary dividends	$1,233
1b	Qualified dividends	$655
2a	Total capital gain distributions	
2b	Unrecaptured Section 1250 Gain	
2c	Section 1202 gain	
2d	Collectibles (28%) gain	
3	Nondividend distributions	
4	**Federal income tax withheld**	
5	Investment expenses	
6	Foreign tax paid	
7	Foreign country or U.S. possession	
8	Cash liquidation distributions	
9	Non-cash liquidation distributions	

Form 1099-INT Interest Income
OMB No. 1545-0110

1	Interest income not included in Box 3	
2	Early withdrawal penalty	
3	Interest on U.S. Savings Bonds and Treasury obligations	
4	**Federal income tax withheld**	
5	Investment expenses	
6	Foreign tax paid	
7	Foreign country or U S. possession	
8	Tax exempt interest	
9	Specified private activity bond interest	

Summary of Form 1099-B
Proceeds from Broker and Barter Exchange Transactions

2	Stocks, bonds, etc.	
4	**Federal income tax withheld**	
8	Profit or (loss) realized in 2009	
9	Unrealized profit or (loss) on open contracts - 2008	
10	Unrealized profit or (loss) on open contracts - 2009	
11	Aggregate profit or (loss)	

Gross Proceeds less commissions and option premiums from each sale transaction are reported individually to the IRS Refer to the 1099-B section of this Tax Information Statement Report each sale separately on your federal and state income tax returns

Summary of Form 1099-OID
Original Issue Discount

1	Original issue discount for 2009	
2	Other periodic interest	
3	Early withdrawal penalty	
4	**Federal income tax withheld**	
6	Original issue discount on US Treasury obligations	
7	Investment expenses	

Original Issue Discount Amounts are reported individually to the IRS Refer to the 1099-OID section of this Tax Information Statement

This is important tax information and is being furnished to the Internal Revenue Service If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

2009 Tax Information Statement

Account Number: 1040000336
Tax ID Number: 61-1172615

AICHE TRI-STATE - RICH DEBOARD

Dividends and Interest Detail

Qualified Dividends

Qualified Domestic Dividends

Description	Amount of dividend
Reported on 1099 Forms DIV, INT, OID or B	
VANGUARD 500 INDEX FUND-SIGN	364.40
VANGUARD SMALL CAP INDEX FD	133 38
VANGUARD WINDSOR FUND #22	157.68
Total Reported on 1099 Forms DIV, INT, OID or B	**655.46**
Total Qualified Domestic Dividends	**655.46**

Qualified U.S. Government Interest Reported as Dividends

Description	Amount of dividend
Reported on 1099 Forms DIV, INT, OID or B	
VANGUARD 500 INDEX FUND-SIGN	0.04
VANGUARD WINDSOR FUND #22	0.02
Total Reported on 1099 Forms DIV, INT, OID or B	**0.06**
Total Qualified U.S. Government Interest Reported as Dividends	**0 06**

Total Qualified Dividends included on 1099-DIV box 1b **655.00**

Non-Qualified Dividends

Important Tax Return Documents Enclosed

2009 Tax Information Statement

Account Number: 1040000336
Tax ID Number: 61-1172615

AICHE TRI-STATE - RICH DEBOARD

Non-Qualified Domestic Dividends

Description	Amount of dividend
Reported on 1099 Forms DIV, INT, OID or B	
GOLDMAN SACHS FS GOV'T MM FD #465	76.44
VANGUARD BOND INDEX FUND #84	346.03
VANGUARD SMALL CAP INDEX FD	51.45
Total Reported on 1099 Forms DIV, INT, OID or B	**473 92**
Total Non-Qualified Domestic Dividends	**473.92**

Non-Qualified U.S. Government Interest Reported as Dividends

Description	Amount of dividend
Reported on 1099 Forms DIV, INT, OID or B	
GOLDMAN SACHS FS GOV'T MM FD #465	29.38
VANGUARD BOND INDEX FUND #84	74 78
VANGUARD SMALL CAP INDEX FD	0 02
Total Reported on 1099 Forms DIV, INT, OID or B	**104.18**
Total Non-Qualified U.S. Government Interest Reported as Dividends	**104.18**

Total Non-Qualified Dividends included in Form 1099-DIV box 1a **578.00**

Important Tax Return Documents Enclosed

2009 Tax Information Statement

AICHE TRI-STATE - RICH DEBOARD

Account Number: 1040000336
Tax ID Number: 61-1172615

Other Tax Information

Deductions

Agency Fees

Description	Amount of expense
Trustee/Executor Fees-Income (allocable)	999 96
Total Agency Fees	**999.96**

Important Tax Return Documents Enclosed

2009 Tax Information Statement

AICHE TRI-STATE - RICH DEBOARD

Account Number: 1040000336
Tax ID Number: 61-1172615

Payments/Receipts Made on Behalf of AICHE TRI-STATE - RICH DEBOARD

The following transactions from the account are presented to assist you in the preparation of your individual tax return Transactions are shown under three general headings of, where applicable, Medical Expenses, Taxes Paid and Miscellaneous. They are intended to cover those items the account paid on your behalf during the tax year that you may want to consider for your individual tax return. We recommend that you check your statement of transactions for any corrections or additions

Miscellaneous

Date	Description	Payments	Receipts
Cash Contributions			
05/29/2009	Cash Contributions CASH DISBURSEMENT SCHOLARSHIP AICHE 2009 SCHOLORSHIP SHELBY M MALONE Paid to: RYAN E LAGO 117 MIDDLE COACH RD HURRICANE, WV 25526	1,000 00	
05/29/2009	Cash Contributions CASH DISBURSEMENT SCHOLARSHIP AICHE 2009 SCHOLORSHIP SHELBY M. MALONE Paid to: LINDSAY S. WEHMEIER 222 SENECA RD HUNTINGTON, WV 25705	1,000 00	
05/29/2009	Cash Contributions CASH DISBURSEMENT SCHOLARSHIP AICHE 2009 SCHOLORSHIP SHELBY M. MALONE Paid to. PATRICK O. DUGGAN 2707 GREENWAY RD ASHLAND, KY 41102	1,000 00	
05/29/2009	Cash Contributions CASH DISBURSEMENT SCHOLARSHIP AICHE 2009 SCHOLORSHIP SHELBY M. MALONE Paid to· SHELBY M MALONE 229 SHADY LANE GRAYSON, KY 41143	2,000.00	
	Total Cash Contributions	**5,000 00**	**0.00**

Important Tax Return Documents Enclosed

2009 Tax Information Statement

Account Number: 1040000336
Tax ID Number: 61-1172615

AICHE TRI-STATE - RICH DEBOARD

Date	Description	Payments	Receipts
Total Miscellaneous		**5,000.00**	

Important Tax Return Documents Enclosed