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

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 $1,000,000 and total assets less than $2,500,000 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*

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 9/1/2008 , and ending 8/31/2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization Indiana Farm Bureau Inc.

Lake County Farm Bureau, Inc.

Number and street (or P O box, if mail is not delivered to street address) Room/suite

P.O Box 964

City, town, or country State ZIP + 4

Crown Point IN 46308-0964

D Employer identification number 35-0871037

E Telephonenumber 317-692-7851

F GroupExemption Number . . . ▶ 0963

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

G Accountingmethod [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 **Organization type** (check only one)— [X] 501(c) (5) ◀ (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 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 $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 149,265

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	52,839
	4	Investment income		4	96,426
	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) (attach schedule)		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		
	b	Less: cost of goods sold	7b		
	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	149,265
Expenses	10	Grants and similar amounts paid (attach schedule)		10	3,454
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	9,360
	13	Professional fees and other payments to independent contractors		13	4,356
	14	Occupancy, rent, utilities, and maintenance		14	67,715
	15	Printing, publications, postage, and shipping		15	20
	16	Other expenses (describe ▶ See attached statement)		16	75,783
	17	**Total expenses.** Add lines 10 through 16 ▶		17	160,688
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-11,423
	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	565,520
	20	Other changes in net assets or fund balances (attach explanation)		20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	554,097

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 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	430,721	22	428,656
23	Land and buildings	132,681	23	124,344
24	Other assets (describe ▶ See attached statement)	2,118	24	1,097
25	**Total assets**	565,520	25	554,097
26	**Total liabilities** (describe ▶ See attached statement)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	565,520	27	554,097

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

What is the organization's primary exempt purpose? see statement 1 attached

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, or other relevant information for each program title.

		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
28	see statement 2 (Grants $ 0) If this amount includes foreign grants, check here . . . . ▶ ☐	28a	0
29	(Grants $ 0) If this amount includes foreign grants, check here . . . . ▶ ☐	29a	0
30	(Grants $ 0) If this amount includes foreign grants, check here . . . . ▶ ☐	30a	0
31	Other program services (attach schedule) . . . . . (Grants $ 0) If this amount includes foreign grants, check here . . . . ▶ ☐	31a	0
32	**Total program service expenses.** (add lines 28a through 31a) . . . . . ▶	32	0

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
Name Keithley, Tom Str PO Box 964 City Crown Point ST IN ZIP 46308	Title President Hr/WK 5.00	710	0	0
Name Zandstra, Nicholas Str PO Box 964 City Crown Point ST IN ZIP 46308	Title Treasurer Hr/WK 4.00	190	0	0
Name Hayden, Susie Str PO Box 964 City Crown Point ST IN ZIP 46308	Title Women's Leader Hr/WK 4.00	1,800	0	0
Name Hayden, Jeremy Str PO Box 964 City Crown Point ST IN ZIP 46308	Title Young Farmer Repre Hr/WK 4.00	100	0	0
Name Bailey, Donald Str PO Box 964 City Crown Point ST IN ZIP 46308	Title Director Hr/WK 1.00	180	0	0
Name Childress, Lori Str PO Box 964 City Crown Point ST IN ZIP 46308	Title Director Hr/WK 1.00	880	0	0
Name Ebert, Ron Str PO Box 964 City Crown Point ST IN ZIP 46308	Title Director Hr/WK 1.00	100	0	0
Name Elzinga, Christopher Str PO Box 964 City Crown Point ST IN ZIP 46308	Title Director Hr/WK 1.00	60	0	0
Name Elzinga, Tim Str PO Box 964 City Crown Point ST IN ZIP 46308	Title Director Hr/WK 1.00	180	0	0
Name Gardin, Hazel Str PO Box 964 City Crown Point ST IN ZIP 46308	Title Director Hr/WK 1.00	80	0	0
Name Halstead, Jean Str PO Box 964 City Crown Point ST IN ZIP 46308	Title Director Hr/WK 1.00	280	0	0
Name Hayden, Linda Str PO Box 964 City Crown Point ST IN ZIP 46308	Title Director Hr/WK 1.00	100	0	0
Name Hayden, Matt Str PO Box 964 City Crown Point ST IN ZIP 46308	Title Director Hr/WK 1.00	60	0	0
Name Kleine, Louise Str PO Box 964 City Crown Point ST IN ZIP 46308	Title Director Hr/WK 1.00	20	0	0
Name Mitsch, Brian Str PO Box 964 City Crown Point ST IN ZIP 46308	Title Director Hr/WK 1 00	120	0	0
Name Monroe, Sandra Str PO Box 964 City Crown Point ST IN ZIP 46308	Title Director Hr/WK 1 00	80	0	0
Name Nelson, Lori Str PO Box 964 City Crown Point ST IN ZIP 46308	Title Director Hr/WK 1.00	20	0	0
Name Rosenthal, Joanne Str PO Box 964 City Crown Point ST IN ZIP 46308	Title Director Hr/WK 1.00	655	0	0

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

			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		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
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 your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	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		
38 a	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 unpaid at the start of the period covered by this return?	38a		X
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			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	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 (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	n/a	
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	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		X
41	List the states with which a copy of this return is filed. ▶ IN			
42 a	The books are in care of ▶ Name Indiana Farm Bureau Inc. Telephone no ▶ 317-692-7851 Located at ▶ 225 S. East Street City Indianapolis ST IN ZIP + 4 ▶ 46206-1290			

			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		X
	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		X
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 N/A			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
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		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51. **not applicable**

			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	n/a	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47	n/a	
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	n/a	
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	n/a	
b	If "Yes," was the related organization(s) a section 527 organization?	49b	n/a	

50 Complete this table for the 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
Name None Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Total number of other employees paid over $100,000 ▶	0	0	0	0

51 Complete this table for the 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
Name None Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Total number of other independent contractors each receiving over $100,000 ▶	0	0

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

▶ Joanne E. Rosenthal
Signature of officer

Date

▶ JOANNE E. ROSENTHAL SECRETARY 6-30-2010
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date 6/29/2010	Check if self-employed ▶ ☐	Preparer's Identifying Number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP +4 ▶ Indiana Farm Bureau Inc P.O. Box 1290, Indianapolis, IN 46206-1290			EIN ▶ Phone no ▶ 317-692-7851

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

Explanations (990-EZ)

Reasonable Cause

1
2
3
4
5
6
7
8
9
10

General Explanation

	Part No	Line No.	Explanation
1	III		Represent the farmer's voice on issues related to agriculture, educate the consumer and promote
2			farm products, keep members abreast of policies and new developments.
3			
4			
5			
6			
7			
8			
9			
10			

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	12,564
2	Dividends and interest from securities	2	
3	Gross rents	3	83,862
4	Other investment income	4	
5	Total	5	96,426

Part I, Line 16 (990-EZ) - Other Expenses

75,783

1	Travel, Meals and Entertainment		
	a Travel	1a	18,213
	b Total meals and entertainment	1b	1,460
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	4,244
5	Depreciation, depletion, etc.	5	674
6	Equipment rental and maintenance	6	
7	Interest	7	
8	Supplies	8	
9	Telephone	9	
10	Ag Promotion	10	36,385
11	Membership services	11	2,452
12	District Dues	12	879
13	Miscellaneous Expenses	13	1,443
14	Building Expense for leased space	14	10,033
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

Part II, Line 24 (990-EZ) - Other Assets

		2,118	1,097
	Description	Beginning	End
1	Accounts Receivable	347	0
2	Prepaid Expenses	0	0
3	Equipment, net of accumulated depreciation	1,771	1,097
4			
5			
6			
7			
8			
9			
10			

Form 990-EZ, Page 2, Part III - Organization's Program Achievement or Accomplishments

Line 28 - Lake County Farm Bureau, Inc. set up an advertisement in the local movie theater. The County office produced 2 thirty second informational spots to be played at the local theater before the feature movie is played. These advertisements are played before every movie. These advertisements reached 90,000 people and ran for 3 months twice a year.

12 hours throughout the year were contributed in preparation, planning, and coordinating this sponsorship.

Lake County Farm Bureau wanted to inform the public and viewers about what farmers are doing in order to keep the population fed with good healthy food.

Lake County contributed a total of $7500 toward these informational advertisements Financial support, along with work hours made this financial assistance to these students possible.

Total contributed to achievement #1 $7,500

Line 29 - Lake County Farm Bureau, Inc. conducted a scholarship program that contributed 5 $1000 scholarships to five selected students in need of assistance, looking to further their education and parents are members of the Farm Bureau.

20 volunteer hours throughout the year were contributed in preparation, planning, and coordinating these scholarships

Lake County Farm Bureau has given these scholarships for several years. The program is conducted in order to help students in need of Lake County have the opportunity to further their education, develop youth awareness of Farm Bureau, and enhance community involvement of our organization.

Lake County contributed a total of $5000 to five separate students. Financial support, along with 20 volunteer hours made this financial assistance to these students possible. The Farm Bureau is able to maintain involvement with its members and the youth of the county.

Total contributed to achievement #1 $5,000

Line 30 - Lake County Farm Bureau, Inc. promotes agriculture and learning to the community of the county through an Agriculture display at the county fair. This booth reaches about 25,000 fair attendees. Three members work each 4 hour shift per day

480 volunteer hours went into the preparation, planning, and coordinating the activities for this support.

Lake County intended to enhance community awareness of the County Farm Bureau and educate the public about where the food they eat comes from This is a very informational booth and the county has seen great feedback from the shared knowledge

Lake County Farm Bureau contributed $3400 toward the education booth. Financial support, along with 480 volunteer hours of personal time and energy was provided to make these events possible.

Total contributed to achievement #2 $3,400

ASSET DEPRECIATION SHORT REPORT
LAKE COUNTY FARM BUREAU Aug. 31, 2009

Sorted ASSET A/C#
Method 1-FEDERAL-Std Conv Applied

Range 1600-00 - 1610-00
Include All assets

Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Includes Section 179 Beg A/Depr	Curr Depr	End A/Depr
ASSET A/C#: 1600-00 - BUILDING								
12/01/70	Building 1970-12	SL/50 000	234,882 41	0 00	234,882 41	159,763 41	4,698 00	164,461 41
08/31/95	Air Return ducts 1995-08	MSL/15 000	5,812 00	0 00	5,812 00	5,031 00	387 00	5,418 00
03/16/97	Wallpaper general office 1997-03	MSL/10 000	7,372 00	0 00	7,372 00	7,372 00	0 00	7,372 00
03/26/97	Wall & shelving 1997-03	MSL/10 000	2,380 00	0 00	2,380 00	2,380 00	0 00	2,380 00
12/15/97	Agent offices remodel 1997-12	MSL/10 000	16,738 98	0 00	16,738 98	16,738 98	0 00	16,738 98
01/12/98	HVAC (5 units) 1998-01	MSL/15 000	42,360 00	0 00	42,360 00	30,005 00	2,824 00	32,829 00
01/20/98	Carpet 1998-01	MSL/ 5 000	12,345 00	0 00	12,345 00	12,345 00	0 00	12,345 00
07/28/98	Commodes (8 replaced) 1998-07	MSL/10 000	1,288 00	0 00	1,288 00	1,288 00	0 00	1,288 00
11/19/98	Wallpaper, paint basement 1998-11	MSL/10 000	1,650 00	0 00	1,650 00	1,616 00	34 00	1,650 00
06/08/01	Remodeling 2001-01	SL/50 000	19,706 35	0 00	19,706 35	11,025 35	394 00	11,419 35
Grand totals	1600-00 - BUILDING (10 assets)		344,534 74	0 00	344,534 74	247,564 74	8,337 00	255,901 74
ASSET A/C#: 1610-00 - FURNITURE & EQUIPMENT								
01/01/60	FILE CABINET (1) 1960-01	MA200/ 7 000	41 14	0 00	41 14	41 14	0 00	41 14
06/01/60	FILE CABINET (1) 1960-06	MA200/ 7 000	49 75	0 00	49 75	49 75	0 00	49 75
10/01/60	TABLE AND CHAIRS 1960-10	MA200/ 7 000	563 32	0 00	563 32	563 32	0 00	563 32
10/01/60	FOLDING CHAIRS 1960-10	MA200/ 7 000	494 07	0 00	494 07	494 07	0 00	494 07
04/01/66	TABLES 1966-04	MA200/ 7 000	132 53	0 00	132 53	132 53	0 00	132 53
04/01/69	PIANO (1) 1969-04	MA200/ 7 000	425 00	0 00	425 00	425 00	0 00	425 00
04/01/69	FREEZER (1) 1969-04	MA200/ 7 000	219 81	0 00	219 81	219 81	0 00	219 81
08/01/69	FOLDING CHAIRS (10) 1969-08	MA200/ 7 000	429 00	0 00	429 00	429 00	0 00	429 00
09/01/69	FOLDING CHAIRS (50) 1969-09	MA200/ 7 000	253 50	0 00	253 50	253 50	0 00	253 50
06/01/81	CHAIR CADDIES, BEIGE (2) 1981-06	MA200/ 7 000	158 00	0 00	158 00	158 00	0 00	158 00
06/01/81	TABLE CADDIES, BEIGE (1) 1981-06	MA200/ 7 000	89 00	0 00	89 00	89 00	0 00	89 00
06/01/81	TABLE CADDIES, BEIGE (1) 1981-06	MA200/ 7 000	89 00	0 00	89 00	89 00	0 00	89 00
11/01/81	CONFERENCE TABLE (1) 1981-11	MA200/ 7 000	748 80	0 00	748 80	748 80	0 00	748 80
09/01/82	WESTINGHOUSE REFRIGERATOR (1) 1982-09	MA200/ 7 000	774 80	0 00	774 80	774 80	0 00	774 80
09/01/85	CLARIN FOLDING CHAIRS (8) 1985-09	MA200/ 7 000	772 13	0 00	772 13	772 13	0 00	772 13
09/01/89	DEHUMIDIFIER (1) 1989-09	MA200/ 7 000	314 99	0 00	314 99	314 99	0 00	314 99
11/01/89	VCR & TV (1) 1989-11	MA200/ 7 000	833 33	0 00	833 33	833 33	0 00	833 33
09/01/97	ELECTRIC POLE SIGN (1) 1997-09	MSL/ 7 000	5,149 57	0 00	5,149 57	5,149 57	0 00	5,149 57

ASSET DEPRECIATION SHORT REPORT
LAKE COUNTY FARM BUREAU Aug. 31, 2009

Sorted ASSET A/C#
Method 1-FEDERAL-Std Conv Applied

Range 1600-00 - 1610-00
Include All assets

Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Includes Section 179 Beg A/Depr	Curr Depr	End A/Depr
ASSET A/C#: 1610-00 - FURNITURE & EQUIPMENT								
08/01/00	VULCAN OVEN RANGE (USED) (1) 2000-08	MSL/ 5 000	500 00	0 00	500 00	500 00	0 00	500 00
11/11/03	Chair Lift 2003/11	M*200/ 7 000	3,021 00	0 00	3,021 00	2,347 00	270 00	2,617 00
01/20/05	Water cooler 2005-01	MA200/ 7 000	978 00	0 00	978 00	672 00	87 00	759 00
03/10/08	Laptop, Printer, MS Office, & Quick 08-03	MA200/ 5 000	989 50	0 00	989 50	198 00	317 00	515 00
Grand totals	1610-00 - FURNITURE & EQUIPMENT (22 assets)		17,026 24	0 00	17,026 24	15,254 74	674 00	15,928 74
Grand totals for all accounts: (32 assets)			361,560 98	0 00	361,560 98	262,819 48	9,011 00	271,830 48

Codes that may appear next to the date acquired include: A - Addition, D - Disposal, T - Traded, MQ - Mid Quarter Applied

Additional Summary Statistics:	Cost	Curr Yr 179	Prior Yr 179	Depr Basis	Beg A/Depr	Curr Depr	Ending A/Depr	Net Book Val
Grand Totals for All Assets	361,560 98	0 00	0 00	361,560 98	262,819 48	9,011 00	271,830 48	89,730 50
Less Inactive Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Disposed Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Traded Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Net Totals (Active Assets)	361,560 98	0 00	0 00	361,560 98	262,819 48	9,011 00	271,830 48	89,730 50

Total Additional First Year Depreciation Taken at 30% Rate: 0.00

Total Additional First Year Depreciation Taken at 50% Rate: 0.00

Total Additional First Year Depreciation Taken: 0.00

Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees

Name and address	Title and average hours per week devoted to position	Compensation	Contributions to emp benefit plans & deferred compensation	Expense account and other allowances
Name Segert, Marie Str PO Box 964 City Crown Point ST IN ZIP 46308	Title Director Hr/WK 1.00	760	0	0
Name Sikma, Anne Str PO Box 964 City Crown Point ST IN ZIP 46308	Title Director Hr/WK 1.00	300	0	0
Name Sutton, Dan Str PO Box 964 City Crown Point ST IN ZIP 46308	Title Director Hr/WK 1.00	80	0	0
Name Wietbrock, Dollie Str PO Box 964 City Crown Point ST IN ZIP 46308	Title Director Hr/WK 1.00	60	0	0
Name Wietbrock, Wayne Str PO Box 964 City Crown Point ST IN ZIP 46308	Title Director Hr/WK 1.00	680	0	0
Name Willy, Larry Str PO Box 964 City Crown Point ST IN ZIP 46308	Title Director Hr/WK 1 00	660	0	0
Name Willy, Ruth Str PO Box 964 City Crown Point ST IN ZIP 46308	Title Director Hr/WK 1.00	460	0	0
Name Wunderink, Henry Str PO Box 964 City Crown Point ST IN ZIP 46308	Title Director Hr/WK 1 00	60	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0