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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008**Open to Public
Inspection**Department 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 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.

A For the 2008 calendar year, or tax year beginning 9/1/2008, and ending 8/31/2009	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Indiana Farm Bureau Inc. Elkhart County Farm Bureau, Inc. Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 215 West Lincoln Avenue City, town, or country State ZIP + 4 Goshen IN 46526-3279
D Employer identification number 35-0904405	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 ☒ Cash ☐ Accrual
Other (specify) ►

H Check ☒ 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)— ☒ 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. ► \$ 136,018

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)	
1 Contributions, gifts, grants, and similar amounts received	1 0
2 Program service revenue including government fees and contracts	2 796
3 Membership dues and assessments	3 46,084
4 Investment income	4 89,138
5a Gross amount from sale of assets other than inventory	5a 0
5b Less cost or other basis and sales expenses	5b 0
5c 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 <input type="checkbox"/>	
6a Gross revenue (not including \$- of contributions reported on line 1)	6a 0
6b Less direct expenses other than fundraising expenses	6b 0
6c 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
7b Less cost of goods sold	7b
7c 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	9 136,018
10 Grants and similar amounts paid (attach schedule)	10 2,840
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12 11,344
13 Professional fees and other payments to independent contractors	13 3,640
14 Occupancy, rent, utilities, and maintenance	14 67,927
15 Printing, publications, postage, and shipping	15 312
16 Other expenses (describe ► See attached statement)	16 44,983
17 Total expenses. Add lines 10 through 16	17 131,046
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 4,972
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)	19 529,729
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	21 534,701

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	287,271	22 255,836
23 Land and buildings	240,928	23 277,772
24 Other assets (describe ► See attached statement)	1,530	24 1,093
25 Total assets	529,729	25 534,701
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)	529,729	27 534,701

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Form **990-EZ** (2008)

(HTA)

95 20

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

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

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.

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 Bert Egging	Str 215 West Lincoln Ave		Title President			
City Goshen	ST IN ZIP 46526		Hr/WK 5 00	3,170	0	0
Name Lynn Loucks	Str 215 West Lincoln Ave		Title Vice President			
City Goshen	ST IN ZIP 46526		Hr/WK 4 00	1,065	0	0
Name Linda Moudy	Str 215 West Lincoln Ave		Title Secretary/Treasurer			
City Goshen	ST IN ZIP 46526		Hr/WK 4 00	795	0	0
Name Carol Loucks	Str 215 West Lincoln Ave		Title Women's Leader			
City Goshen	ST IN ZIP 46526		Hr/WK 4 00	795	0	0
Name Phil Berkey	Str 215 West Lincoln Ave		Title Director			
City Goshen	ST IN ZIP 46526		Hr/WK 1 00	280	0	0
Name David Blough	Str 215 West Lincoln Ave		Title Director			
City Goshen	ST IN ZIP 46526		Hr/WK 1 00	315	0	0
Name Richard Blough	Str 215 West Lincoln Ave		Title Director			
City Goshen	ST IN ZIP 46526		Hr/WK 1 00	245	0	0
Name Ruby Bryant	Str 215 West Lincoln Ave		Title Director			
City Goshen	ST IN ZIP 46526		Hr/WK 1.00	245	0	0
Name Keith Burger	Str 215 West Lincoln Ave		Title Director			
City Goshen	ST IN ZIP 46526		Hr/WK 1 00	315	0	0
Name Thelma Burger	Str 215 West Lincoln Ave		Title Director			
City Goshen	ST IN ZIP 46526		Hr/WK 1 00	315	0	0
Name Blake Doriot	Str 215 West Lincoln Ave		Title Director			
City Goshen	ST IN ZIP 46526		Hr/WK 1 00	175	0	0
Name Robert Geiger	Str 215 West Lincoln Ave		Title Director			
City Goshen	ST IN ZIP 46526		Hr/WK 1 00	35	0	0
Name Mike Hertsel	Str 215 West Lincoln Ave		Title Director			
City Goshen	ST IN ZIP 46526		Hr/WK 1.00	210	0	0
Name Sara Hertsel	Str 215 West Lincoln Ave		Title Director			
City Goshen	ST IN ZIP 46526		Hr/WK 1 00	0	0	0
Name Helen Koller	Str 215 West Lincoln Ave		Title Director			
City Goshen	ST IN ZIP 46526		Hr/WK 1 00	175	0	0
Name Steve Landis	Str 215 West Lincoln Ave		Title Director			
City Goshen	ST IN ZIP 46526		Hr/WK 1.00	210	0	0
Name Donna Lantis	Str 215 West Lincoln Ave		Title Director			
City Goshen	ST IN ZIP 46526		Hr/WK 1 00	70	0	0
Name Dwight Moudy	Str 215 West Lincoln Ave		Title Director			
City Goshen	ST IN ZIP 46526		Hr/WK 1 00	315	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.		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.		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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N.		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?		
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?		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		
b Gross receipts, included on line 9, for public use of club facilities		
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		
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		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		
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)?		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		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		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**

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

(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	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	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.			
	Signature of officer <i>Bert Egging</i>		Date <i>7-6-10</i>	
Paid Preparer's Use Only	Type or print name and title <i>Bert Egging Inc. President</i>			
	Preparer's signature	Date <i>6/23/2010</i>	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP +4 <i>Indiana Farm Bureau Inc P O Box 1290, Indianapolis, IN 46206-1290</i>		EIN	Phone no <i>317-692-7851</i>	

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	
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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	7,419
2	Dividends and interest from securities	2	
3	Gross rents	3	81,719
4	Other investment income	4	
5	Total	5	89,138

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

44,983

1	Travel, Meals and Entertainment		
	a Travel	1a	6,824
	b Total meals and entertainment	1b	48
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	6,551
5	Depreciation, depletion, etc	5	437
6	Equipment rental and maintenance	6	
7	Interest	7	
8	Supplies	8	
9	Telephone	9	
10	Ag Promotion	10	11,155
11	Membership services	11	0
12	District Dues	12	1,146
13	Miscellaneous Expenses	13	437
14	Building Expense for leased space	14	18,385
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

1,530 1,093

Description		Beginning	End
1	Accounts Receivable	0	0
2	Prepaid Expenses	0	0
3	Equipment, net of accumulated depreciation	1,530	1,093
4			
5			
6			
7			
8			
9			
10			

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

Line 28 - Elkhart County Farm Bureau, Inc. sponsored Ag in the Classroom. The County organized this volunteer program to utilize Ag terms and topics in the instruction of core benefits, meaning math, science, and language. This program was introduced in public schools in Elkhart County to approximately 200 students. This is a 9 month long program, a full school year, and a summertime seminar is available to teachers to attend.

2 volunteers contributed in preparation, planning, and coordinating the activities for this program totaling 50 hours per year.

Volunteers from the Farm Bureau provide this program in order to educate school age children on how their food is produced. It is also to raise knowledge and awareness of agriculture impact on their lives.

Elkhart County Farm Bureau contributed \$884 toward supplies for this program. Financial support, along with 50 hours of personal time and energy was provided to make this event possible. Students and teachers who participated in Ag in the Classroom were educated on food production and Ag education.

Total contributed to achievement #1

\$884

Line 29 - Elkhart County Farm Bureau, Inc. promotes 4-H to the youth of the county. Elkhart County shows financial support for the county 4-H program. The County supports the Greencraft Leadership Dinner, Amish Acres Achievement Trip, Scholarship Dinner, and 4-H advertisements.

4 Volunteers contributed in preparation, planning, and coordinating the activities for these events. Volunteers provided a total of 60 volunteer hours.

The overall goal of the Elkhart County Farm Bureau in promoting 4-H is to ensure the continued growth and betterment of 4-H and Ag education of the Elkhart County youth.

Elkhart County Farm Bureau approved and funded \$7860 for 4-H sponsorships. Financial support, along with 60 volunteer hours of personal time and energy was provided to make these events possible. Members of 4-H in Elkhart County were able to participate and benefit from Elkhart County's support.

Total contributed to achievement #2

\$7,860

Line 30 - Elkhart County Farm Bureau, Inc. sponsored a legislative breakfast. Those invited included elected state, county, and local officials to discuss pertinent topics with county members. Approximately, 25 Farm Bureau members attended the dinner along with 8 officials. Two legislative breakfasts were held during the year.

36 Volunteer hours were contributed in preparation, planning, and coordinating the activities for these events.

Volunteers intended to inform legislatures of concerns and proposals that need their attention in upcoming sessions. The relationships between members and elected officials are very important.

Elkhart County Farm Bureau paid \$375 toward food expense. Financial support, along with 36 volunteer hours of personal time and energy went into providing this event. Attendees were able to discuss and suggest ways to strengthen the communication between the Farm Bureau and legislative leaders.

Total contributed to achievement #3

\$375

ASSET DEPRECIATION SHORT REPORT
ELKHART 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								
08/01/58	Goshen Building 1958-08	SL/50 000	35,618 63	0 00	35,618 63	35,614 63	4 00	35,618 63
08/01/75	Elkhart Building 1975-08	SL/50 000	67,532 50	0 00	67,532 50	46,841 50	1,351 00	48,192 50
08/01/76	Goshen Building addition 1976-08	SL/50 000	147,684 88	0 00	147,684 88	99,142 88	2,954 00	102,096 88
05/01/87	Elkhart Building Addition 1987-05	MACRS/31 500	190,340 20	0 00	190,340 20	130,986 20	6,043 00	137,029 20
07/01/88	Air conditioner 1988-07	MSL/15 000	1,930 00	0 00	1,930 00	1,930 00	0 00	1,930 00
10/01/89	Split rail fence 1989-10	MSL/15 000	921 78	0 00	921 78	921 78	0 00	921 78
09/01/92	Furnaces (5) 1992-09	MSL/15 000	18,111 97	0 00	18,111 97	14,738 97	1,207 00	15,945 97
01/10/94	Roof 1994-01	MSL/20 000	14,000 00	0 00	14,000 00	10,266 00	700 00	10,966 00
10/01/95	HVAC, reconfigure for Interor offi 1995-10	MSL/20 000	17,197 63	0 00	17,197 63	7,923 63	860 00	8,783 63
01/10/99	Boardroom remodel 1999-01	MSL/10 000	2,748 09	0 00	2,748 09	2,658 09	90 00	2,748 09
08/01/99	Air compressor 1999-08	MSL/ 5 000	4,175 00	0 00	4,175 00	4,175 00	0 00	4,175 00
08/01/99	Water & sewer lines 1999-08	MSL/15 000	13,975 86	0 00	13,975 86	8,425 86	932 00	9,357 86
08/01/99	Carpet 1999-08	MSL/ 5 000	20,378 79	0 00	20,378 79	20,378 79	0 00	20,378 79
10/01/99	Ceiling tiles 1999-10	MSL/10 000	2,500 00	0 00	2,500 00	2,229 00	250 00	2,479 00
11/01/99	General office remodel 1999-11	MSL/20 000	4,432 72	0 00	4,432 72	1,960 72	222 00	2,182 72
12/01/99	Carpet 1999-12	MSL/ 5 000	11,770 76	0 00	11,770 76	11,770 76	0 00	11,770 76
11/01/00	Private offices (6) 2000-11	MSL/20 000	13,180 62	0 00	13,180 62	5,161 62	659 00	5,820 62
03/01/01	Roof 2001-03	MSL/20 000	15,260 00	0 00	15,260 00	5,723 00	763 00	6,486 00
07/01/01	Heat Pump 2001-07	MSL/10 000	2,940 20	0 00	2,940 20	2,107 20	294 00	2,401 20
03/20/09 A	Roof & Siding 09-03	MACRS/39 000	32,256 09	0 00	32,256 09	0 00	379 00	379 00
04/06/09 A	Air Conditioner Unit 09-04	MACRS/39 000	6,319 18	0 00	6,319 18	0 00	61 00	61 00
07/23/09 A	Windows 09-07	MACRS/39 000	13,581 70	0 00	13,581 70	0 00	44 00	44 00
08/12/09 A	Building Appraisal 09-08	NONE/10 000	1,500 00	0 00	1,500 00	0 00	0 00	0 00
Grand totals	1600-00 - BUILDING (23 assets)		638,356 60	0 00	638,356 60	412,955 63	16,813 00	429,768 63
ASSET A/C#: 1610-00 - FURNITURE & EQUIPMENT								
02/01/60	COMMUNITY ROOM TABLES 1960-02	MA200/ 7 000	476 81	0 00	476 81	476 81	0 00	476 81
02/01/60	FOLDING CHAIRS (12 of 50) 1960-02	MA200/ 7 000	52 28	0 00	52 28	52 28	0 00	52 28
11/01/68	TABLES (3) 1968-11	MA200/ 7 000	202 69	0 00	202 69	202 69	0 00	202 69
12/01/72	CONFERENCE TABLE 1972-12	MA200/ 7 000	325 00	0 00	325 00	325 00	0 00	325 00
03/01/86	TROPHY CASE 1986-03	MA200/ 7 000	653 09	0 00	653 09	653 09	0 00	653 09

ASSET DEPRECIATION SHORT REPORT
ELKHART 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								
06/14/07	24 Leather Executive Chairs 07-06	MA200/ 7 000	2,499 50	0 00	2,499 50	969 00	437 00	1,406 00
Grand totals 1610-00 - FURNITURE & EQUIPMENT (6 assets)			4,209 37	0 00	4,209 37	2,678 87	437 00	3,115 87
Grand totals for all accounts. (29 assets)			642,565 97	0 00	642,565 97	415,634 50	17,250 00	432,884 50

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	642,565 97	0 00	0 00	642,565 97	415,634 50	17,250 00	432,884 50	209,681 47
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)	642,565 97	0 00	0 00	642,565 97	415,634 50	17,250 00	432,884 50	209,681 47
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 James Moudy Str 215 West Lincoln Avenue City Goshen ST IN ZIP 46526	Title Director Hr/WK 1.00	175	0	0
Name Robert Newcomer Str 215 West Lincoln Avenue City Goshen ST IN ZIP 46526	Title Director Hr/WK 1.00	175	0	0
Name Judy Oesch Str 215 West Lincoln Avenue City Goshen ST IN ZIP 46526	Title Director Hr/WK 1.00	0	0	0
Name Mike Oesch Str 215 West Lincoln Avenue City Goshen ST IN ZIP 46526	Title Director Hr/WK 1.00	245	0	0
Name Ed Pippenger Str 215 West Lincoln Avenue City Goshen ST IN ZIP 46526	Title Director Hr/WK 1 00	0	0	0
Name Brent Reed Str 215 West Lincoln Avenue City Goshen ST IN ZIP 46526	Title Director Hr/WK 1.00	175	0	0
Name George Reed Str 215 West Lincoln Avenue City Goshen ST IN ZIP 46526	Title Director Hr/WK 1.00	245	0	0
Name Dean Rink Str 215 West Lincoln Avenue City Goshen ST IN ZIP 46526	Title Director Hr/WK 1 00	35	0	0
Name Daniel Schmucker Str 215 West Lincoln Avenue City Goshen ST IN ZIP 46526	Title Director Hr/WK 1 00	70	0	0
Name Max Schmucker Str 215 West Lincoln Avenue City Goshen ST IN ZIP 46526	Title Director Hr/WK 1 00	245	0	0
Name Ben Sheets Str 215 West Lincoln Avenue City Goshen ST IN ZIP 46526	Title Director Hr/WK 1 00	0	0	0
Name Brittney Sheets Str 215 West Lincoln Avenue City Goshen ST IN ZIP 46526	Title Director Hr/WK 1 00	175	0	0
Name Bryan Sheets Str 215 West Lincoln Avenue City Goshen ST IN ZIP 46526	Title Director Hr/WK 1.00	105	0	0
Name Alex Wait Str 215 West Lincoln Avenue City Goshen ST IN ZIP 46526	Title Director Hr/WK 1 00	70	0	0
Name Jim Weeber Str 215 West Lincoln Avenue City Goshen ST IN ZIP 46526	Title Director Hr/WK 1 00	280	0	0
Name Tom Wysong Str 215 West Lincoln Avenue City Goshen ST IN ZIP 46526	Title Director Hr/WK 1 00	280	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0