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Department of the Treasury

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)

OMB No 1545-0047 Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection and ending A For the 2009 calendar year, or tax year beginning D Employer identification number C Name of organization Check if applicable use IRS Address change label or INDIANA HARDWOOD LUMBERMEN'S ASSOCIATION print or Name change type 23-7236098 Doing Business As Initial return See Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Specifi Termin-ated 600 WOODVIEW TRACE 311 317-875-3660 Amended return 578,859 City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-INDIANAPOLIS, IN 46268 H(a) Is this a group return Yes X No F Name and address of principal officer RAY MOISTNER for affiliates? 3600 WOODVIEW TRACE, INDIANAPOLIS, 46268 H(b) Are all affiliates included? IN Yes No I Tax-exempt status X 501(c) (6 If "No," attach a list (see instructions) J Website: WWW.IHLA.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Part I Summary

| Part I Summary
| MANAGEM|
| 2 Check this box |
| 3 Number of vote |
| 4 Number of index |
| 5 Total number of |
| 6 Total number of |
| 7a Total gross unit |
| b Net unrelated it |
| 9 Program service |
| 10 Investment inc. |
| 11 Other revenue L Year of formation: 1984 M State of legal domicile: IN Briefly describe the organization's mission or most significant activities TO PROMOTE THE EDUCATION, MANAGEMENT, AND UTILIZATION OF TIMBER RESOURCES THROUGHOUT INDIANA. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 30 Number of voting members of the governing body (Part VI, line 1a) 0 Number of independent voting members of the governing body (Part VI, line 1b) 4 3 Total number of employees (Part V, line 2a) 100 Total number of volunteers (estimate if necessary) 6 10,018. Total gross unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 <1,072.> **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)
Program service revenue (Part VIII, line 29) 170,200. 135,800. 200,419 177,410. 29,257 10 Investment income (Part VIII, column (A), lines 8) 4, and 7d) <u>17,911.</u> 11 Other revenue Fart VIIIN (plumin (A) dines 5, 60, 3c, 9c, 10c, and 11e)
12 Total revenue add lines 8 through 11 (must eggal Part VIII, column (A), line 12) 58,528. 115,856. 458,404. 446,977. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 4,322. Benefits paid to or-former beis (Part X Column A), line 4) 184,320 184,314. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 256,869. 230,548. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 441,189. 419,184. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 17,215. 27,793. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year End of Year** Total assets (Part X, line 16) 656,448. 711,842. 155,609. 128,008. 21 Total liabilities (Part X, line 26) Zer Ser 528,440. 556,233. Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury-i declare that Thave and complete. Declaration of prepared before the camined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, officer) is based on all information of which preparer has any knowledge 11/10/10 Date Sign Signature of officer Here MOISTNER, EXECUTIVE DIRECTOR Type or print name and title Date Check if Preparer's identifying number (see instructions) Preparer's Paid signature DANIEL G. O'LEARY, CPA 10/21/10 employed ► Preparer's Firm's name (or AGRESTA, STORMS & O'LEARY, Use Only self-employed), 1459 E. BRUNSWICK AVE.

Phone no. \triangleright (317) 780-9850

X Yes

INDIANAPOLIS, IN 46227

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

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_		_X_
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
_	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	,		
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
• •	as applicable	11	х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	<u>'-'-</u>		
	Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		İ	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		.	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
_	the organization's slability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12	Schedule D, Parts XI, XII, and XIII	12		x
12Δ	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	<u></u> -		
127	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	1-75		
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		
16	located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	"		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- ''-		- 22
18	1c and 8a? If "Yes," complete Schedule G, Part II	10	х	
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	47	
19	complete Schedule G, Part III	10		Y
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20		<u>X</u> _
<u>20</u>	Did the organization operate one of more hospitals in res, complete schedule in		990	2009)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J .	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			Х
^-	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26_		
27	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			-22
20	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
Ŭ	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36_		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	00		\ . .
	Note. All Form 990 filers are required to complete Schedule O	38		<u> </u>

Form 990 (2009) INDIANA HARDWOOD LUMBERMEN'S ASSOCIATION 23-7236098 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance

				١
4-	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		Yes	No
ıa	U.S. Information Returns Enter -0- if not applicable 1a 6			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ŭ	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		х
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
	provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year Od the assessment of the year seesawa and funds discretily as indicate the new promiting on a paragraph.			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
_	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	F	000	0000;
		Form	990 (ZUU9)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body . 1a	30		İ
b	Enter the number of voting members that are independent	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	<u> </u>	X
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3	<u> </u>	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	—	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	_5_	 	<u> </u>
6	Does the organization have members or stockholders?	6	┿	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 <u>b</u>	+	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following			
a	The governing body?	_8a	X	
b	, , , , , , , , , , , , , , , , , , , ,	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			77
200	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	<u> </u>
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		1	N.
100	Does the organization have local chapters, branches, or affiliates?	10a	Yes	No X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
U	and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	''	1	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		 -	
_	to conflicts?	12b	x	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	<u> </u>	1	
_	in Schedule O how this is done	120	X	
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
þ	Other officers or key employees of the organization	15b		_X_
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		1	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1	1	
	taxable entity during the year?	16a	ļ	_X_
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	Ì		
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	1		
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 40	List the states with which a copy of this Form 990 is required to be filed IN	-hl- f		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection, indicate how you make these available. Check all that apply	able for		
	public inspection. Indicate how you make these available. Check all that apply			
10	Own website Another's website X Upon request		operal	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest polic	y, and fin	ancial	
20	statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the orga	nization		
20	DENICE HELMBRECHT - 317-875-3660	inzatiOII		
	3600 WOODVIEW TRACE INDIANAPOLIS, IN 46268			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."

Check this box if the organization did not compensate any current officer, director, or trustee.

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees, and former such persons

(A)	(B)	(C)				,		(D)	(E)	(F)
Name and Title	Average			Pos		,		Reportable	Reportable	(F) Estimated
Name and Thio	hours	(cl				app	ı(v)	compensation	compensation	amount of
	per	ig:	<u> </u>			Π	Ĺ	from	from related	other
	week	rdirec				B		the	organizations	compensation
		stee o	rustee			eusal		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		al tru	onalt		ployee	S an		(17 2, 1000 111100)		and related
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
RONDA DERLETH		_	=	0		Ξ 5	<u> </u>			
IMMEDIATE PAST PRESIDENT	0.50	X					İ	0.	0.	0.
PAUL BRANCH	0.50	25				<u> </u>	\vdash	· · · · · · · · · · · · · · · · · · ·	<u> </u>	0.
DIRECTOR	0.50	x						0.	0.	0.
JON DEMOTTE	0.190									•
DIRECTOR	0.50	x					İ	0.	0.	0.
MICHAEL F. POWERS										3.2
DIRECTOR	0.50	X						0.	0.	0.
MATTHEW SMITH		İ								
DIRECTOR	0.50	Х						0.	0.	0.
BRIAN WILL						İ				
DIRECTOR	0.50	X						0.	0.	0.
DAVE BRAMLAGE							İ			
DIRECTOR	0.50	X						0.	0.	0.
JOHN BROWN										
DIRECTOR	0.50	X						0.	0.	0.
TOM DERLETH										_
DIRECTOR	0.50	X						0.	0.	<u> </u>
JAY ENGLE	0 50									
DIRECTOR	0.50	X				_	_	0.	0.	<u> </u>
GORDON MILLER	0 50	3,5							•	•
DIRECTOR CARTER ROTHROCK	0.50	X				\vdash	<u> </u>	0.	0.	0.
DIRECTOR	0.50	х						0.	0.	0
MIKE SEIDL	0.30	Δ.							0.	<u> </u>
DIRECTOR	0.50	Х						0.	0.	0.
SAM SMITH	0.50	Δ						0.	0.	
DIRECTOR	0.50	x						0.	0.	0.
MICK SWEENEY	0.50									
DIRECTOR	0.50	\mathbf{x}				'		0.	0.	0.
JIM VON TELLROP										
DIRECTOR	0.50	$ \mathbf{x} $						0.	0.	0.
SAM BOND										
DIRECTOR	0.50	X						0.	0.	0.
										Form 990 (2000)

Part VII Section A. Officers, Directors, Tru		mple	oyee			High	est						
(A)	(B)	(C)						(D)	(E)	Ì		(F)	_
Name and title	Average hours	(c	Position (check all that apply)				lv)	Reportable compensation	Reportable compensation			mate ount c	-
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC		compe from organ	ther ensat m the nization	ion : on ed
DARIN HOLLINGSWORTH PRESIDENT	0.50			х				0.		0.			0.
CHRIS MOORE													
1ST VICE PRESIDENT	0.50		_	X	<u> </u>	 	ļ	0.		0.			0.
JEFF MANGES 2ND VICE PRESIDENT	0.50			x		İ		0.		0.			Λ
ZND VICE PRESIDENT	0.50			4				0.		0.			0.
1b Total		·	·			▶		0.		0.			0.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d at	oove	e) wł	no re	eceived more than \$100	,000 in reportable				
compensation from the organization											- 1.		0
 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for so For any individual listed on line 1a, is the su 	ıch ındıvıdual										3	'es	No X
and related organizations greater than \$150	•		•					•	ine organization		4		x
5 Did any person listed on line 1a receive or a			-						ces rendered to	Ī			<u></u>
the organization? If "Yes," complete Schedu	ile J for such	pers	on					-			5		X
Section B. Independent Contractors													
1 Complete this table for your five highest cor the organization NONE	npensated inc	depe	ende	nt c	onti	racto	ors t	hat received more than	\$100,000 of comp	ensa	ation fro	m	
(A) Name and business	address							(B) Description of s	ervices	Co	(C) ompens		· · · ·
											_		
										.=			
		-										<u> </u>	
Total number of independent contractors (ir \$100,000 in compensation from the organize)		ot li	mite	d to		se li: 0	sted	above) who received m	nore than				

	990 (OOD LUMB	ERMEN'S AS	SOCIATION	23-7236	098 Page 9
rai	it viii	Statement of never	iue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e	Fundraising events Related organizations Government grants (contribute All other contributions, gifts, grant similar amounts not included above	ts, and ve 1f	135,800.				
S E	g	Noncash contributions included in lines	1a-1f \$		135,800.		ı	
		ANNUAL MEETING		Business Code 561499	177,410.	177,410.		
Program Service Revenue	c d e f	All other program service reve						
	-	Total, Add lines 2a-2f		•	177,410.			
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties		▶	20,962.			20,962.
	6 a b c d	Less. rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
	b	Less cost or other basis	(i) Securities 111,710. 114,761. <3,051.					
		Net gain or (loss)	(3,031.		<3,051.			<3,051.>
Other Revenue	8 a	Gross income from fundraising including \$	of		(3/031)			<u> </u>
됩		Less direct expenses	b	15,901.	0 005	0005		
		Net income or (loss) from fund Gross income from gaming ac Part IV, line 19	-		9,096.	9,096.		
		Less: direct expenses	b					
	10 a	Net income or (loss) from gam Gross sales of inventory, less and allowances Less cost of goods sold	-	1 000	-			
L	С	Net income or (loss) from sale:	s of inventory		<64.	> <64.	<u> </u>	
		Miscellaneous Revenue UNREALIZED GAIN ROYALTIES		Business Code 523000 561499	52,743. 42,860.	42,860.		52,743.
	c d	ADVERTISING INC	OME	541800 561499	10,018. 1,203.	1,203.	10,018.	
					106,824.	220 505	10 010	70 654
93200	12_	Total revenue See instructions.		•	446,977.	230,505.	10,018.	70,654.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must compl				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	4,322.			
2	Grants and other assistance to individuals in				
	the US See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	167,509.			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	3,926.			
9	Other employee benefits				
10	Payroll taxes	12,879.	,		
11	Fees for services (non-employees)·				
а	Management				
b	Legal				
С	Accounting	6,440.			
đ	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	2 222			
13	Office expenses	3,099.			
14	Information technology				
15	Royalties	10 702			
16	Occupancy	19,793.			
17	Travel	9,851.		-:	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	107.050.			
19	Conferences, conventions, and meetings	107,050.			
20	Interest Payments to affiliates				
21	Depreciation, depletion, and amortization	549.			
22 23	Insurance	J47•		 	
23 24	Other expenses. Itemize expenses not covered				<u> </u>
27	above. (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	ADVERTISING - UBIT	11,090.			
b	DUIL AND WENDER CHIER	20,500.		-	_
c	BRANDING & PROMOTION	16,786.			
d	INSURANCE	14,065.			
e	mer educate	7,389.		-	_
f	All other expenses	13,936.			
25	Total functional expenses. Add lines 1 through 24f	419,184.			
26	Joint costs Check here If following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

	•			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		127,140.	1	126,862.
İ	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net	ſ	_	3	
ļ	4	Accounts receivable, net		4		
	5	Receivables from current and former officers, di				
		employees, and highest compensated employe	es Complete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section	<u></u>		
		4958(f)(1)) and persons described in section 49	58(c)(3)(B). Complete			
		Part II of Schedule L			6	
<u>v</u>	7	Notes and loans receivable, net			7	
Assets	8	Inventones for sale or use		· · · · · · · · · · · · · · · · · · ·	8	
۲	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other		···		· - · ·
\		basis. Complete Part VI of Schedule D	10a 17,284.			
	b	Less accumulated depreciation	10ь 13,715.	0.	10c	3,569.
	11	Investments - publicly traded securities		11		
	12	Investments other securities See Part IV, line	491,699.	12	561,575.	
	13	Investments · program-related See Part IV, line		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		37,609.	15	19,836.
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	656,448.	16	711,842.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue			19	
1 :	20	Tax-exempt bond liabilities	[20	
တ္က ဒ	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, director	rs, trustees, key employees,			
api		highest compensated employees, and disqualif	ed persons Complete Part II			
=		of Schedule L	į		22	
	23	Secured mortgages and notes payable to unrela	ated third parties		23	
:	24	Unsecured notes and loans payable to unrelate	d third parties		24	
:	25	Other liabilities Complete Part X of Schedule D		128,008.	25	155,609.
:	26	Total liabilities. Add lines 17 through 25		128,008.	26	155,609.
		Organizations that follow SFAS 117, check he	ere 🕨 🗓 and complete			
န္		lines 27 through 29, and lines 33 and 34.				
ž į	27	Unrestricted net assets		483,329.	27	510,922.
ब्रुह्न	28	Temporarily restricted net assets		45,111.	28	45,311.
힐	29	Permanently restricted net assets			29	
죠		Organizations that do not follow SFAS 117, c	heck here 🕨 📖 and			
5		complete lines 30 through 34.				
ets :	30	Capital stock or trust principal, or current funds	ļ		30	
Ass.	31	Paid-in or capital surplus, or land, building, or ed	quipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
Ž	33	Total net assets or fund balances		528,440.	33	556,233.
<i> </i>	34	Total liabilities and net assets/fund balances		656,448.	34	711,842.

Form **990** (2009)

Form	990 (2009) INDIANA HARDWOOD LUMBERMEN'S ASSOCIATION 23-723	6098	Pa	ge 12
Pa	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	_2a	X	
b	Were the organization's financial statements audited by an independent accountant?	_2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		_X_
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both			
	Separate basis X Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	зь		

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 23-7236098

D-	INDIANA HARDWOOD L	UMBERMEN'S ASSOCIATION	ON 23-7236098
Pa			s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	confernng
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	` '	2d
3	Number of conservation easements modified, transferred, re		e organization during the tax
	year >	,	3
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements r	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements of	during the year
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year > \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	D(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?	•	Yes No
9	In Part XIV, describe how the organization reports conservati	ion easements in its revenue and expensi	
	include, if applicable, the text of the footnote to the organization		
	conservation easements		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	iblic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	rtems	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balar	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service	e, provide the following amounts relating to
	these items		- ·
	(i) Revenues included in Form 990, Part VIII, line 1		> \$ _
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items	
а	Revenues included in Form 990, Part VIII, line 1	-	> \$
	Assets included in Form 990. Part X		> \$

		HARDWOOD						<u>23-72</u>			
	rt III Organizations Maintaining C										
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following th	at are a s	significant	use of its	collectio	n item	าร
	(check all that apply)										
а	Public exhibition	(╸┝		hange progr	rams					
b	Scholarly research	6	∍ L_J	Other							
C	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın how t	hey further t	he organızat	ion's exe	mpt purp	ose in Pai	rt XIV		
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical trea	sures, or oth	ner sımıla	r assets		_		_
	to be sold to raise funds rather than to be m								_ Yes		<u>No</u>
Pai	rt IV Escrow and Custodial Arran		lete if or	ganization a	nswered "Ye	s" to For	m 990, P	art IV, line	9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other a	ssets not	included	_	_		¬
	on Form 990, Part X?							Ĺ	Yes		J No
Ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table:				т			
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f	L			_
2a	Did the organization include an amount on Fe		217					<u> </u>	_ Yes	<u> </u>	∟ No
	If "Yes," explain the arrangement in Part XIV										
Par	t V Endowment Funds. Complete	f the organization ar				ľ			1		
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three	years back	(e) Four	r years	back
1a	Beginning of year balance		-								
b	Contributions								<u> </u>		
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities		1								
	and programs									·	
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the year	r end balance held a	as.								
а	Board designated or quasi-endowment	· .	_%								
b	Permanent endowment	%									
	· — · — · — · — · — · — · — · — · — · —	%									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	nd administe	ered for t	he organı	zation	_		
	by									Yes	No
	(i) unrelated organizations								3a(ı)		
	(ii) related organizations								3a(ıi)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sche	dule R?					_3b		L
4	Describe in Part XIV the intended uses of the										
Par	t VI Investments - Land, Building	s, and Equipm	ent. Se	e Form 990	, Part X, line	10.					
	Description of investment	(a) Cost or o basis (investr			or other (other)		ccumulat preciation	ecuation (d) Book value			e
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment			1	7,284.		13,7	15.		3,5	69.
	Other										
<u>Total</u>	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	0(c))					3,5	<u>69.</u>

Schedule D (Form 990) 2009 INDIANA HAR Part VII Investments - Other Securities. See	DWOOD LUMBERM e Form 990, Part X, line 12	EN'S ASSOCIAT	ION 23-7236098 Page 3
(a) Description of security or category (including name of security)	(b) Book value	(c) M	ethod of valuation. nd-of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
PNC INVESTMENTS	561,575.	END-OF-YEAR	MARKET VALUE
	<u> </u>		
			
			<u></u>
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)	561,575.		
Part VIII Investments - Program Related. Se	ee Form 990, Part X, line 13		-Alice de Sandardana
(a) Description of investment type	(b) Book value		ethod of valuation nd-of-year market value
		- · ·	
		•	
Total (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line			
(a)	Description		(b) Book value
	<u>.</u>		
	· · · ·	- · u	
		-	
	45)		
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X,			
1 (a) Description of liability	1110 20	(b) Amount	
Federal income taxes			
DEFERRED REVENUE		155,609.	
			
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 25.)	155,609.	
2. FIN 48 Footnote. In Part XIV. provide the text of the foo		financial statements that i	reports the organization's liability for

	dule D (Form 990) 2009	INDIANA	HARDWOOD	LUMBERMEN' om Form 990 to	S A	SSOCIA	TIO	N 23-	7236098	Page 4
				om Form 990 to A	Audi	eu rmane		tatemen		0.00
1	Total revenue (Form 990, Pa	-	•				_1_			<u>,977.</u>
2	Total expenses (Form 990,	,	•				2			184.
3	Excess or (deficit) for the ye		2 from line 1				_3			<u>,793.</u>
4	Net unrealized gains (losses	•					4			
5	Donated services and use of	of facilities				ŀ	5			
6	Investment expenses					}	6		 	
7	Prior period adjustments			•			7			
8	Other (Describe in Part XIV)		_				8			
9	Total adjustments (net) Add	•			_		9			<u> </u>
10 Par	Excess or (deficit) for the year XII Reconciliation of					ith Reven	10 lue p	er Retur		<u>.793.</u>
1	Total revenue, gains, and of							1		
2	Amounts included on line 1									
a	Net unrealized gains on inve		000, 1 411 1111, 11110	· -	2a	ľ		1		
b	Donated services and use of		•		2b					
c	Recoveries of prior year gra				2c					
d	Other (Describe in Part XIV)				2d					
e	Add lines 2a through 2d	,						2e		
3	Subtract line 2e from line 1							3		
4	Amounts included on Form	990 Part VIII line	12. but not on lin	e 1 [.]						
a	Investment expenses not in				4a					
b	Other (Describe in Part XIV.)			~	4b					
c	Add lines 4a and 4b	,						4c		
5	Total revenue Add lines 3 a	and 4c. (This must	equal Form 990. i	Part I. line 12)				5		
	rt XIII Reconciliation	of Expenses p	er Audited Fi	nancial Stateme	nts V	Vith Expe	nses	per Retu	ırn	
1	Total expenses and losses						-	1		
2	Amounts included on line 1	•		5:						
_ a	Donated services and use of		,		2a					
b	Prior year adjustments				2b					
c	Other losses				2c					
d	Other (Describe in Part XIV))			2d					
e	Add lines 2a through 2d	,				·		2e		
3	Subtract line 2e from line 1							3		
4	Amounts included on Form	990. Part IX. line	25. but not on line	1.						
а	Investment expenses not in				4a			ļ		
	Other (Describe in Part XIV)		,		4b					
	Add lines 4a and 4b	,						4c		
5	Total expenses Add lines 3	and 4c. (This mu	st equal Form 990	, Part I, line 18)				5		
Pai	rt XIV Supplemental li			*						-
	plete this part to provide the		ured for Part II. line	es 3, 5, and 9, Part III.	lines :	1a and 4. Pa	rt IV. lı	nes 1b and	2b. Part V. line	4. Part
	e 2, Part XI, line 8; Part XII, lir									,,, , ,,,,
, iii		100 24 4110 10, 411	a . a	a and 10.7 100 00p		o pair to pro-		.y additiona	·····omation	
	 -			·						

				- -					· -·	
		_								
								<u> </u>	··	
			 							

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Name of the organization Employer identification number 23-7236098 INDIANA HARDWOOD LUMBERMEN'S ASSOCIATION Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants а Solicitation of government grants Internet and email solicitations b Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (tii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name of individual (iv) Gross receipts to (or retained by) to (or retained by) (ii) Activity fundraiser from activity or entity (fundraiser) organization listed in col (i) Ye<u>s</u> No 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

INDIANA HARDWOOD LUMBERMEN'S ASSOCIATIOM3-7236098 Page 2 Schedule G (Form 990 or 990-EZ) 2009 Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events SOUTH GOLF NORTH GOLF (add col (a) through OUTING OUTING col (c)) (event type) (event type) (total number) 7,495 12,302. 5,200 24,997. Gross receipts Less Chantable contributions Gross income (line 1 minus line 2) 7,495. 12,302. 5,200. 24,997. Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages Entertainment 5,209 3,645. 7,047. 15,901. Other direct expenses 15,901 10 Direct expense summary Add lines 4 through 9 in column (d) 9,096 Net income summary Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col. (c)) Gross revenue Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes % % Yes Yes Volunteer labor Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column (d), and line 7 Yes No 9 Enter the state(s) in which the organization operates gaming activities a is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain: 10a 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain 11 Does the organization operate gaming activities with nonmembers? 11

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to

administer charitable gaming?

Schedule G (Form 990 or 990-EZ) 2009 INDIANA_HARDWOOD_LUMBERMEN'S_ASSOCIAT	<u> IO⊠3-723</u>	<u>609</u>	<u>8</u> Pa	age 3
			Yes	No
13 Indicate the percentage of gaming activity operated in				
a The organization's facility	%			1
b An outside facility	%			
14 Enter the name and address of the person who prepares the organization's gaming/special events books and re	cords:			
Name				
Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the a	mount			
of gaming revenue retained by the third party > \$				
c If "Yes," enter name and address of the third party.				
Name ▶				
Address ▶				
16 Gaming manager information.				
Name				
Gaming manager compensation > \$				
Description of services provided				
Director/officer Employee Independent contractor				
17 Mandatory distributions				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		_		
retain the state gaming license?		17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spe	nt in the			

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization **Employer identification number** INDIANA HARDWOOD LUMBERMEN'S ASSOCIATION 23-7236098 FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE COMMITTEE AND FINANCE CHARIMAN REVIEW THE FORM 990 PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION DISCUSSES POTENTIAL CONFLICTS AT ITS REGULAR BOARD AND COMMITTEE MEETINGS. FORM 990, PART VI, SECTION C, LINE 19: THE FORM 990 AND 990-T ARE ON FILE AT THE COMPANY OFFICES FOR ANY MEMBERS OR INTERESTED PARTIES THAT REQUEST TO REVIEW IT.

OMB No 1545-0047

SCHEDULE R		Related Organizations	Related Organizations and Unrelated Partnerships			2009
(Form 990) Department of the Treasury Internal Revenue Service	Comple	 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990. 	s" to Form 990, Part IV, line 33, 3 ▶ See separate instructions.	13, 34, 35, 36, or 37. ons.		Open to Public Inspection
Name of the organization		INDIANA HARDWOOD LUMBERMEN'S ASSO	ASSOCIATION		Emp 2	Employer identification number 23-7236098
Part I Identificat	Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	e if the organization answered "Yes" to	Form 990, Part IV, line 33.)			
Nan	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
				,		
Part II organizatio	Identification of Related Tax-Exempt Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)	tions (Complete if the organization ans	swered "Yes" to Form 990, Par	rt IV, line 34 becaus	e it had one or more rel	lated tax-exempt
Nan	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
INDIANA FOREST INDUSTRY COUNCIL 3600 WOODVIEW TRACE INDIANAPOLIS IN 46268	NDUSTRY COUNCIL - 35-1682982 ACE 46268	ENCOURAGE EXCHANGE OF IDEAS AMONG THOSE IN TIMBER AND WOOD USING INDUSTRIES	INDIANA	501(C)(6)		
↓	111					
LHA For Privacy Act	LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	se, see the Instructions for Form 990				Schedule R (Form 990) 2009

23-7236098

Page 2

Schedule R (Form 990) 2009 INDIANA HARDWOOD LUMBERMEN'S ASSOCIATION

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

General or managing partner? Percentage ownership Yes Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) 9 Ξ Code V-UBI amount in box 120 of Schedule -K-1 (Form 1065) Share of end-of-year assets 9 ate allocations? Disproportion-Yes No Ξ Share of total income Share of end-of-year assets <u>(a</u> Type of entity (C corp, S corp, or trust) Share of total Income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) € <u>e</u> Legal domicile (state or foreign country) છ (d) Direct controlling Primary activity 9 Legal domicile (state or foreign country) <u>ق</u> Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization (a) Part IV

Schedule R (Form 990) 2009

Page 3

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		19	×
b Gift, grant, or capital contribution to other organization(s)		1b	×
c Gift, grant, or capital contribution from other organization(s)		10	×
d Loans or loan guarantees to or for other organization(s)		1d	×
e Loans or loan guarantees by other organization(s)		1	×
f Sale of assets to other organization(s)		14	×
g Purchase of assets from other organization(s)		19	×
h Exchange of assets		무	×
i Lease of facilities, equipment, or other assets to other organization(s)		;=	×
j Lease of facilities, equipment, or other assets from other organization(s)		1j	×
k Performance of services or membership or fundraising solicitations for other organization(s)		¥	×
I Performance of services or membership or fundraising solicitations by other organization(s)		=	×
m Sharing of facilities, equipment, mailing lists, or other assets		t X	
n Sharing of paid employees		ţ.	×
o Reimbursement paid to other organization for expenses		10	×
p Reimbursement paid by other organization for expenses		đ	×
q other transfer of each or property from other organization(s)		D 4	< >
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ction thresholds.		4
:		(၁)	
Name of other organization(s)	Transaction A type (a·r)	Amount involved	_
(1) INDIANA HARDWOOD LUMBERMEN'S ASSOCIATION	×	2,9	969.
(2)			1
(3)			
(4)			
(9)			
932163 02-04-10	Schedule	Schedule R (Form 990) 2009	2009

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Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	lusion for certain investment partner	ships.					
(a)	(q)		<u>©</u>	(e)	ε	(b)	Ξ
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3)	Share of end-of- vear assets	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
			Yes No			of Schedule K-1 (Form 1065)	1 '
							<u> </u>
							· · · =
			-				
							
						Schedule R (Form 990) 2009	n 990) 2009



ARTICLES OF MERGER OF NONPROFIT CORPORATION OF SELECTION

State Form 42199 (R5/1-03) Corporate Form No. 364-6 Approved by State Board of Accounts 1995

2010 AUG 31 PM 3:1

TODD ROKITA
SECRETARY OF STATE
CORPORATIONS DIVISION
302 W Washington Steet, Rm. E018
India napolis, IN 48204 Telephone (317) 232-6576

36 Indiana Code 23-17-19-4

FILING FEE: \$30.00

INSTRUCTIONS:

Use 8 1/2" x 11" white paper for attachments.

Present original and one copy to address in upper right corner of this form

Please TYPE or PRINT

Please visit our office on the web at www.sos.in.gov

ARTICLES OF MERGER / SHARE EXCHANGE

INDIANA FOREST INDUSTRY COUNCIL

INTO

INDIANA HARDWOOD LUMBERMEN'S ASSOCIATION OF STATE

(hereinafter 'the survivina cornoration')

In accordance with the requirements of the Indiana Nonprofit Corporation Act of 1991(hereinafter known as the "Act"), the undersigned corporations desiring to effect a merger, set forth the following facts:

ARTICLE I - SURVIVING CORPORATION

Section 19	
The name of the corporation surviving the merger is IND	ANA HARDWOOD LUMBERMEN'S ASSOCIATION, IN
and such name has Thas not (designate which) been	changed as a result of the merger
SECTION CO	. / . /
a. The surviving corporation is a domestic corporation existing	ng pursuant to the provisions of the Act incorporated on $\frac{1/16/1984}{}$.
	orporated under the laws of the State of and
qualified not qualified (designate which) to do busi	ness in Indiana
If the surviving corporation is qualified to do business in Ir	ndiana, state the date of qualification
(If Application for Certificate of Authority is filed concurrent	y herewith, state "upon approval of Application for Certificate of Authority").
ARTICLE II	- NONSURVIVING CORPORATION(S)
The name, state of incorporation, and date of incorporation and date of incorporation, other than the state of incorporation and date of incorporation.	pration or qualification, respectively, of each Indiana domestic corporation and survivor, which is party to the merger are as follows.
Name of Corporation [NDIANA FOREST INDUSTRY COUNCIL	
State of Domicile INDIA NA	Date of Incorporation or qualification in Indiana (if applicable) AUGUST 5, 1986
Name of Corporation	
State of Domicile	Date of Incorporation or qualification in Indiana (if applicable)
Name of Corporation	
State of Domicile	Date of Incorporation or qualification in Indiana (if applicable)

ARTICLE III - PLAN OF MERGER OR SHARE EXCHANGE

The Plan of Merger or Share Exchange, containing such information as required by Indiana Code 23-1-40-1(b), is set forth in "Exhibit A", attached hereto and made a part hereof

ARTICLE IV - MANNER OF ADOP SECTION 1. Membership vote not required	TION AND VOTE OF SURVIVING C	ORPORATION (Must c	omplete Section	on 1, 2, 3 or 4)			
The merger was adopted by the incorporators or board of directors without membership action and membership action was not required.							
SECTION 2: Vote of members							
	standing members, number of v number of votes of each clas						
		TOTAL	A	В	С		
Designation of each class (if applicable)							
Number of outstanding memberships							
Number of votes entitled to be cast							
Number of votes represented at meeting							
Number of members voted in favor							
Number of members voted against							
SECTION 3 Written consent executed on and signed by at least 80% of all members.							
SECTION 4: Approval by third party							
If the corporation's articles of in than the board of directors,	the corporation require the plan of the corporation has obtained	merger to be approve I the third party's a	d in writing by	a specified p	erson other !3-17-19-3.		
ARTICLE V. MANNISP OF A DOD	TION AND VOTE OF NONSURVIVIN	C CORPORATION (A)		-ti(ov. 2)			
SECTION 1 Membership vote not required	HON AND VOTE OF NOISUNVIVII	IG CORPORATION (19)	ist complete s	ection (Gr 2)			
The merger was adopted by the not required	e incorporators or board of direct	ors without members	hip action and	membership	action was		
SECTION 2: Vote of members							
The designation, number of out vote separately on the plan,	standing members or delegates, and number of votes of eac	number of votes enti h class represente	tled to be casi d at the mee	t by each clas ting is set fo	sentitled to orth below		
		TOTAL	Α	8	С		
Designation of each class (if applicable)				-			
Number of outstanding memberships	//						
Number of votes entitled to be cast							
Number of votes represented at meeting							
Number of members voted in favor							
Number of members voted against							
In Witness Whereof, the undersigned being corporation executes these Articles of Merg this 28 day of DECEMBE		16.00		of the	_		
Signature Aun Mystru		Printed name RAY H M	OISTNI-	R	<u> </u>		

State of Indiana Office of the Secretary of State

CERTIFICATE OF MERGER

of

INDIANA HARDWOOD LUMBERMEN'S ASSOCIATION INC

I, TODD ROKITA, Secretary of State of Indiana, hereby certify that Articles of Merger of the above Non-Profit Domestic Corporation have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Nonprofit Corporation Act of 1991.

The following non-surviving entity(s):

INDIANA FOREST INDUSTRY COUNCIL INC

a(n) Non-Profit Domestic Corporation

merged with and into the surviving entity:

INDIANA HARDWOOD LUMBERMEN'S ASSOCIATION INC

NOW, THEREFORE, with this document I certify that said transaction will become effective Tuesday, August 31, 2010.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 31, 2010.

TODD ROKITA, SECRETARY OF STATE

AGREEMENT AND PLAN OF MERGER

By and Among

INDIANA HARDWOOD LUMBERMEN'S ASSOCIATION

(Surviving Organization)

And

INDIANA FOREST INDUSTRIES COUNCIL

(Non-surviving Organization)

Dated as of October 30, 2009

OVERVIEW

This plan of merger is intended to outline the combined governance structure, mission, core activities, membership categories and dues, and a staffing plan. It will also identify board appointment procedures and key leaders of the combined organization. The plan of merger has intentionally been designed to be broad enough to allow for revision and elaboration based on stakeholder input.

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2.1 2.2	Directors Officers
	Article III Certificate of Incorporation and Bylaws of Surviving Organization
3.1 3.2	The Certificate of Incorporation The Bylaws
	Article IV Covenants
4.1 4.2 4.3 4.4 4.5 4.6	Organization, Good Standing and Qualification Assets of Non-Surviving Corporation Access and Reports Indemnification; Directors and Officers Insurance Communications Other Matters
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AGREEMENT AND PLAN OF MERGER

AGREEMENT AND PLAN OF MERGER (hereinafter called this "Agreement"), dated as of January 1, 2010, by and among Indiana Hardwood Lumbermen's Association, Inc., an Indiana corporation (IHLA), organized under the laws of Indiana, and Indiana Forest Industries Council, Inc., (IFIC) an Indiana corporation.

RECITALS

WHEREAS, the respective boards of directors of each of IHLA and IFIC have approved the merger of IFIC with and into the IHLA upon the terms and subject to the conditions set forth in this Agreement and have approved and declared advisable this Agreement;

WHEREAS, the board of directors of IFIC has determined that the Merger and the other transactions contemplated by this Agreement are in the best interests of the IFIC's members and has resolved to recommend the approval of the Merger to the IFIC's members;

WHEREAS, the board of directors of IHLA has determined that the Merger and the other transactions contemplated by this Agreement are in the best interests of IHLA;

WHEREAS, the IFIC and IHLA desire to make certain representations, warranties, covenants and agreements in connection with this Agreement;

NOW, THEREFORE, in consideration of the premises, and of the representations, warranties, covenants and agreements contained herein, the parties hereto agree as follows:

ARTICLE I

The Merger; Closing; Effective Time

- 1.1. The Merger. Upon the terms and subject to the conditions set forth in this Agreement, at the Effective Time (as defined in Section 1.3), IFIC shall be merged with and into the IHLA and the separate corporate existence of IFIC shall thereupon cease. IHLA shall be the surviving corporation in the Merger, and the separate corporate existence of the IHLA, with all its rights, privileges, immunities, powers and franchises, shall continue unaffected by the Merger, except as set forth in Article II. The Merger shall have the effects specified in the Indiana General Corporation Law.
- 1.2. <u>Closing</u>. Unless otherwise mutually agreed in writing between the IFIC and IHLA, the closing for the Merger shall take place at 12:00 A.M. (Eastern Time) on January 1, 2010

1.3. Effective Time. As soon as practicable following the Closing, the IFIC and IHLA will cause a certificate of merger to be executed, acknowledged and filed with the Secretary of State of the State of Indiana. The Merger shall become effective at the time when the Indiana Certificate of Merger has been duly filed with the Secretary of State of the State of Indiana.

ARTICLE II

Certificate of Incorporation and By-Laws of the Surviving Corporation

- 2.1. <u>The Certificate of Incorporation</u>. As of the Effective Time, the certificate of incorporation of the IHLA shall be provided to IFIC prior to the Closing and which shall be reasonably satisfactory to the IFIC,.
- 2.2. <u>The By-Laws</u>. The parties hereto shall take all actions necessary so that the by-laws of IHLA in effect immediately prior to the Effective Time shall be the by-laws of the IFIC until thereafter amended.

ARTICLE III

Directors and Officers of the Surviving Corporation

- 3.1. <u>Directors</u>. The parties hereto shall take all actions necessary so that the board of directors of IHLA at the Effective Time shall, from and after the Effective Time, be the directors of the IHLA until their successors have been duly elected or appointed and qualified or until their earlier death, resignation or removal in accordance with the Charter and the By-Laws.
- 3.2. Officers. The parties hereto shall take all actions necessary so that the officers of the IHLA at the Effective Time shall, from and after the Effective Time, be the officers of the Surviving Corporation until their successors have been duly elected or appointed and qualified or until their earlier death, resignation or removal in accordance with the Charter and the By-Laws. The sitting president of the new IHLA Forestry Council shall become a member of the IHLA Executive Committee, and the IHLA bylaws have been amended accordingly.

ARTICLE IV

Covenants

- 4.1 Organization, Good Standing and Qualification. Each of IHLA and Merger IFIC is a legal entity duly organized, validly existing and in good standing under the Laws of its respective jurisdiction of organization and has all requisite corporate or similar power and authority to carry on its business as presently conducted and is qualified to do business and is in good standing as a corporation in each jurisdiction where the ownership, leasing or operation of its assets or properties or conduct of its business requires such qualification, except where the failure to be so organized, qualified or in such good standing, or to have such power or authority, would not, individually or in the aggregate, reasonably be expected to prevent or materially impair the ability of IHLA and IFIC to consummate the Merger and the other transactions contemplated by this Agreement. IHLA has made available to IFIC complete and correct copies of IHLA's articles of incorporation and IHLA's certificate of incorporation and by-laws, each as amended to the date of this Agreement, and each as so delivered is in full force and effect.
- 4.2 Assets of Non-surviving Organization. IHLA will have available to them, as of the date all of the Agreement., all assets of IFIC. IHLA agrees to maintain those funds as a restricted asset of the organization, to be used only for forestry-related matters as recommended by the IHLA Forestry Council and approved by the Board of Directors. IHLA assumes any current debt of IFIC, and is held non-liable for future liabilities of IFIC.
- (a) <u>Litigation and Judgments</u>. There are no Actions pending or, to the knowledge of IHLA, threatened against IHLA. IHLA is not a party to or subject to the provisions of any Judgment of any Governmental Entity which is, individually or in the aggregate, reasonably likely to prevent or materially impair the consummation of the transactions contemplated by this Agreement.
 - (b) Solvency. As of the Effective Time, IHLA will be solvent.
- 4.3 Access and Reports. Subject to applicable Law, upon reasonable notice, IHLA shall afford IFIC's officers and other authorized Representatives reasonable access, during normal business hours throughout the period prior to the Effective Time, to its properties, books, contracts and records and, during such period, the IFIC shall furnish promptly to IHLA all information concerning its business, properties and personnel as may reasonably be requested.

4.4 Indemnification; Directors' and Officers' Insurance. (a) From and after the Effective Time, both IHLA and IFIC agrees that it will indemnify, defend and hold harmless each present and former director and officer of the IHLA, determined as of the Effective Time (the "Indemnified Parties"), against any costs or expenses (including attorneys' fees and disbursements), judgments, fines, losses, claims, damages or liabilities incurred in connection with any claim, action, suit, proceeding or investigation, whether civil, criminal, administrative or investigative, arising out of or pertaining to the fact that the Indemnified Party is or was an officer, director, employee or fiduciary of the IHLA whether asserted or claimed prior to, at or after the Effective Time (including with respect to any acts or omissions in connection with this Agreement and the transactions and actions contemplated hereby), to the fullest extent that the IHLA would have been permitted under Indiana law and its certificate of incorporation or bylaws (and, to the extent not contrary to Indiana law or its certificate of incorporation, any indemnification agreement) in effect on the date of this Agreement to indemnify such Person (and IFIC or IHLA shall also promptly advance expenses as incurred to the fullest extent that the Company would have been permitted under Indiana law or its certificate of incorporation or bylaws (and, to the extent not contrary to Indiana law or its certificate of incorporation, any indemnification agreement) in effect on the date of this Agreement.

In the event of any claim, action, suit, proceeding or investigation, (x) neither Parent nor the Surviving Corporation shall settle, compromise or consent to the entry of any judgment in any claim, action, suit, proceeding or investigation (and in which indemnification could be sought by Indemnified Parties hereunder), unless such settlement, compromise or consent includes an unconditional release of such Indemnified Party from all liability arising out of such claim, action, suit, proceeding or investigation or such Indemnified Party otherwise consents, and IHLA shall cooperate in the defense of such matter.

Prior to the Effective Time, IHLA shall obtain and fully pay for Directors and Officers Liability (<u>D&O Insurance</u>"), for the persons who, as of the date of this Agreement, are covered by the Company's existing D&O Insurance, with terms, conditions, retentions and levels of coverage at least as favorable as the Company's existing D&O Insurance with respect to matters existing or occurring at or prior to the Effective Time (including in connection with this Agreement or the transactions or actions contemplated hereby), and Parent shall cause the Surviving Corporation to maintain such D&O Insurance in full force and effect for their full terms.

4.5. <u>Communications</u>. As promptly as practicable following the date of this Agreement and in compliance with applicable Laws, IHLAshall develop a joint plan for

communication to IFIC's members strategic Persons about this Agreement and the transactions contemplated by this Agreement.

4.6 Other Matters.

- (a) <u>Headquarters</u>. Effective upon the Closing, IHLA's current headquarters in Indainapolis, IN will be the Surviving Corporation's headquarters.
- (b) <u>Name of Surviving Organization</u>. Effective upon the Closing, the current name of the Surviving Organization shall be IHLA. and IFIC will be the Forestry Council of IHLA.
- (c) <u>Board Representation</u>. IFIC shall, after becoming the Forestry Council of the IHLA, elect a president each year who will serve as a voting member of the IHLA Board of Directors and also a voting member of the IHLA Executive Committee.
- (d) <u>Preservation of IFIC Heritage</u>. Following the Closing, IHLA shall cause the Surviving Corporation to preserve IFIC's heritage and continue to support philanthropic and charitable causes in Indiana and other communities as IFIC did, and also to keep and maintain all historical written records of IFIC.

ARTICLE VII

Conditions

- 7.1. Conditions to Each Party's Obligation to Effect the Merger. The respective obligation of each party to effect the Merger is subject to the satisfaction or waiver at or prior to the Effective Time of each of the following conditions:
- (a) <u>Board Approvals</u>. This Agreement shall have been duly adopted the respective Boards of Directors of each organization, and such record be reflected in the minutes of the Board meetings.
- (b) <u>Regulatory Consents</u>. The Merger is conditioned on the consent of all regulatory agencies whose jurisdiction and/or approval is required. IHLA agrees to file all necessary documentation as indicated by its CPA firm and legal counsel.
- (c) No Injunction. No court or other Governmental Entity of competent jurisdiction shall have enacted, issued, promulgated, enforced or entered any Law (whether temporary,

preliminary or permanent) that is in effect and restrains, enjoins or otherwise prohibits consummation of the Merger or the other transactions contemplated by this Agreement.

- (d) <u>Performance of Obligations of IHLA</u>. IHLA shall have performed in all material respects all obligations required to be performed by it under this Agreement at or prior to the Closing Date, and IFIC shall have received satisfactory evidence to such effect.
- (e) <u>No Material Adverse Effect</u>. Since the date of this Agreement, there shall not have occurred any change, event, circumstance or development that has had, or is reasonably likely to have, a Material Adverse Effect.

Article VI.

Termination

6.1. <u>Termination by Mutual Consent</u>. This Agreement may be terminated and the Merger may be abandoned at any time prior to the Effective Time, whether before or after the adoption of this Agreement by the members of the IHLA, and by mutual written consent of the IHLA and IFIC by action of their respective boards of directors.

Article VII

Miscellaneous and General

- 7.1. <u>Survival</u>. This Article and the agreements of IHLA and IFIC shall survive the consummation of the Merger. This Article shall survive the termination of this Agreement. All other representations, warranties, covenants and agreements in this Agreement shall not survive the consummation of the Merger or the termination of this Agreement.
- 7.2. <u>Modification or Amendment</u>. Subject to the provisions of the applicable laws, at any time prior to the Effective Time, the parties hereto may modify or amend this Agreement, by written agreement executed and delivered by duly authorized officers of the respective parties.
- 7.3. <u>Waiver of Conditions</u>. The conditions to each of the parties' obligations to consummate the Merger are for the sole benefit of such party and may be waived by such party in whole or in part to the extent permitted by applicable Laws.
- 7.4. <u>Severability</u>. The provisions of this Agreement shall be deemed severable and the invalidity or unenforceability of any provision shall not affect the validity or enforceability of the

other provisions hereof. If any provision of this Agreement, or the application of such provision to any Person or any circumstance, is invalid or unenforceable, (a) a suitable and equitable provision shall be substituted therefor in order to carry out, so far as may be valid and enforceable, the intent and purpose of such invalid or unenforceable provision and (b) the remainder of this Agreement and the application of such provision to other Persons or circumstances shall not be affected by such invalidity or unenforceability, nor shall such invalidity or unenforceability affect the validity or enforceability of such provision, or the application of such provision, in any other jurisdiction.

7.5. <u>Assignment</u>. This Agreement shall not be assignable by operation of law or otherwise.

IN WITNESS WHEREOF, this Agreement has been duly executed and delivered by the duly authorized officers of the parties hereto as of the date first written above.

By: Indiana Forest Industries Council

C. Sam Bond, President

By: Indiana Hardwood Lumbermen's Association

Darin Hollingsworth, President

Form	8868 (Rev. 4-2009)			Page 2		
• If	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo	ж		. ▶ 🗓		
	e. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed		8868.			
	you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).					
Pa	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no c	opies i	needed).			
Туре	Name of Exempt Organization	Emp	loyer identific	cation number		
print	LINDIANA HARDWOOD LUMBERMEN 5 ASSOCIATION	2	3-72360	98		
	number, street, and room or suite no. If a P.O. box, see instructions.	For I	RS use only			
filing to return instruc	See City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
	ck type of return to be filed (File a separate application for each return): Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	=	orm 5227 [orm 6069	Form 8870		
STO	P! Do not complete Part II if you were not already granted an automatic 3-month extension on a previou	sly file	d Form 8868			
DENICE HELMBRECHT The books are in the care of 3600 WOODVIEW TRACE - INDIANAPOLIS, IN 46268						
	elephone No. ► 317-875-3660 FAX No. ►					
• If	the organization does not have an office or place of business in the United States, check this box			. ▶ 📖		
• If	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If thi		-	-		
box 4	If it is for part of the group, check this box	memb	ers the extens	sion is for.		
5	For calendar year 2009, or other tax year beginning , and ending					
6	If this tax year is for less than 12 months, check reason: Initial return Final return	[]	Change in acc	counting period		
7	State in detail why you need the extension		change in acc	boarking period		
•	TAXPAYER REQUESTS ADDITIONAL TIME TO COMPILE NECESSARY	IN	FORMATI	ON TO		
	FILE A COMPLETE AND ACCURATE RETURN.					
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					
	nonrefundable credits. See instructions.	8a	\$			
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	} } } } } } } } } } } } } } } } } } }				
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid	in the second				
	previously with Form 8868.	8b	\$			
C	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit					
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A		
	Signature and Verification					
Under it is tr i	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the ue, correct, and complete, and that I am authorized to prepare this form.	best of	my knowledge	and belief,		
Signat	ure ka kala Title CPA - AGENT	Date	► 8/	11/10		
	•		Form 88	368 (Rev. 4-2009)		