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Form 990

Return of Organization Exempt From Income Tax

2009

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

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

C Name of organization
THE ESTELLE PEABODY MEMORIAL HOME OF THE SYNOD OF LINCOLN TRAILS OF THE PRE

Doing Business As
THE PEABODY RETIREMENT COMMUNITY

Number and street (or P O box if mail is not delivered to street address) Room/suite
400 WEST 7TH STREET

City or town, state or country, and ZIP + 4
NORTH MANCHESTER, IN 46962

D Employer identification number

35-0883511

E Telephone number

(260) 982-8616

G Gross receipts \$ 21,346,782

F Name and address of principal officer
JEFFREY BRASIE
400 WEST 7TH STREET
NORTH MANCHESTER, IN 46962

H(a) Is this a group return for affiliates?
 Yes No

H(b) Are all affiliates included?
 Yes No
 If "No," attach a list (see instructions)

H(c) Group exemption number ►

I Tax-exempt status 501(c) (3) ► (insert no) 4947(a)(1) or 527

J Website: ► WWW PEABODYRC.ORG

K Form of organization Corporation Trust Association Other ►

L Year of formation 1930

M State of legal domicile IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities

THE PEABODY RETIREMENT COMMUNITY PROVIDES COMPREHENSIVE SERVICES FOR OLDER ADULTS AND SELECTED SERVICES TO OTHERS WITH GRACE, COMPASSION, AND RESPECT FOR THE DIGNITY OF INDIVIDUALS, THEIR FAMILIES, AND COMMUNITIES

2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	12
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5 Total number of employees (Part V, line 2a)	5	510
6 Total number of volunteers (estimate if necessary)	6	47
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

8 Contributions and grants (Part VIII, line 1h)	833,498	259,400
9 Program service revenue (Part VIII, line 2g)	16,740,215	17,571,905
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	663,421	-471,869
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	178,634	292,152
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,415,768	17,651,588

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	74,614	120,275
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,782,927	10,379,631
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 119,332		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	11,112,613	12,230,879
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	20,970,154	22,730,785
19 Revenue less expenses Subtract line 18 from line 12	-2,554,386	-5,079,197

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	59,690,138	54,603,119
21 Total liabilities (Part X, line 26)	50,534,989	50,314,162
22 Net assets or fund balances Subtract line 21 from line 20	9,155,149	4,288,957

Part II Signature Block

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
 JEFFREY BRASIE CEO/EXECUTIVE DIRECTOR
 Type or print name and title

Preparer's signature	Date	Check if self-employed ►	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	CROWE HORWATH LLP 70 West Madison Street Suite 700 Chicago, IL 606024903		EIN ►
			Phone no ► (312) 899-7000

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

THE PEABODY RETIREMENT COMMUNITY PROVIDES COMPREHENSIVE SERVICES FOR OLDER ADULTS AND SELECTED SERVICES TO OTHERS WITH GRACE, COMPASSION, AND RESPECT FOR THE DIGNITY OF INDIVIDUALS, THEIR FAMILIES, AND THE COMMUNITY IN THE NAME OF JESUS CHRIST

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule C.

3 Did the organization cease conducting, or make significant changes in how it conducts, any programs or services?

Yes No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 18,709,638 including grants of \$ 120,275) (Revenue \$ 17,571,905

THE PEABODY RETIREMENT COMMUNITY (PEABODY) UNDERSTANDS THAT EACH INDIVIDUAL HAS UNIQUE NEEDS, AN EXCITING HISTORY, AND HOLDS BELIEFS ABOUT HOW THEIR CARE SHOULD BE DELIVERED. TO MEET THIS END, PEABODY PROVIDES FIVE VERY DIFFERENT LEVELS OF RESIDENCE -- FROM INDEPENDENT LIVING 'COTTAGE HOMES' TO A SPECIALLY-EQUIPPED MEMORY-ENHANCED NEIGHBORHOOD. PEABODY IS DEDICATED TO THE GOAL OF CREATING A MODEL CAMPUS PROVIDING COST-EFFECTIVE INDIVIDUALIZED CARE THAT REACHES FAR BEYOND THE MINIMAL STANDARDS. ADDITIONAL SERVICES PROVIDED TO RESIDENTS INCLUDE ONSITE THERAPIES, NUTRITIONAL SERVICES, PASTORAL SERVICES, SOCIAL SERVICES, AND RECREATIONAL SERVICES. (CONTINUED IN SCHEDULE C)

4b (Code) (Expenses \$ including grants of \$) (Revenue \$

4c (Code) (Expenses \$ including grants of \$) (Revenue \$

4d Other program services (Describe in Schedule Q)

4e Total program service expenses **\$ 18,709,638**

Part IV Checklist of Required Schedules

	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 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 Yes	
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 No	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4 No	
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	
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 No	
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 No	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 Yes	
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 No	
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 Yes	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. <ul style="list-style-type: none"> • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 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 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 liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. 	11 Yes	
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12 No	
12a Was the organization included in consolidated, independent audited financial statements for the tax year?	12a Yes	No
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	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Part II	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Part III	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No

Part IV Checklist of Required Schedules (continued)

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	Yes	
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	No	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	No	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	No	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
d	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	No	
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	No	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	No	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	No	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a	No	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	No	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	No	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	29	No	
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	No	
31	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	No	
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	No	
33	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33	No	
34	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	34	Yes	
35	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	35	No	
36	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	36	No	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a 1	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a 510	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a No	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b No	
4a	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 No	
4b	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	4b No	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a No	
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b No	
5c	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 No	
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 No	
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b No	
7	Organizations that may receive deductible contributions under section 170(c).	7a No	
7b		7b No	
7c		7c No	
7d	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?	7d No	
7e	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7e No	
7f	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7f No	
7g	If "Yes," indicate the number of Forms 8282 filed during the year	7g No	
7h	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7h No	
7i	If "Yes," did the organization pay premiums, directly or indirectly, on a personal benefit contract?	7i No	
7j	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7j No	
7k	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7k No	
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 No	
9	Sponsoring organizations maintaining donor advised funds.	9a No	
9b	Did the organization make any taxable distributions under section 4966?	9b No	
10	Section 501(c)(7) organizations. Enter	10a No	
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b No	
11	Section 501(c)(12) organizations. Enter	11a No	
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b No	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a No	
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b No	

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body . . .	1a	12	
b Enter the number of voting members that are independent . . .	1b	12	
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		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6 Does the organization have members or stockholders?	6		No
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a		No
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, 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	Yes	
11A Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13 Does the organization have a written whistleblower policy?	13	Yes	
14 Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
a The organization's CEO, Executive Director, or top management official	15a	Yes	
b Other officers or key employees of the organization	15b		No
If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed IN

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 IYVONNE SCHUMAKER
 400 WEST 7TH STREET
 NORTH MANCHESTER, IN 46962
 (260) 982-8616

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, and **current** key employees. 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."

• 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, or 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.

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
BARBARA HANCHER SECRETARY	1	X		X			0	0	0
RICHARD HALDERMAN TREASURER	1	X		X			0	0	0
ALBERT J SCHLITT VICE PRESIDENT	1	X		X			0	0	0
STEPHEN E ZAHN PRESIDENT	1	X		X			0	0	0
LAURIE HARDIE TRUSTEE	1	X					0	0	0
REV ALAN L GRIFFIN TRUSTEE	1	X					0	0	0
MARCI A R MORRIS TRUSTEE	1	X					0	0	0
DAVID GRANDSTAFF TRUSTEE	1	X					0	0	0
JUDY MOORE TRUSTEE	1	X					0	0	0
REV THOMAS E SMITH PHD TRUSTEE	1	X					0	0	0
JOSUE NJOCK LIBII TRUSTEE	1	X					0	0	0
RICHARD RIDER TRUSTEE	1	X					0	0	0
CHAD SMYTH COO/ADMINISTRATOR	40		X				97,405	0	14,654
CHOD BOXELL CFO	40		X				81,003	0	16,113
JEFFREY BRASIE CEO/EXECUTIVE DIRECTOR	40		X				136,201	0	10,172

1b Total	314,609	0	40,939
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **■2**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
HEALTHCARE THERAPY SERVICES 1403 WEST COUNTY LINE ROAD SUITE A GREENWOOD, IN 46142	THERAPY SERVICES	1,509,376
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ■1		

Part VIII Statement of Revenue

		(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	1a Federated campaigns	1a 0				
	b Membership dues	1b 0				
	c Fundraising events	1c 0				
	d Related organizations	1d 86,905				
	e Government grants (contributions)	1e 0				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 172,495				
	g Noncash contributions included in lines 1a-1f \$ <u>0</u>					
	h Total. Add lines 1a-1f		259,400			
Program Service Revenue	2a NURSING SERVICES	Business Code				
			14,368,042	14,368,042	0 0	
	b RESIDENT SERVICES		3,203,863	3,203,863	0 0	
	c		0	0	0 0	
	d		0	0	0 0	
	e		0	0	0 0	
	f All other program service revenue		0	0	0 0	
	g Total. Add lines 2a-2f		17,571,905			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)					
			274,317	0 0	274,317	
	4 Income from investment of tax-exempt bond proceeds		0	0 0	0	
	5 Royalties		0	0 0	0	
	6a Gross Rents	(I) Real	(II) Personal			
		0	0			
	b Less rental expenses	0	0			
	c Rental income or (loss)	0	0			
d Net rental income or (loss)			0 0	0 0	0	
7a Gross amount from sales of assets other than inventory	(I) Securities	(II) Other				
	2,949,008	0				
b Less cost or other basis and sales expenses	3,695,194	0				
c Gain or (loss)	-746,186	0				
d Net gain or (loss)			-746,186 0	0 0	-746,186	
8a Gross income from fundraising events (not including \$ <u>0</u> of contributions reported on line 1c) See Part IV, line 18						
b Less direct expenses	b 0					
c Net income or (loss) from fundraising events			0 0	0 0	0	
9a Gross income from gaming activities See Part IV, line 19						
b Less direct expenses	b 0					
c Net income or (loss) from gaming activities			0 0	0 0	0	
10a Gross sales of inventory, less returns and allowances						
b Less cost of goods sold	b 0					
c Net income or (loss) from sales of inventory			0 0	0 0	0	
Miscellaneous Revenue		Business Code				
11a CHILDREN'S SERVICES			119,277	0 0	119,277	
b BEAUTY/GIFT SHOP			31,936	0 0	31,936	
c CABLE TV/TELEPHONE			21,191	0 0	21,191	
d All other revenue			119,748	0 0	119,748	
e Total. Add lines 11a-11d			292,152			
12 Total revenue. See Instructions			17,651,588	17,571,905	0 -179,717	

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 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	120,275	120,275		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0	0		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	243,490	0	243,490	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	7,594,580	6,805,499	707,550	81,531
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	117,497	106,787	9,431	1,279
9 Other employee benefits	1,772,179	1,562,368	191,094	18,717
10 Payroll taxes	651,885	471,150	174,880	5,855
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	416,696	0	416,696	0
c Accounting	120,522	0	120,522	0
d Lobbying	0	0	0	0
e Professional fundraising See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other	2,023,311	1,717,738	302,979	2,594
12 Advertising and promotion	144,678	0	144,678	0
13 Office expenses	1,666,882	1,523,916	140,802	2,164
14 Information technology	202,763	1,447	201,316	0
15 Royalties	0	0	0	0
16 Occupancy	769,198	28,960	740,238	0
17 Travel	11,518	5,588	5,534	396
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	17,674	3,875	13,685	114
20 Interest	3,147,493	3,147,493	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	2,807,408	2,740,105	67,303	0
23 Insurance	337,562	0	337,562	0
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a REPAIRS AND MAINTENANCE	272,457	233,383	39,074	0
b BAD DEBT EXPENSE	211,454	211,454	0	0
c DUES AND SUBSCRIPTIONS	20,681	1,582	18,953	146
d CONTINUING EDUCATION	17,147	5,094	12,053	0
e VEHICLE EXPENSES	14,054	14,054	0	0
f All other expenses	29,381	8,870	13,975	6,536
25 Total functional expenses. Add lines 1 through 24f	22,730,785	18,709,638	3,901,815	119,332
26 Joint costs. Check here <input checked="" type="checkbox"/> 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	0	0	0	0

Part X Balance Sheet

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	1,012	1 1,095
	2 Savings and temporary cash investments	1,653,682	2 1,042,896
	3 Pledges and grants receivable, net	0	3 0
	4 Accounts receivable, net	1,361,125	4 1,370,915
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5 0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L	0	6 0
	7 Notes and loans receivable, net	0	7 0
	8 Inventories for sale or use	80,604	8 73,859
	9 Prepaid expenses and deferred charges	140,147	9 159,955
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 66,187,075	
	b Less accumulated depreciation	10b 19,545,833	10c 46,641,242
	11 Investments—publicly traded securities	6,458,719	11 4,029,902
	12 Investments—other securities See Part IV, line 11	0	12 0
	13 Investments—program-related See Part IV, line 11	0	13 0
	14 Intangible assets	0	14 0
	15 Other assets See Part IV, line 11	1,355,918	15 1,283,255
	16 Total assets. Add lines 1 through 15 (must equal line 34)	59,690,138	16 54,603,119
Liabilities	17 Accounts payable and accrued expenses	3,228,138	17 1,733,310
	18 Grants payable	0	18 0
	19 Deferred revenue	1,335,021	19 1,411,479
	20 Tax-exempt bond liabilities	44,159,723	20 44,182,173
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21 0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22 0
	23 Secured mortgages and notes payable to unrelated third parties	0	23 0
	24 Unsecured notes and loans payable to unrelated third parties	0	24 0
	25 Other liabilities Complete Part X of Schedule D	1,812,107	25 2,987,200
	26 Total liabilities. Add lines 17 through 25	50,534,989	26 50,314,162
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	8,893,110	27 4,026,918
	28 Temporarily restricted net assets	62,039	28 62,039
	29 Permanently restricted net assets	200,000	29 200,000
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	0	30 0
	31 Paid-in or capital surplus, or land, building or equipment fund	0	31 0
	32 Retained earnings, endowment, accumulated income, or other funds	0	32 0
	33 Total net assets or fund balances	9,155,149	33 4,288,957
	34 Total liabilities and net assets/fund balances	59,690,138	34 54,603,119

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 Cash 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?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes," to 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?
 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 Consolidated basis Both consolidated and separated basis

3a 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?

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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

2009

Open to Public
Inspection**SCHEDULE A**
(Form 990 or 990EZ)**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Department of the Treasury
Internal Revenue ServiceName of the organization
THE ESTELLE PEABODY MEMORIAL HOME OF THE SYNOD OF LINCOLN TRAILS OF THE PRE

Employer identification number

35-0883511

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i)**.

2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)

6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III)

10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

e a Type I b Type II c Type III - Functionally integrated d Type III - Other

f By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

g If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

h Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

i Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						►

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		►
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		►
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		►

Part III Support Schedule for Organizations Described in IRC 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	443,073	288,766	396,573	833,498	259,400	2,221,310
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	12,988,231	15,076,281	16,592,791	16,740,215	17,571,905	78,969,423
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	37,007	178,634	292,152	507,793
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1 through 5	13,431,304	15,365,047	17,026,371	17,752,347	18,123,457	81,698,526
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public Support (Subtract line 7c from line 6)						81,698,526

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	13,431,304	15,365,047	17,026,371	17,752,347	18,123,457	81,698,526
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	456,528	499,825	454,852	453,036	274,317	2,138,558
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	456,528	499,825	454,852	453,036	274,317	2,138,558
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	218,772	205,751	207,113	0	0	631,636
13 Total support (Add lines 9, 10c, 11 and 12)	14,106,604	16,070,623	17,688,336	18,205,383	18,397,774	84,468,720

14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** 

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	96 72 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	95 45 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	2 532 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	3 14 %
19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation

OTHER INCOME, SCHEDULE A, PART III, LINE 12, MISCELLANEOUS INCOME RECEIVED IN FURTHERANCE OF THE ORGANIZATION'S TAX EXEMPT PURPOSE 2005 - \$218,772 2006 - \$205,751 2007 - \$207,113 2008 - \$0 2009 - \$0,

SCHEDULE D

(Form 990)

Supplemental Financial Statements**2009****Open to Public Inspection**Department of the Treasury
Internal Revenue Service

► 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.

Name of the organization

THE ESTELLE PEABODY MEMORIAL HOME OF THE SYNOD OF LINCOLN TRAILS OF THE PRE

Employer identification number

35-0883511

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(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 advised 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 advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements 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 satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or 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, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a Public exhibition
b Scholarly research
c Preservation for future generations

d Loan or exchange programs
e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	1,330,181	1,455,069			
b Contributions	106,296	85,106			
c Investment earnings or losses	155,202	-209,845			
d Grants or scholarships	0	0			
e Other expenditures for facilities and programs	4,387	149			
f Administrative expenses	0	0			
g End of year balance	1,587,292	1,330,181			

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► 36 05 % %

b Permanent endowment ► 55 77 % %

c Term endowment ► 8 18 % %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
3a(i)	Yes	
3a(ii)	Yes	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b	Yes
-----------	-----

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	3,271,128			3,271,128
b Buildings	0	51,070,659	16,634,278		34,436,381
c Leasehold improvements	0	5,029,013	1,230,056		3,798,957
d Equipment	0	6,513,821	1,681,499		4,832,322
e Other	0	302,454		0	302,454
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				►	46,641,242

Part VII Investments—Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total (Column (b) should equal Form 990, Part X, col (B), line 12.)		

Total. (Column (b) should equal Form 990, Part X, col (B) line 12)

Part VIII Investments—Program Related. See Form 990, Part X, line 13

Total. (Column (b) should equal Form 990, Part X, col (B) line 13.)

Part IX Other Assets. See Form 990, Part X, line 15

Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)

Part X Other Liabilities. See Form 990, Part X, line 25.

Total. (Column (b) should equal Form 990, Part X, col (B) line 25) **2,987,200**

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	17,651,588
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	22,730,785
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-5,079,197
4	Net unrealized gains (losses) on investments	4	213,005
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 - 8	9	213,005
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-4,866,192

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	17,864,593
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	213,005
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIV)	2d	0
e	Add lines 2a through 2d	2e	213,005
3	Subtract line 2e from line 1	3	17,651,588
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIV)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	17,651,588

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	22,730,785
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIV)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	22,730,785
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIV)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	22,730,785

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Collections of art - description of collections	Schedule D, Part III, Line 4	THE ORGANIZATION MAINTAINS A COLLECTION OF WATER COLOR PAINTINGS BY A NATIONALLY KNOWN HOOSIER ARTIST. THE PAINTINGS WERE DONATED BY THE WIFE OF THE PAINTER. THEY ARE USED AS DECORATIONS THROUGHOUT OUR CAMPUS.
Intended uses of endowment funds	Schedule D, Part V, Line 4	THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUND IS TO SUPPORT THE ORGANIZATION'S MISSION AND FURTHER ITS TAX-EXEMPT PURPOSE.
FIN 48 footnote	Schedule D, Part X, Line 2	CURRENT ACCOUNTING STANDARDS REQUIRE THE ORGANIZATION TO DISCLOSE THE AMOUNT OF POTENTIAL BENEFIT OR OBLIGATION TO BE REALIZED AS A RESULT OF AN EXAMINATION PERFORMED BY A TAXING AUTHORITY FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION DOES NOT HAVE ANY TAX POSITIONS THAT RESULT IN ANY UNCERTAINTIES REGARDING THE POSSIBLE IMPACT ON THE ORGANIZATION'S CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS. THE COMPANY IS NO LONGER SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR YEARS BEFORE DECEMBER 31, 2006.

**Schedule I
(Form 990)****2009****Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

► Attach to Form 990

**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Name of the organization

THE ESTELLE PEABODY MEMORIAL HOME OF THE SYNOD OF LINCOLN TRAILS OF THE PRE

Employer identification number

35-0883511

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ►

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ►

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEABODY HOME FOUNDATION INC 400 W 7TH STREET NORTH MANCHESTER, IN 46962	310994072	501(C)(3)	120,275	0	N/A	N/A	TO SUPPORT OPERATIONS

2 Enter total number of section 501(c)(3) and government organizations ► 1

3 Enter total number of other organizations ► 0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedures for monitoring use of grant funds	Schedule I, Part I, Line 2	THE ESTELLE PEABODY MEMORIAL HOME ONLY MAKES GRANTS TO THE PEABODY HOME FOUNDATION, A RELATED TAX-EXEMPT ORGANIZATION, THEREFORE, THE ORGANIZATION DOES NOT MAINTAIN RECORDS TO SUBSTANTIATE THE AMOUNT GIVEN, ELIGIBILITY OF RECIPIENT, OR SELECTION CRITERIA USED. GRANTS MADE ARE UNRESTRICTED, AND ARE TO BE USED IN ANY WAY THE ORGANIZATION SEES FIT TO FURTHER THEIR EXEMPT PURPOSE

2009

Open to Public
Inspection**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.

Name of the organization

THE ESTELLE PEABODY MEMORIAL HOME OF THE SYNOD OF LINCOLN TRAILS OF THE PRE

Employer identification number

35-0883511

Identifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11A	A FINAL DRAFT OF THE FULL FORM 990, INCLUDING ALL APPLICABLE SCHEDULES, WAS PROVIDED TO EACH MEMBER OF THE ORGANIZATION'S GOVERNING BODY PRIOR TO ITS FILING WITH THE IRS
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	EACH OFFICER, BOARD MEMBER, AND ADMINISTRATIVE STAFF COMPLETES AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE. ONCE THE QUESTIONNAIRES ARE COMPLETED, THE EXECUTIVE DIRECTOR REVIEWS THE RESPONSES AND DETERMINES WHETHER OR NOT THERE ARE ANY POTENTIAL CONFLICTS OF INTEREST. IF THERE IS A POTENTIAL CONFLICT OF INTEREST, THE EXECUTIVE DIRECTOR AND BOARD PRESIDENT REVIEW THE CORRESPONDING ISSUE AND DETERMINE IF THERE IS AN ACTUAL CONFLICT OF INTEREST. IF AN ACTUAL CONFLICT OF INTEREST IS DETERMINED TO EXIST, THAT PERSON IS EXCLUDED FROM ANY DISCUSSIONS CONCERNING THE CONFLICTING ISSUE AND IS NOT PERMITTED TO VOTE ON ANY DECISIONS REGARDING THE CONFLICTING ISSUE. ANY PURCHASES AND/OR BIDDING PROPOSALS ARE ALSO REVIEWED FOR ANY POTENTIAL CONFLICTS OF INTEREST PRIOR TO SUBMITTING BIDS OR MAKING PURCHASES. THE EXECUTIVE DIRECTOR ATTENDS THE BOARD MEETINGS AS A GUEST TO ENSURE THAT COMPLIANCE WITH THESE GUIDELINES IS FOLLOWED.
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	THE ORGANIZATION'S BOARD OF DIRECTORS REVIEWS AND APPROVES THE AMOUNT OF COMPENSATION FOR THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR AND DOCUMENTS THE DELIBERATION AND DECISION IN THE BOARD MEETING MINUTES. THE BOARD OF DIRECTORS UTILIZES INDIANA OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (IOSHA) WAGE SURVEYS FOR COMPARABILITY TO DETERMINE THE BASIS FOR THE AMOUNT OF COMPENSATION. THIS PROCESS WAS LAST UNDERTAKEN IN APRIL/MAY OF 2008. THE PROCESS TO REVIEW THE CEO/EXECUTIVE DIRECTOR'S COMPENSATION IS CURRENTLY UNDER REVIEW WITH THE BOARD OF DIRECTORS.
Public Disclosure	Form 990, Part VI, Section C, Line 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL STATEMENTS ARE NOT REQUIRED DISCLOSURES PURSUANT TO INTERNAL REVENUE CODE (IRC) SECTION 6104. THE ORGANIZATION DOES NOT MAKE THESE DOCUMENTS AVAILABLE TO THE PUBLIC AT THIS TIME.
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	(CONTINUED FROM PART III) RESIDENTIAL SERVICES: COTTAGE HOMES - THE 57 INDEPENDENT LIVING COTTAGES OFFER THE FREEDOM OF MAINTENANCE-FREE LIVING ALONG WITH THE COMPANY OF INTERESTING NEIGHBORS WHO CHERISH THEIR INDEPENDENCE AND ARE ALWAYS READY TO LEND A HAND. RESIDENTIAL APARTMENTS AND ASSISTED LIVING CENTER - PEABODY OFFERS 124 RESIDENTIAL AND ASSISTED LIVING UNITS, WHICH HAVE A CAPACITY FOR 144 RESIDENTS. THE SOUTH HOUSE RESIDENTIAL APARTMENTS OFFER THE CONVENIENCE OF VARIOUS CAMPUS SERVICES, ALONG WITH THE INDEPENDENCE OF YOUR OWN RESIDENCE. MEMORY ENHANCEMENT CENTER - THE FRANK AND LAURA SMOCK MEMORY ENHANCEMENT CENTER, WHICH HAS 48 LICENSED MEMORY CARE BEDS, IS DESIGNED AROUND A SIMPLE PREMISE: SURROUND RESIDENTS WITH FAMILIAR SETTINGS AND ACTIVITIES THAT WILL HELP THEM MAINTAIN AND EVEN ENHANCE THEIR MEMORIES AND ENJOY LIFE. THE HOMELIKE NEIGHBORHOOD DESIGN INCLUDES LIFE STATIONS WHERE RESIDENTS CAN GARDEN, PLAY MUSIC AND ENJOY SPORTS AND SPORTING MEMORABILIA -- ALL TO ENERGIZE EACH INDIVIDUAL THROUGH THE ENVIRONMENT. FOR THOSE IN THE EARLY TO MIDDLE STAGES OF MEMORY LOSS, THERE IS NO MORE COMPLETE AND APPROPRIATE CARE AVAILABLE IN THE AREA. SKILLED HEALTH CENTER - PEABODY'S HEALTH CENTER HAS 144 LICENSED HEALTH CARE BEDS, IS DESIGNED TO HELP INDIVIDUALS ENJOY A BETTER QUALITY OF LIVING THROUGH LATE LIFE. ADDITIONAL SERVICES PROVIDED: NUTRITIONAL SERVICES - OUR DINING STAFF WORKS CLOSELY WITH THE NURSING SERVICES AND MEDICAL STAFF TO ENSURE SPECIAL DIETARY GOALS ARE ACCOMPLISHED THROUGH CAREFUL MEDICATION MANAGEMENT AND MONITORING BY OUR NUTRITIONAL AND NURSING STAFF. OUR RESIDENTS CAN OFTEN ENJOY FOODS THEY WERE NOT ABLE TO BEFORE JOINING THE PEABODY FAMILY. THERAPY SERVICES - OUR THERAPIES INCLUDE SPEECH, PHYSICAL, AND OCCUPATIONAL THERAPY, AND ARE AVAILABLE TO BOTH INPATIENT AND OUTPATIENT RESIDENTS. THIS ALLOWS RESIDENTS TO FOREGO THE OFTEN DIFFICULT TASK OF ARRANGING TRANSPORTATION TO AND FROM THERAPY APPOINTMENTS. SOCIAL SERVICES - STAFF SOCIAL WORKERS PROVIDE PEABODY RESIDENTS AND FAMILIES WITH A VARIETY OF SERVICES TO ENSURE THEIR NEEDS AND DESIRES ARE BEING MET ON A DAILY BASIS. SOCIAL SERVICES COORDINATORS PLAY AN ACTIVE ROLE IN THE ADMISSIONS PROCESS, HELPING TO DETERMINE THE BEST LEVEL OF CARE FOR RESIDENTS, AND PROVIDE EMOTIONAL SUPPORT TO BOTH RESIDENTS AND THEIR FAMILIES DURING TIMES OF TRANSITION. SOCIAL SERVICE COORDINATORS ALSO ASSIST WITH SUPPORTIVE COUNSELING TO INCREASE COPING WITH TRANSITIONS AND ADVOCACY TO ENSURE THAT RESIDENTS' RIGHTS ARE RESPECTED. PASTORAL SERVICES - THE PEABODY MEMORIAL CHAPEL HOLDS SERVICES ON A REGULAR SCHEDULE AND IS CONDUCTED IN THE TRADITION OF VARIOUS DENOMINATIONS. BECAUSE OUR PRIMARY IN-HOUSE WORSHIP SERVICE IS CONDUCTED ON SUNDAY AFTERNOON, MANY RESIDENTS ARE ABLE TO ENJOY RETURNING TO THEIR HOME CONGREGATION FOR MORNING WORSHIP. RECREATIONAL SERVICES - RESIDENTS ARE ABLE TO PARTICIPATE IN MANY GROUPS AND "CLUBS" RANGING FROM BIBLE STUDY TO QUILTING TO CONTEMPORARY FICTION TO VETERAN. IN ADDITION, PEABODY ALSO PROVIDES RESIDENTS WITH MANY OFF-CAMPUS EXCURSIONS.
PROCESS USED TO ESTABLISH COMPENSATION OF OTHER OFFICERS	FORM 990, PART VI, SECTION B, LINE 15B	THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR REVIEWS AND APPROVES THE COMPENSATION FOR OTHER OFFICERS. THE CEO/EXECUTIVE DIRECTOR UTILIZES INDIANA OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (IOSHA) AND AMERICAN ASSOCIATION OF HOMES AND SERVICES FOR THE AGING (AAHSA) WAGE SURVEYS FOR COMPARABILITY TO DETERMINE THE BASIS FOR THE AMOUNT OF COMPENSATION. THIS REVIEW PROCESS IS COMPLETED ANNUALLY AND WAS LAST DONE IN JUNE OF 2009.
OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES	FORM 990, PART VII, SECTION A	JEFFREY BRASIE, CEO/EXECUTIVE DIRECTOR, DEVOTES APPROXIMATELY TWO HOURS PER WEEK TO THE PEABODY HOME FOUNDATION, A RELATED TAX-EXEMPT ORGANIZATION. CHOD BOXELL, CFO, DEVOTES APPROXIMATELY TWO HOURS PER WEEK TO THE PEABODY HOME FOUNDATION, A RELATED TAX-EXEMPT ORGANIZATION. BARBARA HANCHER, SECRETARY, DEVOTES APPROXIMATELY ONE HOUR PER WEEK TO THE PEABODY HOME FOUNDATION, A RELATED TAX-EXEMPT ORGANIZATION. LAURIE HARDIE, TRUSTEE, DEVOTES APPROXIMATELY ONE HOUR PER WEEK TO THE PEABODY HOME FOUNDATION, A RELATED TAX-EXEMPT ORGANIZATION. JUDY MOORE, TRUSTEE, DEVOTES APPROXIMATELY ONE HOUR PER WEEK TO THE PEABODY HOME FOUNDATION, A RELATED TAX-EXEMPT ORGANIZATION. RICHARD RIDER, TRUSTEE, DEVOTES APPROXIMATELY ONE HOUR PER WEEK TO THE PEABODY HOME FOUNDATION, A RELATED TAX-EXEMPT ORGANIZATION.

**SCHEDULE R
(Form 990)****Related Organizations and Unrelated Partnerships****2009**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. ► See separate instructions.

**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**Name of the organization**

THE ESTELLE PEABODY MEMORIAL HOME OF THE SYNOD OF LINCOLN TRAILS OF THE PRE

Employer identification number

35-0883511

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(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
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Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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
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PEABODY HOME FOUNDATION INC

400 W 7TH STREET

NORTH MANCHESTER, IN 46962
31-0994072

FUNDRAISING

IN

501(C)(3)

7 NA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?
							Yes No		Yes No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III or IV**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 (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b	Yes	
1c	Yes	
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m	Yes	
1n	Yes	
1o		No
1p		No
1q		No
1r		No

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(a)
Name of other organization(b)
Transaction type(a-r)(c)
Amount involved(1)
(2)

(3)

(4)

(5)

(6)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on 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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?	(e) Share of end-of-year assets	(f) Disproportionate allocations?	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?
Yes	No	Yes	No	Yes	No	Yes	No

Additional Data

Software ID:
Software Version:
EIN: 35-0883511
Name: THE ESTELLE PEABODY MEMORIAL HOME OF THE
SYNOD OF LINCOLN TRAILS OF THE PRE

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
NURSING SERVICES		14,368,042	14,368,042	0	0
RESIDENT SERVICES		3,203,863	3,203,863	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
REPAIRS AND MAINTENANCE	272,457	233,383	39,074	0
BAD DEBT EXPENSE	211,454	211,454	0	0
DUES AND SUBSCRIPTIONS	20,681	1,582	18,953	146
CONTINUING EDUCATION	17,147	5,094	12,053	0
VEHICLE EXPENSES	14,054	14,054	0	0