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Department of the Treasury

Short Form Return of Organization Exempt From Income Tax

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

➤ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2009

Open to Public Inspection

		or the		ar year,	or tax year beginning TAN VARV / , 2009, and e	ending DEC	MRH	9 (3)	, 20 O G		
	_	Check if applicable.		Please	C Name of organization			ntification i			
		ddress c		use IRS label or	BIG TURKEY LAKE IMPROVEMENT ASSOCIATION INC.		35	5 1684184			
		Vame cha	ame change		Number and street (or P.O. box, if mail is not delivered to street address) Room	n/suite E Tel	ephone nu	ımber			
		ndal retu		type. See	PO BOX 186						
	=				City or town, state or country, and ZIP + 4	F Gr	oup Exer	notion			
	=	Amended Annileatio		instruc- tions.	STROH, INDIANA 46789		iroup Exemption				
									Method:		
	 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting Me Other (specify) 										
				····		H Check ▶ [manization	is not		
	· · · · · · · · · · · · · · · · · · ·							ttach Schedule B (Form 990,			
				check o	nly one) — \$\overline{\sqrt}\$ 501(c) () \$\) (insert no.) \$\overline{\sqrt}\$ 4947(a)(1) or \$\overline{\sqrt}\$ 527	990-EZ. or 9					
		heck D		<u>_</u>	re than \$25	5 000 A					
					zation is not a section 509(a)(3) supporting organization and its gross rece turn is not required, but if the organization chooses to file a return, be su				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
					9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of		▶ \$				
		art	Revenu	e. Exc	enses, and Changes in Net Assets or Fund Balances (See the instr		for Part	1.)		
		1			ts, grants, and similar amounts received		1		32,952		
		_			revenue including government fees and contracts		2		7049		
120	<u>.</u>	2					3		9400		
les s	2	3		•	s and assessments		4		18		
13		4	Investmen		, ,		-				
5		5a			m sale of assets other than inventory 5a						
SAMINE ITAL		Ь			er basis and sales expenses						
Ũ.		C			n sale of assets other than inventory (Subtract line 5b from line 5a		5c				
	2	6			tivities (complete applicable parts of Schedule G). If any amount is from gaming, ch	IOCK UGIG > [
री	Revenue	а		π.	of contributions						
23			reported b		1 2 1		_				
~		b			nses other than fundralising expenses 6b		-				
ers.		C			sa) include the control activities (Subtract line 6b from line 6	a)	6c				
		7a			ventory, less returns and allowances 7a	··	-∤ 1				
		Ь			de-sold [N		_				
\Box		C	Gross prof	fit or (Id	7c						
		8	Other reve)	8				
		9	Total reve	nue. A	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<u> </u>	9		49,419		
		10	Grants and	d simila	r amounts paid (attach schedule)		10				
		11	Benefits paid to or for members								
	8	12	Salaries, o	ther co	12						
	SE	13	Profession	nal fees	13						
	cpenses	14	Occupano	y, rent,	utilities, and maintenance		14				
	ωĺ	15	Printing, publications, postage, and shipping								
		16	Other exp	enses (describe >)	16				
		17	Total expe	enses.	Add lines 10 through 16	. <u> </u>	17		54,387		
	8	18	Excess or	(deficit)	for the year (Subtract line 17 from line 9)		18				
	36	19	Net assets	s or fur	nd balances at beginning of year (from line 27, column (A)) (mus	st agree with					
	Net Assets		end-of-yea	ar figun	e reported on prior year's return)		19				
		20	Other chai	nges in	net assets or fund balances (attach explanation)		20				
	Z	21	Net assets	or fun	d balances at end of year. Combine lines 18 through 20		21				
	Pa	art II	Balanc	e Shee	ets. if Total assets on line 25, column (B) are \$1,250,000 or more	, file Form 99	Q instea	d of Form	990-EZ.		
					(See the instructions for Part II.)	(A) Beginning			of year		
	22	· · · · · · · · · · · · · · · · · · ·					17,793	22	11,824		
	23		nd and buil					23			
	24		her assets (_				24			
	25		rtal assets	•				25			
	26		rtal liabilitie					26			
		27 Net assets or fund balances (line 27 of column (B) must agree with line 21)						27			

Form 990-EZ (2009)

Par	t III	Statement of Progra	am Service Accom	plishments (See the inst	ructions for Part I	II.)		Expenses
Wha	t is the	e organization's primary	exempt purpose?				(Requ	uired for section
Describe what was achieved in carrying out the organization's exempt purposes, in a clear and concise						501(0	3)(3) and 501(c)(4)	
man	ner, d	escribe the services pro	ovided, the number of	of persons benefited, and	other relevant info	rmation for	orgar	nizations and section (a)(1) trusts; optional
each	n progr	ram title.					for ot	hers.)
28								
		222222222222222222222222222222222222222	266212288288282222222888					ļ
				**************************	*************			
	(Gran	rts \$) If this amount	includes foreign grants, cl	neck here	. ▶ 🗆	2 8a	
29				c+000006800800600004+64+60000664 00	*************	EBECCECOCOCACAGE**		

				eseeèpekappačecceèpssassecceptop				•
	(Gran	its \$) If this amount	includes foreign grants, ch	neck here	. ▶ 🗆	29 a	
30				1	***************	********		
			******************	••••				•
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-	(Gran	··		includes fereign grants, et	eck here	. 💄 📖	30a	
31		r program services (attac						
32	(Gran	ns ৯ program service expe	If this amount	includes foreign grants, ch			31a	· · · · · · · · · · · · · · · · · · ·
Par		List of Officers Directo	re Trustees and Key	Employees, List each one		D	32	Name for Dark IVI
				(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense
		(a) Name and addre	SS	hours per week devoted to position	(If not paid, enter -0)	employee benefit ; deferred compen	alans &	account and other allowances
SEE	ATTA	CHMENT		devoted to position	enter -0-1	Gelerred Compen	Sauuri	Outer allowarices
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			
33	Did'the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	Yes	No ✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		-
37a	during the year? If "Yes," complete applicable parts of Schedule N	36		
b	Did the organization file Form 1120-POL for this year?	37b		<u> </u>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	<u>. </u>	1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39 a	Section 501(c)(7) organizations, Enter: Initiation fees and capital contributions included on line 9	Į.	1	. }
b	Gross receipts, included on line 9, for public use of club facilities	1	1	, }
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		√
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	L	1
41	List the states with which a copy of this return is filed. > INDIANA			
42a	The organization's books are in care of ► GWEN LONG-LUCAS Located at ► 295 LANE 201 TURKEY LAKE HUDSON, INDIANA ZIP + 4 ►	260-35 46747		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a fereign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO
	If "Yes," enter the name of the foreign country: ▶	-	1	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			-
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
43	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 = Check here		, 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year	•		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		
		m 990		2000)

acandidates for public office? If "Yes," complete Schedule C, Part II 47 48 Is the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 49 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 49 Is the organization make any transfers to an exempt non-charitable related organization? 49 Is 16 Yes," was the related organization in section 527 organization? 49 Is 16 Yes," was the related organization in section 527 organization? Complete this table for the organization is five highest compensated employees other than officers, directors, trustees and employees) who each received more than \$100,000 of compensation from the organization. If there has \$100,000 of compensation from the organization of the hours per week of the hours per per hours per hou	Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) nonexe 47(a)(1) nonexempt charitated ad 51.	mpt charitab ble trusts mus	le trusts enly. A t answer question	Il sections 46	ion 49b	
Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II				on behalf of or	in opposition to		es No	
18 Is the organization a school as described in section 170(b)(1)(4)(1)(7) if "Yes," complete Schedule E 48 49a 49b 49b 49b 49a 40a		•	·				1	
Did the organization make any transfers to an exempt non-chantable related organization? 48B								
b If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." [a) Name and address of each employee paid more than \$100,000 of compensation from the organization. If there is none, enter "None." [b) The properties of the organization and the organization are work deserted to position deserted to position deserted to position. [c) Name and address of each independent contractors in the organization is five highest compensated independent contractors who each received more the \$100,000 of compensation from the organization's five highest compensated independent contractors who each received more the \$100,000 of compensation from the organization's five highest compensated independent contractors who each received more the \$100,000 of compensation from the organization, if there is none, enter "None." [a) Name and address of each independent contractor paid more than \$100,000 b) Type of service (c) Compensation from the organization, if there is none, enter "None." [a) Name and address of each independent contractor paid more than \$100,000 b) Type of service (c) Compensation from the organization from the organizati								
Complete this table for the organization's five highest compensated employees (other than efficients, directors, trustees and employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (ii) Name and address of each employee paid more than \$100,000 of compensation from the owner of the individual compensation of the individual compensation. If there is none, enter "None." (iii) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation of the independent contractor paid more than \$100,000 (c) Type of service (c) Compensation of the independent contractor paid more than \$100,000 (c) Type of service (c) Compensation of the independent contractor paid more than \$100,000 (c) Type of service (c) Compensation of the independent contractor paid more than \$100,000 (c) Type of service (c) Compensation of the independent contractor paid more than \$100,000 (c) Type of service (c) Compensation of the independent contractors each receiving over \$100,000 . Individual contractors each receiving each entire each entire each entire each entire each entire				rganization'r .				
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(a) Name and address of each employee paid more than \$100,000 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 Total number of other employees paid over \$100,000 2 Complete this table for the organization's five highest compensated independent centractors who each received more the \$100,000 of compensation from the organization if there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation from the organization of the parameters of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation from the organization of the parameters of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation from the organization of the parameters of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation from the organization of the parameters of each independent contractors each receiving over \$100,000 3 December 1 Compensation from the organization of parameters of the pa		employees) who each received more than \$100,0	000 of compensation from the	organization. I	f there is none, ent	ter "No	ne."	
f Total number of other employees paid over \$100,000 > 51 Complete this table for the organization's five highest compensated independent contractors who each received more the \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000			hours per week	c) Compensation	employee benefit plans &	acco	unt and	
f Total number of other employees paid over \$100,000 > 51 Complete this table for the organization's five highest compensated independent contractors who each received more the \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000								
Sign Here Complete this table for the organization's five highest compensated independent contractors who each received more the \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation								
Sign Here Preparer's signature May the IRS discuss this return with the preparer shown above? See instructions Sign Preparer's signature Pre								
Sign Here Complete this table for the organization's five highest compensated independent contractors who each received more the \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation								
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\$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation	f	Total number of other employees paid over \$100	0,000 ▶					
d Total number of other independent contractors each receiving over \$100,000 . ▶ Under penelties of perjuny, 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 efficier) is based on all infermation of which preparer has any knewledge. Sign Here Preparer's Signature of officer Signature of officer Type or print name and title Preparer's Firm's name (or yours if self-employed). ■ Firm's name (or yours if self-employed). ■ May the IRS discuss this return with the preparer shown above? See instructions ▶ □ Yes □ No		(a) Name and address of each independent contractor	paid more than \$100,000	(b) Typ	e of service	(c) Com	ensation	
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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 efficer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer Dat Date Preparer's identifying number (See instruction signature of officer)								
Sign Here Signature of officer Date Check if Preparer's identifying number (See Instruction Self-employed), address, and ZIP + 4 May the IRS discuss this return with the preparer shown above? See instructions See Instruction		·						
Here Signature of officer CNG-LUCAS TREAS VREC Type or print name and title Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature		Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration	d this return, including accompanying of preparer (other than officer) is based	schedules and stat d on all information	ements, and to the best of which preparer has a	t of my k iny knew	nowledge l ed ge.	
Paid signature self-employed ▶ □ Preparer's Use Only Firm's name (or yours if self-employed), address, and ZIP + 4 May the IRS discuss this return with the preparer shown above? See instructions		GNEN R LONG-LUCAS TREASURER						
Use Only Shame (or yours if self-employed), address, and ZIP + 4 Phone no. ▶ May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No		signature	Date	self-	Preparer's identifying num	ber (See la	nstructions)	
May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No	•	yours if self-employed),		EIN				
	May the		above? See instructions .		> 🗆			

FARMERS STATE BANK 220 S. DETROIT STREET LAGRANGE, IN 46761 (260) 463-7111

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Payer's Fed I.D. No. 35-0303690

OMB No. 1545-0112 Interest Income Form 1099-INT Copy B For Recipient For year 2009

Recipient's Tax I.D. No. 35-1684184

BIG TURKEY LAKE IMPROVEMENT ASSOC PO BOX 186 STROH IN 46789-0186

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	Income		Withheld	
* *		**	**	
7062258 DDA	12.92			
9773451 SAV	5.02			
BOX 1 Interest Income			. 1	7.94
BOX 2 Early withdrawal penalty .			•	
BOX 3 Interest on U.S. Savings B				
BOX 4 Federal income tax withhel	.d	· · · · · · ·	•	
BOX 5 Investment expenses				
BOX 6 Foreign Tax paid				
BOX 7 Foreign country or U.S. Po				
BOX 8 Tax-exempt Interest				
BOX 9 Specified private activity				

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

(Keep for your records.)

BIG TURKEY LAKE IMPROVEMENT INC. EIN 35-1684-184

FORM 990EZ PART 1 LINE 2

<u>INDIANA GRANTS</u> \$32,931.00

TOTAL \$32,931

FORM 990EZ PART 1 LINE 16

DONATIONS	\$1000
ELECTRIC	\$140
LAKE ENHANCEMENT	\$41,552
LAKE ENHANCEMENT (FISHING STOCKING)	\$3,712
FISHING TOURNAMENT	\$1021
FUNDRAISING EXPENSES	\$4777
INSURANCE	\$401
RENT	\$300
SUBSCRIPTIONS	\$58
POSTAGE	\$330
PRINTING	\$411
CAN COLLECTION	\$170
OFFICE SUPPLIES	\$310
LAKE EXPENSES	\$902
LAKE MEETINGS	\$303
TOTAL	\$54,387

Big Turkey Lake Improvement Association - Officers & Directors

Big Turkey Lake Improve		·
President – Sha-Get Acres	Fred Burkhalter	235 Ln 201 Turkey Lake
		Hudson, IN 46747
		260-351-2202
Vice President - Oak Lodge	Randy Book	11560 E 330 S
,	rbook101@msn.com	LaGrange, IN 46761
		260-745-7868
Secretary – Dennison Addition	Marlene Henry	475 Lane 180 Turkey Lake
	,	Hudson, IN 46747
		260-351-2811
Treasurer - Sha-Get Acres	Gwen Lucas	295 Ln 201 Turkey Lake
	gwen@melucasllc.com	Hudson, IN 46747
	Bwen@meraeasire.com	765-622-9761
Dennison Addition	Marlene Henry	Secretary
Dennison Addition	Sally Todd	555 Lane 180 Turkey Lake
	Sally Todd	Hudson, IN 46747
		,
TO 4 C' 1 TO 4 4	 	260-351-4025
East Side Estates	Clarence Schweyer	700 Ln 136 Turkey Lake
	1	Hudson, IN 46747
		260-351-3573
Lakeside Park	Rich & Jan Caston	11805 E 390S
		LaGrange, IN 46761
·		260-351-2687
Lakewood Bay	Dan & Yvonne Heath	11940 E 310 S
		LaGrange, IN 46761
		260-351-2216
Meadow Shores Park	Jack Rahrig	680 Lane 275 Turkey Lake
		Hudson, IN 46747
		260-351-3030
Meadow Springs Point	Jack Rahrig	
North Wildwood	Wally Walworth	400 Lane 105 Turkey Lake
	pirate.wally@	Hudson, IN 46747
	hotmail.com	260-351-3342
Oak Lodge	Randy Book	Vice President
Old Mill Estates	Jim Voigt	3655S 1185E
Old Will Estates	Jim voigt	1
		LaGrange, IN 46761
		260-351-4583
Old Wildwood		
Schuhler's Landing	Diana Martin	240 Lane 220 Turkey Lake
		Hudson, IN 46747
		260-351-3281
Sha-Get Acres	Fred Burkhalter	President
	Gwen Lucas	Treasurer
Westview	Ron Blain	100 Ln 160B Turkey Lake
		Hudson, IN 46747
		260-351-9119
Wildwood 1st Addition		
Wildwood 2 nd Addition	Alan Haunhorst	1020 Park Dr Turkey
Buoy Chairperson	A A A A A A A A A A A A A A A A A A A	Lake, Hudson, IN 46747
Day Chair person		260-351-4543
Wildwood 3 rd Addition	Moris (Tinu) Sinana	
White and a second seco	Moris (Tiny) Sizemore	100 Lane 134 Turkey Lake
		Hudson, IN 46747
	<u> </u>	260-351-3787