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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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

A **For the 2009 calendar year, or tax year beginning** 9/1/2009 **, and ending** 8/31/2010

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: Indiana Farm Bureau
Lake County Farm Bureau, Inc.

Number and street (or P O box, if mail is not delivered to street address): P O Box 964

Room/suite:

City, town, or country: Crown Point

State: IN

ZIP + 4: 46308-0964

D **Employer identification number**: 35-0871037

E **Telephone number**: (317) 692-7851

F **Group Exemption Number** ▶ 0963

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

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I **Website:** ▶ n/a

J **Tax-exempt status** (check only one)— ☒ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 125,320

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	625
	2	Program service revenue including government fees and contracts		2	0
	3	Membership dues and assessments		3	53,820
	4	Investment income		4	70,875
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less cost or other basis and sales expenses	5b 175		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	-175
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ 0 of contributions reported on line 1)	6a 0		
	b	Less direct expenses other than fundraising expenses	6b 0		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	0
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe ▶)		8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	125,145
Expenses	10	Grants and similar amounts paid (attach schedule)		10	4,900
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	9,163
	13	Professional fees and other payments to independent contractors		13	4,310
	14	Occupancy, rent, utilities, and maintenance		14	50,264
	15	Printing, publications, postage, and shipping		15	1,413
	16	Other expenses (describe ▶ See Attached Statement)		16	55,589
	17	**Total expenses.** Add lines 10 through 16 ▶		17	125,639
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-494
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	554,099
	20	Other changes in net assets or fund balances (attach explanation)		20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	553,605

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	428,658	22	437,144
23	Land and buildings	124,344	23	116,041
24	Other assets (describe ▶ See Attached Statement)	1,097	24	420
25	**Total assets**	554,099	25	553,605
26	**Total liabilities** (describe ▶ See Attached Statement)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	554,099	27	553,605

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2009)

(HTA)

P 25

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

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

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28	see statement 2 (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	28a	0
29	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	29a	0
30	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	30a	0
31	Other program services (attach schedule) (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	31a	0
32	**Total program service expenses.** (add lines 28a through 31a) ▶	32	0

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Keithley, Tom PO Box 964 Crown Point IN 46308-0964	Title President Hr/WK 5 00	695	0	0
Zandstra, Nicholas PO Box 964 Crown Point IN 46308-0964	Title Treasurer Hr/WK 4 00	160	0	0
Hayden, Susie PO Box 964 Crown Point IN 46308-0964	Title Women's Leader Hr/WK 4 00	1,700	0	0
Hayden, Jeremy PO Box 964 Crown Point IN 46308-0964	Title Young Farmer Repres Hr/WK 4 00	0	0	0
Bailey, Beth PO Box 964 Crown Point IN 46308-0964	Title Director Hr/WK 1 00	60	0	0
Bailey, Donald PO Box 964 Crown Point IN 46308-0964	Title Director Hr/WK 1 00	360	0	0
Childress, Lori PO Box 964 Crown Point IN 46308-0964	Title Director Hr/WK 1 00	1,180	0	0
Ebert, Ron PO Box 964 Crown Point IN 46308-0964	Title Director Hr/WK 1 00	120	0	0
Elzinga, Christopher PO Box 964 Crown Point IN 46308-0964	Title Director Hr/WK 1.00	80	0	0
Elzinga, Tim PO Box 964 Crown Point IN 46308-0964	Title Director Hr/WK 1 00	40	0	0
Gardin, Hazel PO Box 964 Crown Point IN 46308-0964	Title Director Hr/WK 1 00	60	0	0
Halstead, Jean PO Box 964 Crown Point IN 46308-0964	Title Director Hr/WK 1 00	220	0	0
Hayden, Bob PO Box 964 Crown Point IN 46308-0964	Title Director Hr/WK 1 00	260	0	0
Hayden, Linda PO Box 964 Crown Point IN 46308-0964	Title Director Hr/WK 1 00	40	0	0
Hayden, Matt PO Box 964 Crown Point IN 46308-0964	Title Director Hr/WK 1 00	0	0	0
Kleine, Louise PO Box 964 Crown Point IN 46308-0964	Title Director Hr/WK 1 00	20	0	0
Mitsch, Brian PO Box 964 Crown Point IN 46308-0964	Title Director Hr/WK 1 00	120	0	0
McNeill, Dorisann PO Box 964 Crown Point IN 46308-0964	Title Director Hr/WK 1 00	400	0	0

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

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining 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		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
b	Section 501(c)(3) and 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	n/a	
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		X
41	List the states with which a copy of this return is filed ▶ INDIANA			
42 a	The organization's books are in care of ▶ Indiana Farm Bureau Telephone no ▶ (317) 692-7851			
	Located at ▶ 225 S. East Street City Indianapolis ST IN ZIP + 4 ▶ 46202			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	If "Yes," enter the name of the foreign country ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51. **Not applicable**

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46	n/a	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47	n/a	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	n/a	
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	n/a	
b	If "Yes," was the related organization a section 527 organization?	49b	n/a	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0

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 than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Name None Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

d Total number of other independent contractors each receiving over $100,000 ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

▶ Tom Keithley 12/14/2010
Signature of officer Date

▶ Tom Keithley, President
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date 12/6/2010	Check if self-employed ▶ ☐	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Indiana Farm Bureau Inc P O Box 1290, Indianapolis, IN 46206			EIN ▶ Phone no ▶ (317) 692-7851

May the IRS discuss this return with the preparer shown above? See instructions . ▶ [X] Yes ☐ No

Explanations (990-EZ)

Reasonable Cause

1
2
3
4
5
6
7
8
9
10

General Explanation

	Part	Line	Explanation
1	III		Represent the farmer's voice on issues related to agriculture, educate the consumer and promote
2			farm products, keep members abreast of policies and new developments
3			
4			
5			
6			
7			
8			
9			
10			

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

			55,589
1	Travel	1	14,315
2	Meals and entertainment	2	655
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	4,990
6	Depreciation	6	503
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	Membership services	13	3,365
14	Ag Promotion	14	19,723
15	District Dues	15	915
16	Miscellaneous Expenses	16	769
17	Building Expens for leased space	17	10,354
18	Unrelated Business Income Taxes, State	18	0
19	Political Contributions	19	0
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	

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

1,097 420

	Description	Beginning	End
1	Accounts Receivable	0	0
2	Prepaid Expenses	0	0
3	Equipment, net of accumulated depreciation	1,097	420
4			
5			
6			
7			
8			
9			
10			

Lake County Farm Bureau, Inc.
35-0871037

8/31/2010 year end

Statement 2

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

Line 28 – Lake County Farm Bureau, Inc. promotes agricultural education to the community through an agriculture display at the county fair. Using a pizza as an example, the volunteers at the booth explain where each ingredient comes from. The booth also features a wheel of questions for people to spin and win prizes if they answer the questions correctly. The booth was maintained for 12 hours a day for all 10 days of the county fair. Approximately 5,000 fair attendees visited the booth.

40 volunteers spent more than 400 hours preparing, planning, and coordinating the activities for this event.

The objective of this activity was to enhance community awareness of the County Farm Bureau and educate the urban public about food production.

Total contributed to achievement #1 $3,050

Line 29 – Lake County Farm Bureau, Inc. educates local third grade students through a program called Ag Awareness Days. The program consists of 15 different stations with live farm animals and volunteers who explain animal care and farm practices to the children. 20 different third grade classes participated in the program over the course of two days, and each class was able to visit all 15 stations. 35 volunteers spent 350 hours setting up and conducting the program.

The objective of this activity is to educate children about farm animals, give children who have never visited a farm an opportunity to interact with farm animals, and to show them where products like milk, eggs, and wool come from.

Total contributed to achievement #2 $200

Lake County Farm Bureau, Inc.
35-0871037

8/31/2010 year end

Statement 2

Line 30 – Lake County Farm Bureau, Inc. conducted a scholarship program that contributed five $1,500 scholarships to five selected students in need of assistance to further their educations. Four volunteers contributed time to judge and compile the results of the applications.

The purpose of this program is to provide assistance in the achievement of the educational goals of future community leaders.

Total contributed to achievement #3 $7,500

ASSET DEPRECIATION SHORT REPORT
LAKE COUNTY FARM BUREAU Aug. 31, 2010

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

Range 1600-00 - 1610-00
Include All assets

Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Includes Section 179 Beg A/Depr	Curr Depr	End A/Depr
ASSET A/C#: 1600-00 - BUILDING								
12/01/70	Building	SL/50 00	234,882 41	0 00	234,882 41	164,461 41	4,698 00	169,159 41
08/31/95	Air Return ducts	MSL/15 00	5,812 00	0 00	5,812 00	5,418 00	387 00	5,805 00
03/16/97	Wallpaper general office	MSL/10 00	7,372 00	0 00	7,372 00	7,372 00	0 00	7,372 00
03/26/97	Wall & shelving	MSL/10 00	2,380 00	0 00	2,380 00	2,380 00	0 00	2,380 00
12/15/97	Agent offices remodel	MSL/10 00	16,738 98	0 00	16,738 98	16,738 98	0 00	16,738 98
01/12/98	HVAC (5 units)	MSL/15 00	42,360 00	0 00	42,360 00	32,829 00	2,824 00	35,653 00
01/20/98	Carpet	MSL/ 5 00	12,345 00	0 00	12,345 00	12,345 00	0 00	12,345 00
07/28/98	Commodes (8 replaced)	MSL/10 00	1,288 00	0 00	1,288 00	1,288 00	0 00	1,288 00
11/19/98	Wallpaper, paint basement	MSL/10 00	1,650 00	0 00	1,650 00	1,650 00	0 00	1,650 00
06/08/01	Remodeling	SL/50 00	19,706 35	0 00	19,706 35	11,419 35	394 00	11,813 35
Grand totals	1600-00 - BUILDING (10 assets)		344,534 74	0 00	344,534 74	255,901 74	8,303 00	264,204 74
ASSET A/C#	**1610-00 - FURNITURE & EQUIPMENT**							
01/01/60	FILE CABINET (1)	MA200/ 7 00	41 14	0 00	41 14	41 14	0 00	41 14
06/01/60	FILE CABINET (1)	MA200/ 7 00	49 75	0 00	49 75	49 75	0 00	49 75
10/01/60	TABLE AND CHAIRS	MA200/ 7 00	563 32	0 00	563 32	563 32	0 00	563 32
10/01/60	FOLDING CHAIRS	MA200/ 7 00	494 07	0 00	494 07	494 07	0 00	494 07
04/01/66	TABLES	MA200/ 7 00	132 53	0 00	132 53	132 53	0 00	132 53
04/01/69	PIANO (1)	MA200/ 7 00	425 00	0 00	425 00	425 00	0 00	425 00
04/01/69	FREEZER (1)	MA200/ 7 00	219 81	0 00	219 81	219 81	0 00	219 81
08/01/69	FOLDING CHAIRS (10)	MA200/ 7 00	429 00	0 00	429 00	429 00	0 00	429 00
09/01/69	FOLDING CHAIRS (50)	MA200/ 7 00	253 50	0 00	253 50	253 50	0 00	253 50
06/01/81	CHAIR CADDIES, BEIGE (2)	MA200/ 7 00	158 00	0 00	158 00	158 00	0 00	158 00
06/01/81	TABLE CADDIES, BEIGE (1)	MA200/ 7 00	89 00	0 00	89 00	89 00	0 00	89 00
06/01/81 D	TABLE CADDIES, BEIGE (1)	MA200/ 7 00	89 00	0 00	89 00	89 00	0 00	89 00
11/01/81	CONFERENCE TABLE (1)	MA200/ 7 00	748 80	0 00	748 80	748 80	0 00	748 80
09/01/82	WESTINGHOUSE REFRIGERATOR (1)	MA200/ 7 00	774 80	0 00	774 80	774 80	0 00	774 80
09/01/85 D	CLARIN FOLDING CHAIRS (8)	MA200/ 7 00	772 13	0 00	772 13	772 13	0 00	772 13
09/01/89 D	DEHUMIDIFIER (1)	MA200/ 7 00	314 99	0 00	314 99	314 99	0 00	314 99
11/01/89 D	VCR & TV (1)	MA200/ 7 00	833 33	0 00	833 33	833 33	0 00	833 33
09/01/97	ELECTRIC POLE SIGN (1)	MSL/ 7 00	5,149 57	0 00	5,149 57	5,149 57	0 00	5,149 57
08/01/00	VULCAN OVEN RANGE (USED) (1)	MSL/ 5 00	500 00	0 00	500 00	500 00	0 00	500 00
11/11/03	Chair Lift	M*200/ 7 00	3,021 00	0 00	3,021 00	2,617 00	269 00	2,886 00
01/20/05 D	Water cooler	M*200/ 7 00	978 00	0 00	978 00	759 00	44 00	803 00
03/10/08	Laptop, Printer, MS Office, & Quick	MA200/ 5 00	989 50	0 00	989 50	515 00	190 00	705 00
Grand totals	1610-00 - FURNITURE & EQUIPMENT (22 assets)		17,026 24	0 00	17,026 24	15,928 74	503 00	16,431 74
Less 5 Disposed assets (Current Depreciation $44 00)			2,987 45	0 00	2,987 45	2,768 45		2,812 45
Net totals	1610-00 - FURNITURE & EQUIPMENT (17 assets)		14,038 79	0 00	14,038 79	13,160 29	503 00	13,619 29

ASSET DEPRECIATION SHORT REPORT
LAKE COUNTY FARM BUREAU Aug. 31, 2010

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

Range 1600-00 - 1610-00
Include All assets

Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Includes Section 179 Beg A/Depr	Curr Depr	End A/Depr
Grand totals for all accounts: (32 assets)			361,560 98	0 00	361,560 98	271,830 48	8,806 00	280,636 48
Less: 5 Disposed assets (Current Depreciation: $44.00)			2,987 45	0 00	2,987 45	2,768 45		2,812 45
Net totals for all accounts: (27 assets)			358,573 53	0 00	358,573 53	269,062 03	8,806 00	277,824 03

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

Additional Summary Statistics:	Cost	Curr Yr 179	Prior Yr 179	Depr Basis	Beg A/Depr	Curr Depr	Ending A/Depr	Net Book Val
Grand Totals for All Assets	361,560 98	0 00	0 00	361,560 98	271,830 48	8,806 00	280,636 48	80,924 50
Less Inactive Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Disposed Assets	2,987 45	0 00	0 00	2,987 45	2,768 45	44 00	2,812 45	175 00
Traded Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Net Totals (Active Assets)	358,573 53	0 00	0 00	358,573 53	269,062 03	8,762 00	277,824 03	80,749 50

Total Additional First Year Depreciation Taken at 30% Rate: 0.00
Total Additional First Year Depreciation Taken at 50% Rate: 0 00
Total Additional First Year Depreciation Taken: 0 00

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

Name and address	Title and average hours per week devoted to position	Compensation	Contributions to emp benefit plans & deferred compensation	Expense account and other allowances
Monroe, Sandra PO Box 964 Crown Point IN 46308-0964	Title Director Hr/WK 1 00	100	0	0
Nelson, Lori PO Box 964 Crown Point IN 46308-0964	Title Director Hr/WK 1 00	40	0	0
Rosenthal, Joanne PO Box 964 Crown Point IN 46308-0964	Title Director Hr/WK 1 00	495	0	0
Segert, Marie PO Box 964 Crown Point IN 46308-0964	Title Director Hr/WK 1 00	780	0	0
Sikma, Anne PO Box 964 Crown Point IN 46308-0964	Title Director Hr/WK 1 00	400	0	0
Sutton, Dan PO Box 964 Crown Point IN 46308-0964	Title Director Hr/WK 1 00	0	0	0
Wietbrock, Dollie PO Box 964 Crown Point IN 46308-0964	Title Director Hr/WK 1 00	120	0	0
Wietbrock, Wayne PO Box 964 Crown Point IN 46308-0964	Title Director Hr/WK 1 00	420	0	0
Willy, Larry PO Box 964 Crown Point IN 46308-0964	Title Director Hr/WK 1 00	420	0	0
Willy, Ruth PO Box 964 Crown Point IN 46308-0964	Title Director Hr/WK 1 00	440	0	0
Wunderink, Henry PO Box 964 Crown Point IN 46308-0964	Title Director Hr/WK 1 00	140	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0