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ENVELOPE POSTMARK DATE JAN 12 2011

Form **990-EZ**

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

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning <u>9/1/2009</u> , and ending <u>8/31/2010</u>	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>Indiana Farm Bureau</u> <u>Bartholomew County Farm Bureau, Inc.</u> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>221 Chestnut Street</u> City, town, or country State ZIP + 4 <u>Columbus IN 47201-6873</u>
D Employer identification number <u>35-1067972</u>	E Telephone number <u>(317) 692-7851</u>
F Group Exemption Number <u>0963</u>	G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶
H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
I Website: ▶ <u>n/a</u>	
J Tax-exempt status (check only one)— <input checked="" type="checkbox"/> 501(c) (5) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Check <input type="checkbox"/> 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 ▶ \$ <u>150,743</u>	

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

1 Contributions, gifts, grants, and similar amounts received	1	<u>0</u>
2 Program service revenue including government fees and contracts	2	<u>123</u>
3 Membership dues and assessments	3	<u>31,473</u>
4 Investment income	4	<u>119,147</u>
5a Gross amount from sale of assets other than inventory	5a	<u>0</u>
b Less cost or other basis and sales expenses	5b	<u>0</u>
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	<u>0</u>
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
a Gross revenue (not including \$ <u>0</u> of contributions reported on line 1)	6a	<u>0</u>
b Less direct expenses other than fundraising expenses	6b	<u>0</u>
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	<u>0</u>
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	<u>0</u>
8 Other revenue (describe ▶)	8	<u>0</u>
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	<u>150,743</u>
10 Grants and similar amounts paid (attach schedule)	10	<u>624</u>
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	<u>9,975</u>
13 Professional fees and other payments to independent contractors	13	<u>2,314</u>
14 Occupancy, rent, utilities, and maintenance	14	<u>43,841</u>
15 Printing, publications, postage, and shipping	15	<u>16</u>
16 Other expenses (describe ▶ See Attached Statement)	16	<u>109,360</u>
17 Total expenses. Add lines 10 through 16	17	<u>166,130</u>
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>-15,387</u>
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	<u>266,869</u>
20 Other changes in net assets or fund balances (attach explanation)	20	<u>0</u>
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	<u>251,482</u>

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	<u>123,088</u>	<u>119,292</u>
23 Land and buildings	<u>748,796</u>	<u>722,218</u>
24 Other assets (describe ▶ See Attached Statement)	<u>304</u>	<u>217</u>
25 Total assets	<u>872,188</u>	<u>841,727</u>
26 Total liabilities (describe ▶ See Attached Statement)	<u>605,319</u>	<u>590,245</u>
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	<u>266,869</u>	<u>251,482</u>

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.
(HTA)

Form **990-EZ** (2009)

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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 <input type="checkbox"/>	28a	0
29			
	(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30			
	(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31	Other program services (attach schedule)		
	(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	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
Bill Lentz 221 Chestnut Columbus IN 47201-6873	Title President Hr/WK 5 00	985	0	0
Harold Loyd 221 Chestnut Columbus IN 47201-6873	Title Vice President Hr/WK 4 00	0	0	0
DeWayne Hines 221 Chestnut Columbus IN 47201-6873	Title Secretary Hr/WK 4.00	630	0	0
Scott Bonnell 221 Chestnut Columbus IN 47201-6873	Title Treasurer Hr/WK 4 00	630	0	0
Betty Lu McGuire 221 Chestnut Columbus IN 47201-6873	Title Women's Leader Hr/WK 4 00	210	0	0
Mark Bense 221 Chestnut Columbus IN 47201-6873	Title Director Hr/WK 1 00	300	0	0
Lois Bonnell 221 Chestnut Columbus IN 47201-6873	Title Director Hr/WK 1 00	985	0	0
Charlene Burbrink 221 Chestnut Columbus IN 47201-6873	Title Director Hr/WK 1 00	240	0	0
Larry Burbrink 221 Chestnut Columbus IN 47201-6873	Title Director Hr/WK 1 00	300	0	0
Marvin Burbrink 221 Chestnut Columbus IN 47201-6873	Title Director Hr/WK 1 00	360	0	0
Shirley Burbrink 221 Chestnut Columbus IN 47201-6873	Title Director Hr/WK 1 00	360	0	0
Darren Collins 221 Chestnut Columbus IN 47201-6873	Title Director Hr/WK 1 00	270	0	0
Mike Ferree 221 Chestnut Columbus IN 47201-6873	Title Director Hr/WK 1 00	360	0	0
Mark Fischer 221 Chestnut Columbus IN 47201-6873	Title Director Hr/WK 1 00	600	0	0
Martha Gordon 221 Chestnut Columbus IN 47201-6873	Title Director Hr/WK 1 00	300	0	0
William Gordon 221 Chestnut Columbus IN 47201-6873	Title Director Hr/WK - 1 00	330	0	0
Millie Harden 221 Chestnut Columbus IN 47201-6873	Title Director Hr/WK 1 00	0	0	0
Tony Harden 221 Chestnut Columbus IN 47201-6873	Title Director Hr/WK 1 00	0	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.		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes.		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining 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?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
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		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?		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?		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 40c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d		
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)? 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.	Yes	No
42b		X
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country	Yes	No
42c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here 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."

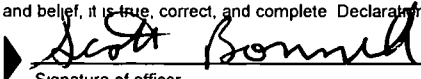
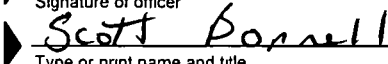
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____	Title _____			
City _____ ST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

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 <u>None</u> 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.			
	 Signature of officer		Date <u>1-5-11</u>	
Paid Preparer's Use Only	 Type or print name and title			
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Indiana Farm Bureau Inc P.O. Box 1290, Indianapolis, IN 46206	1/3/2011	EIN ▶	Phone no ▶ (317) 692-7851

May the IRS discuss this return with the preparer shown above? See instructions

▶ ☒ Yes ☐ No

Explanations (990-EZ)

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

		109,360
1	Travel	1,036
2	Meals and entertainment	0
3	Fundraising	
4	Amortization	0
5	Conferences, conventions, and meetings	5,173
6	Depreciation	87
7	Depletion	
8	Equipment rental and maintenance	
9	Interest	
10	Supplies	
11	Telephone	
12	Unrelated business income taxes	1,641
13	Membership services	0
14	Ag Promotion	12,872
15	District Dues	768
16	Miscellaneous Expenses	674
17	Building Expenses for leased space	86,012
18	Unrelated Business Income Taxes, State	1,097
19	Political Contributions	0
20		
21		
22		
23		
24		
25		
26		
27		
28		

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

		304	217
Description		Beginning	End
1	Accounts Receivable	0	0
2	Prepaid Expenses	0	0
3	Equipment, net of accumulated depreciation	304	217
4			
5			
6			
7			
8			
9			
10			

Part II, Line 26 (990-EZ) - Liabilities

		605,319	590,245
Description		Beginning	End
1	Accounts Payable	0	0
2	Accrued Expenses	1,365	1,345
3	Payroll Tax Liability	0	0
4	Unearned Income	0	0
5	Mortgage Payable	603,954	588,900
6	Note Payable	0	0
7			
8			
9			
10			

Bartholomew County Farm Bureau, Inc.
35-1067972

Statement 2

8/31/2010 year end

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

Line 28 – Bartholomew County Farm Bureau, Inc. promotes agriculture and youth involvement in agriculture through a number of activities and sponsorships at the county 4-H fair. At the fair, Bartholomew County Farm Bureau gives away free popcorn, provides free nightly entertainment to the public, purchases animals at the 4-H livestock auction, and sponsors various awards.

22 volunteers spent 47 hours planning, coordinating, and carrying out these activities.

The objectives of these activities are to promote agriculture and to strengthen relationships with local governing bodies.

Bartholomew County Farm Bureau, Inc. contributed \$4,775 for entertainment expenses, advertisements, livestock purchases, trophies, ribbons, and awards.

Total contributed to achievement #1 \$4,775

Line 29 – Bartholomew County Farm Bureau, Inc. educates local schoolchildren about agriculture by participating in the Ag Day program as part of the Ag Expo. 94 volunteers spend 19 hours holding morning and afternoon informational sessions with fourth grade students. 875 students and 32 teachers were involved in this program.

The objective of this activity is to educate local children about agriculture.

Bartholomew County Farm Bureau, Inc. contributed \$1,044 for food and supplies for the Ag Day program.

Total contributed to achievement #2 \$1,044

Line 30 – Bartholomew County Farm Bureau, Inc. educates the public about agriculture and food production through participation in the Food Checkout Day program. 11 volunteers spent three hours coordinating this event, and 150 people were involved.

The objective of this activity is to inform the public about agricultural issues related to food production.

Total contributed to achievement #3 \$917

ASSET DEPRECIATION SHORT REPORT
BARTHOLOMEW 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									
02/10/95	Carpet, lower level	MSL/ 5 00	7,857 50	0 00	7,857 50	7,857 50	0 00	7,857 50	
02/10/95	Carpet, upper level	MSL/ 5 00	9,688 50	0 00	9,688 50	9,688.50	0 00	9,688 50	
03/01/95	Building	MACRS/39 00	860,707 38	0 00	860,707 38	320,000 38	22,069 00	342,069 38	
09/19/95	Building (balance of contruction)	MACRS/39 00	84,633 11	0 00	84,633 11	30,380 11	2,170 00	32,550 11	
12/22/95	Fence and Sign Box	MSL/10 00	4,828 00	0 00	4,828 00	4,828.00	0 00	4,828 00	
08/31/97	Building (interest on construction	MACRS/39 00	86,545.42	0.00	86,545 42	28,745.42	2,219 00	30,964 42	
08/01/00	Office remodel	MACRS/39 00	4,695.00	0.00	4,695 00	1,090.00	120 00	1,210 00	
Grand totals 1600-00 - BUILDING (7 assets)			1,058,954 91	0 00	1,058,954 91	402,589 91	26,578 00	429,167 91	
ASSET A/C#: 1610-00 - FURNITURE & EQUIPMENT									
01/01/70	Tables (10)	MA200/ 7 00	399 02	0 00	399 02	399 02	0 00	399 02	
02/19/92	Chairs for fair building	MA200/ 7 00	1,700 00	0 00	1,700 00	1,700 00	0 00	1,700 00	
02/24/95	Range	MA200/ 7 00	320 85	0 00	320 85	320 85	0 00	320 85	
03/03/95	Conference tables (13) and Chairs (MA200/ 7 00	1,344 26	0 00	1,344 26	1,344 26	0 00	1,344 26	
05/03/01	Popcorn popper	MSL/ 7 00	804 00	0 00	804 00	804 00	0 00	804 00	
11/18/03 D	Computer	M*200/ 5 00	439 97	0 00	439 97	439 97	0 00	439 97	
11/18/03 D	Printer and cable	M*200/ 5 00	225 98	0 00	225 98	225 98	0 00	225 98	
11/18/03	Camera and memory chip	M*200/ 5 00	349 98	0 00	349 98	349 98	0 00	349 98	
04/03/07	Popcorn Popper	MA200/ 7 00	695 00	0 00	695 00	391 00	87 00	478 00	
Grand totals 1610-00 - FURNITURE & EQUIPMENT (9 assets)			6,279 06	0 00	6,279 06	5,975 06	87 00	6,062 06	
Less 2 Disposed assets (Current Depreciation \$0 00)			665 95	0 00	665 95	665 95		665 95	
Net totals 1610-00 - FURNITURE & EQUIPMENT (7 assets)			5,613 11	0 00	5,613 11	5,309 11	87 00	5,396 11	
Grand totals for all accounts: (16 assets)			1,065,233 97	0 00	1,065,233 97	408,564 97	26,665 00	435,229 97	
Less 2 Disposed assets (Current Depreciation: \$0.00)			665 95	0 00	665 95	665 95		665 95	
Net totals for all accounts (14 assets)			1,064,568 02	0 00	1,064,568 02	407,899 02	26,665 00	434,564 02	
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		1,065,233 97	0 00	0 00	1,065,233 97	408,564 97	26,665 00	435,229 97	630,004 00
Less Inactive Assets		0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Disposed Assets		665 95	0 00	0 00	665 95	665 95	0 00	665 95	0 00
Traded Assets		0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Net Totals (Active Assets)		1,064,568 02	0 00	0 00	1,064,568 02	407,899 02	26,665 00	434,564 02	630,004 00
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
Annette Heath 221 Chestnut Columbus IN 47201-6873	Title Director Hr/WK 1 00	210	0	0
Jay Heath 221 Chestnut Columbus IN 47201-6873	Title Director Hr/WK 1.00	270	0	0
Emily Ketner 221 Chestnut Columbus IN 47201-6873	Title Director Hr/WK 1 00	330	0	0
Mike Ketner 221 Chestnut Columbus IN 47201-6873	Title Director Hr/WK 1 00	330	0	0
Shari Lentz 221 Chestnut Columbus IN 47201-6873	Title Director Hr/WK 1 00	270	0	0
Alice Loesch 221 Chestnut Columbus IN 47201-6873	Title Director Hr/WK 1 00	360	0	0
Henry McGuire 221 Chestnut Columbus IN 47201-6873	Title Director Hr/WK 1.00	210	0	0
John Owens 221 Chestnut Columbus IN 47201-6873	Title Director Hr/WK 1 00	270	0	0
Margaret Owens 221 Chestnut Columbus IN 47201-6873	Title Director Hr/WK 1 00	300	0	0
Robert Smith 221 Chestnut Columbus IN 47201-6873	Title Director Hr/WK 1 00	0	0	0
Ruth Smith 221 Chestnut Columbus IN 47201-6873	Title Director Hr/WK 1 00	0	0	0
Donna Thomas 221 Chestnut Columbus IN 47201-6873	Title Director Hr/WK 1 00	360	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