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SCANNED MAY 24 2011

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)

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

Open to Public Inspection

OMB No 1545-0047

<u>A I</u>	or tn	e 2010 calendar year, or tax year beginning and	ending	-	
В	Check if applicab	C Name of organization		D Employer identifie	cation number
а		I T/A MAPLEWOOD CEMETRY PERPETUAL CARE			
	_Addre	% INDIANA TRUST & INVESTMENT MANAGEME	NΤ		
\equiv	Name		· -	35_6	015844
Ħ	Initial		Room/suite		
늗	ireturn Termi	· ·	noonvsuite	1	
\ <u></u>	ated Amen	JIJ W ADAMS			<u>254-3500</u>
⊨	return	City or town, state or country, and ZIP + 4		G Gross receipts \$	1639279.
	tion pendi	MONCIE, IN 4/305		H(a) Is this a group re	eturn
	pondi	F Name and address of principal officer: INDIANA TRUST AND	INVES	for affiliates?	Yes X No
		315 W ADAMS, MUNCIE, IN 47305		H(b) Are all affiliates inc	luded? Yes No
1 7	Гах-ех	empt status. X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) €	or 527	If "No," attach a	list. (see instructions)
JI	Nebsi	te: ► N/A		H(c) Group exemption	• •
		forganization: Corporation X Trust Association Other	I Vear		State of legal domicile: IN
	art I	Summary	E 1001	Oriomiation. 1999 IV	Clate of legal dofficile. 114
	 	Briefly describe the organization's mission or most significant activities: CARE	2 NTD 3	(A TAIMPALANCE	OB OBVERDY
9	1		_AMD I	MAINTENANCE	OF CEMTERY
Ē		GROUNDS AND MAUSOLEUMS			
er	2	Check this box if the organization discontinued its operations or dispose	sed of mor	e than 25% of its net as	sets.
ò	3	Number of voting members of the governing body (Part VI, line 1a)		3	0
<u>ن</u> ھ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	0
S	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	0
įį	6	Total number of volunteers (estimate if necessary)		6	0
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
ĕ		Net unrelated business taxable income from Form 990-T, line 34		7a 7b	0.
	B	14et differated busilless taxable income from Point 990-1, line 34			
	١_	0	<u> </u>	Prior Year	Current Year
e	F .	Contributions and grants (Part VIII, line 1h)	<u> </u>	30131.	32861.
ē	9	Program service revenue (Part VIII, line 2g)	<u></u>	0.	<u> </u>
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	_	-38411.	<u>136719.</u>
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		194.	28.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		-8086.	169608.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		42925.	118062.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
"	1			6335.	6939.
Expenses	10	Salanes, other compensation—employee benefits (Part IX, column (A), lines 5-10)			
eu	I .	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.
X	_D	Total fundraising expenses (Part IX, cottimn (D), line 25)	0.		
		Other expenses (Part (X) column (A), Ines 11a-11d, 11f-24f)		456.	515.
		Total expenses Add lines 13-17 (muskequal Part IX, column (A), line 25)		49716.	<u> 125516.</u>
	19	Revenue less expenses Subtract line 18 from line 12		-57802.	44092.
Sec]	OODEN, UT	Ве	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		1241967.	1286059.
Sep.	21	Total liabilities (Part X, line 26)		0.	0.
<u>S</u> E	22	Net assets or fund balances. Subtract line 21 from line 20		1241967.	1286059.
	irt II	Signature Block			1200033.
			o and atatom	anto and to the heat of m	. Na povlada a pad halvat . t. a
		ulties of perjury, I declare that I have examined this return, including accompanying schedule:			knowledge and belief, it is
uue,	, corre	ct, and complete. Declaration of proparar other than officer) is based on all information of wr	lich prepare	r nas any knowledge.	
		Sunth of the state		<u> </u>	28/2011
Sigi	n	Signature of officer		Date /	
Her	е	DANIEL S. DĂVISSÓN, SECRETARY			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	l		PA () 4 / 21 / 11 self-employe	
	arer	Firm's name J. P. KANE & CO., LLC		Firm's EIN	
	Only	Firm's address 1106 MERIDIAN PLAZA, STE 200	_	THIII S LIN	
-30	J.11.J			DL D.	CE
	. 41	ANDERSON, IN 46016-1754		Phone no. 7	65-640-1211
		RS discuss this return with the preparer shown above? (see instructions)			X Yes No
0320	01 02-2	2-11 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2010)

om	T/A MAPLEWOOD CEMETRY PERPETUAL CARE 1990 (2010)	6015844	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
·	CARE AND MAINTENANCE OF MAPLEWOOD CEMETERY		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the pnor Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Vec	X 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 a	and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	440040	<u> </u>	<u> </u>
Tu	CARE AND MAINTENANCE OF CEMETERY	Ψ	
	CIMA IND MITHIUMING OF COMBINA		
			
••	(0.1)		
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
			
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$	\$)
4d	Other program services (Describe in Schedule O)		
-	(Expenses \$ including grants of \$) (Revenue \$)		
 4е	Total program service expenses ► 118062.		

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_ X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? 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	_		37
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
,	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	_		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		X
0	Schedule D, Part III			v
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	8		<u> </u>
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	<u> </u>		
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	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	11b		X
С	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	11c		X
d	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	11d		<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X_
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		<u> X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional to the organization a school decembed in control 170/b/(1)/\(\text{A}\) (1)/\(\text{A}\) (1)/\(\text{A}\) (2) \(\text{A}\) (3) \(\text{A}\) (3) \(\text{A}\) (3) \(\text{A}\) (4) \(\text{A}\) (3) \(\text{A}\) (4) \(\text{A}\) (3) \(\text{A}\) (4) \(\text{A}\) (5) \(\text{A}\) (4) \(\text{A}\) (5) \(\text{A}\) (4) \(\text{A}\) (5) \(\text{A}\) (6) \(A	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<u>X</u>
Ü	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	1	i	
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
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		X
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		X
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		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
		Earm !	uon /	10 t OC

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23 bit the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officiers, directors, fusitees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24 bit the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 24a 24b 24b 24b 24b 24b 24c 24d 24c 24c 24d 24c 24c 24d 24c 24d 24c 24c 24d 24c 2				Yes	No
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 21 if "Yes," complete Schedule I, Parts I and III and former officers, directors, trustees, key employees, and highest compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensation of the organization answer "Yes" to Part VII, Section A, Ine 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensation of the organization in the same section of the last day of the year, that was issued after December 31, 2002? If "Yes," answer hims 24b through 24d and complete Schedule K, If "No", go to line 25 b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization maintain an escrow account other than a refunding escrow at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization and 50 (lo(k4) organizations. Did the organization engage in an excess benefit transaction with a dequalified person in a prior year, and that the transaction has not been reported on may of the organization's prior Former's 90 or 990-52* If "Yes," complete Schedule L, Part II as Was as load and the organization is tax year? If "Yes," complete Schedule L, Part IV and the organization provide a grant or other assistance to an officer, director, trustee, key employee, brighty compensated employee, or disqualfied person outstanding as of the end of the organization with one of the following parties (see Schedule L, Part IV and the organization provide a grant or other assistance t	21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	ŀ		
column (A), line 27 if "Yes," complete Schedule i, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I and the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, "I more 25 bid the organization invest any proceeds of tax exempt bonds beyond a temporary pend exception? Did the organization invest any proceeds of tax exempt bonds beyond a temporary pend exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d		United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
23 Did the organization answer "Yes" to Part VII, Section A, Inio 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? // "Yes," complete Schedule / 24 bit 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? // "Yes," answer lines 24b through 24d and complete Schedule K. // "No", go to line 25 bit off the organization maintain an escribe and the schedule for the organization maintain an escribe and the schedule for the organization maintain an escribe and the schedule for severe for bonds outstanding at any time during the year to defease any tax exempt bonds? 24d bit the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax exempt bonds? 25d bit the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d bit the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? // "Yes," complete Schedule L, Part I/ 25d bit the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? // "Yes," complete Schedule L, Part I/ 25d bit the organization as of the end of the organization's tax year? // "Yes," complete Schedule L, Part I/ 25d bit the organization aparty to a business transaction with one of the following parties (see Schedule L, Part I// 25d bit the organization aparty to a business transaction with one of the following parties (see Schedule L, Part I// 25d bit the organization aparty to a business transaction with one of the following parties (see Schedule L, Part I// 25d bit the organization receive more than \$250,000 in non cash contributions? // "Yes," complete Schedule L, Part I// 25d bit the organization receive more than \$250,000 in non cash contributions? // "Yes	22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I. "No", go to line 25 b Did the organization invest any proceeds of tax exempt bonds beyond a temporary peniod exception? Did the organization invest any proceeds of tax exempt bonds beyond a temporary peniod exception? Did the organization invest any proceeds of tax exempt bonds beyond a temporary peniod exception? Did the organization mental an escrow account other than a refunding escrow at any time during the year? Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I. Part I b is the organization aware that it engaged in an excess benefit transaction with a disqualified person outstanding as of the end of the organization's prior forms 950 or 980-E2? If "Yes," complete Schedule I. Part II b If the organization aware that it engaged in an excess benefit transaction with a disqualified person outstanding as of the end of the organization's prior forms 950 or 980-E2? If "Yes," complete Schedule I. Part II b If I D If the organization are substance to an officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's prior forms officer, director, trustee, in a person related to such an individual? If "Yes," complete Schedule I. Part IV instructions for applicable fling thresholds, conditions, and exceptions) A current of former officer, director, trustee, or key employee? If "Yes," complete Schedule I. Part IV instructions for applicable fling thresholds, conditions, and exceptions? A current of former officer, director, trustee, or key employee? If "Yes," complete Schedul			22		<u> </u>
Schedule J. 2a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 2b Did the organization mentan an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds. 2d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds. 2d Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 2d Did the organization 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 b is the organization aware that it engaged in an excess benefit transaction with a disqualified person on orbits and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part II b is the organization are only of the organization's the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part II b is the organization approved 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 IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b a family member of a	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25d before the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year of defease any tax-exempt bonds? 25d bette organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 b Is the organization has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II 25b Was a loan to or by a current of 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 25c Was a loan to or by a current of former officer assistance to an officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization with one of the following parties (see Schedule L, Part IV Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV An entity of which a current of former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current of former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current of former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
ast day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, If "No", go to line 25 b) Did the organization mental an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d) Did the organization maintain an escrow account other than a refunding escrow at any time during the year of the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year of the year? If "Yes," complete Schedule L, Part I and that the transaction act as an "on behalf of" issuer for bonds outstanding at any time during the year? If "Yes," complete Schedule L, Part I as a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person on 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 II b Is the organization provide a grant or other assistance to an officer, director, trustee, key employee, inghly compensated employee, or disqualified person on unstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer,			23		X
Schedule K. If "Not", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception? Did the organization invest any proceeds of tax-exempt bonds per any tax-exempt bonds? Did the organization area as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage 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 I Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, nighly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part IV 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 IV Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV A neithy of which a current or former officer, director, trustee, or key employee (in a family member thereof) was an officer, director, trustee, or key employee (in a family member thereof) was an officer, director, trustee, or key employee (in a family member thereof) was an officer, director, trustee, or key employee (in a family member thereof) was an officer, director, trustee, or key employee (in a family member thereof) was an officer, director, trustee, or key employee (in a family member thereof) was an officer, director, trustee, or key employee (in a family member thereof) was an officer, directo	24a				
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 24d 25a Section 501(x)3) and 501(c)(4) organizations. Did the organization negage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction has not been reported on any of the organization 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 II 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 III Was 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 IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$250.00 in non-cash contributions? If "Yes," complete Schedule I, Part IV Did the organization receive more than \$250.00 in non-cash contributions? If "Yes," complete Schedule I, Part I III Did the organization own 100%					
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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 I, Part I I Is the organization ware 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-E2? If "Yes," complete Schedule I, Part I 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 I, Part II Unit the organization provide a grant or other assistance to an 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 I, Part II Unit the organization provide a grant or other assistance to an officer, director, trustee, key employee, highly compensated employee, or disqualified person under the provided person in a provide a grant or other assistance to an officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization provide a grant or other assistance to an officer, director, trustee, key employee, further trustee, ley employee, further trustee, ley employee, further trustee, ley employee, further trustee, ley employee, further trustee, or key employee? If "Yes," complete Schedule I, Part IV Condition of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV Conditions? If "Yes," complete Schedule II, Part II Conditions? If "Yes," complete Schedule II, III III Conditions or complete Sched					
disqualified person during the year? If "Yes," complete Schedule L, Part I I 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-E2? If "Yes," complete Schedule L, Part I I 25b			24d		
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 II 25b X as 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 26b X 27b 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 IV 27b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27b Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 29b	25a				
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person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26	oc.	·	25D		
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c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 Section 501(c)(3) organization a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Just 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 Just 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					X
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33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 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 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 X	32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Yas 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 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		Schedule N, Part II	32		X
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 Is any related organization a controlled entity within the meaning of section 512(b)(13)? a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 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 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	33				
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35 X 35 X 36 X 37 38 X 38 X 39 X 30 X 30 X 31 X 32 X 33 X 34 X 35 X 36 X 37 X 38 X 39 X	34				
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 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 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 X					X
section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 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 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 X			35		<u>X</u>
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 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 X 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 X	а				
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Note. All Form 990 filers are required to complete Schedule O	30		3/		
	J Q		20	y	
		Action 1 5 Th 550 meta dre required to complete concedio C			 2010)

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,	_	v	v	_	J	v	-	3	ı aye 🕶	

	Check if Schedule O contains a response to any question in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	_{1a} 0		163	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable	1b 0	1 1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and it		1		
Ĭ	(gambling) winnings to prize winners?	oportable galling	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		··-		
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b	ľ	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction			-	-
За	- · · · · · · · · · · · · · · · · · · ·	10)	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
	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	=	4a		Х
b	If "Yes," enter the name of the foreign country:	accounty.	- 4 a		- 21
-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	wooding	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transit	action?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	iotion.	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	ne organization solicit	- 		
-	any contributions that were not tax deductible?	ne organization solicit	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions or aifts	- Oa		-22
-	were not tax deductible?	nons or gires	6b		
7	Organizations that may receive deductible contributions under section 170(c).		-00	-	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	nuces provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	rvices provided to the payor.	7b		- 22
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	75		
	to file Form 8282?	ao roquirou	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	,,		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f		
q	If the organization received a contribution of qualified intellectual property, did the organization file F		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	· ·	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D				
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at		8		
9	Sponsoring organizations maintaining donor advised funds.	,, ,			
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations, Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter.				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	· · · · · · · · · · · · · · · · · · ·			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				_
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b		
_			Form	990 (2010)

Form 990 (2010)

% INDIANA TRUST & INVESTMENT MANAGEMENT

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

<u> </u>	Check if Schedule O contains a response to any question in this Part VI				\mathbf{x}
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	0			
b	Enter the number of voting members included in line 1a, above, who are independent	0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	th any other			
	officer, director, trustee, or key employee?		2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the dir	ect supervision			
	of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 v		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets'	?	5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	ers of the			
	governing body?	-	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	ng the year			
	by the following:		-		
	The governing body?	-	8a	X	
	Each committee with authority to act on behalf of the governing body?	_	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	d at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		_X_
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	nue Code)			
40-	Describe average have lead shorters because of the con-	Г		Yes	No
	Does the organization have local chapters, branches, or affiliates?		10a		X
D	If "Yes," does the organization have written policies and procedures governing the activities of such chap	oters, affiliates,			
44-	and branches to ensure their operations are consistent with those of the organization?		10b		
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing to Describe in Schedule O the process, if any, used by the organization to review this Form 990	the form?	11a		X
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		40-	ł	v
	Are officers, directors or trustees, and key employees required to disclose annually interests that could g		12a		<u> </u>
b	to conflicts?	ive rise	406		
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,	" dosoribo	12b	-	
·	in Schedule O how this is done	, describe	12c	j	
13	Does the organization have a written whistleblower policy?	ŀ	13		X
14	Does the organization have a written document retention and destruction policy?	ļ	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	Independent			<u> </u>
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		<u> </u>
	Other officers or key employees of the organization	Ī	15b		X
	If "Yes" to line 15a or 15b, 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		X_
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	ts participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization	ition's		1	
	exempt status with respect to such arrangements?	. ,	16b		
<u>Sec</u>	tion 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (50	1(c)(3)s only) available f	or		
	public inspection. Indicate how you make these available. Check all that apply.				
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	ct of interest policy, and	d finar	ncial	
	statements available to the public				
20	State the name, physical address, and telephone number of the person who possesses the books and re	cords of the organizati	on: ►		
	INDIANA TRUST & INVESTMENT MANAGEMENT - 765-254-3500	<u> </u>			
	315 W ADAMS, MUNCIE, IN 47305				

T/A MAPLEWOOD CEMETRY PERPETUAL CARE	
Form 990 (2010)	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
Employees, and Independent Contractors	
Check if Schedule O contains a response to any question in this Part VII	
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	<u>-</u>
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.	
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation of compensation was paid List all of the organization's current key employees, if any. 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 	sation
compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations	
• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 or reportable compensation from the organization and any related organizations	f
 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. 	on.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week	(cl	neck	(O Pos	C) itior			ed any current officer, of (D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	(describe hours for related organizations in Schedule	individual trustee or director	Institutional trustee	Ойісел	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
INDIANA TRUST & INVESTMENT MANAGEMEN PRUSTEE	2.00	_	X					6939.	0.	0
										
						-				
								-		
	_									· · · · · ·
										
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								T MANAGEMENT		<u> 158</u>	344	Page 8
Part'VII Section A. Officers, Directors, Tru	All controls and a second a second and a second a second and a second a second and a second and a second and	mplo	oyee			ligh	est	Compensated Employ	ees (continued)		_	
(A) Name and title	(B) Average hours per	(cl		Pos		app	ly)	(D) Reportable compensation	(E) Reportable compensation	1	Estir	F) nated unt of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS(C)	compe from organ and r	her ensation in the eization related izations
		<u> </u>	<u> </u>									
		<u> </u>								+		
							-			+		
·												
1b Sub-total c Total from continuation sheets to Part V	II, Section A	•				>		6939.		0.		<u>0.</u>
d Total (add lines 1b and 1c) Total number of individuals (including but n	ot limited to th	200	liste	ad al	2016	e) wh	10 re	6939.	000 in reportable	0.		0.
compensation from the organization								- The state of the				es No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			, ke	y em	ploy	yee,	or h	nighest compensated er	nployee on		3	X
4 For any individual listed on line 1a, is the standard related organizations greater than \$15	um of reportab	le co							the organization		4	х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	· · · · · · · · · · · · · · · · · · ·				_		elate	ed organization or indivi	dual for services		5	х
Section B. Independent Contractors	manage de de la company							hot	\$100,000 of com-			
Complete this table for your five highest continuous the organization NONE	imperisated inc	uepe	nue	ent C	Ontr	acto	T T			ensa ——		
(A) Name and business	address						_	(B) Description of s	ervices	Co	(C) empens	ation
							+			_		 -
							-					
								· · · · · -				
							+	<u> </u>				
Total number of independent contractors (i \$100,000 in compensation from the organic	_	ot lu	mite	d to		se lis	ted	above) who received m	nore than			

Form 990 (2010)

Form 990 (2010) % INDIANA TRUST & INVESTMENT MANAGEMENT 35-6015844 Page 9 Part VIII Statement of Revenue (D) Revenue excluded from (B) (A) (C) Total revenue Related or Unrelated exempt function business tax under sections 512, 513, or 514 revenue revenue 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d Contributions, and other simil e Government grants (contributions) 1e f All other contributions, gifts, grants, and 32861 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 32861 h Total, Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total, Add lines 2a-2f Investment income (including dividends, interest, and 30147. 30147. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross Rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (ii) Other assets other than inventory 1576243. b Less cost or other basis 1469671 and sales expenses c Gain or (loss) 106572. 106572. 106572. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ ___ of contributions reported on line 1c) See Part IV. line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a OTHER INCOME 525920 28 28. d. All other revenue

28. 169608.

106572.

e Total. Add lines 11a-11d

Total revenue. See instructions.

30175.

0.

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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).

	Tur other organizations mast com	picte column (ry but are		e coluititis (D), (C), and (C	<i>y.</i>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	118062.	118062.		
2	Grants and other assistance to individuals in				
	the U.S See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	6939.		6939.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
þ	Legal				
С	Accounting	425.		425.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	-				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	-		_	
17	Travel				
18	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			-	
20	Interest	-			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		·		<u></u>
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line				
	24f amount exceeds 10% of line 25, column (A)				
	amount, list line 24f expenses on Schedule O.)	71		71	
	AMORTIZATION FOREIGN TAXES	71. 19.		71. 19.	
		19.		19.	
C					
d					
e	All other expenses				
	All other expenses	125516.	110062	7454	
<u>25</u>	Total functional expenses Add lines 1 through 24f	123310.	118062.	7454.	0.
26	Joint costs. Check here fifther this line only if the		ļ		
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form 990 (2010)

Part X | Balance She

% INDIANA TRUST & INVESTMENT MANAGEMENT 35-6015844 Page 11

Part)	X _	Balance Sheet			
			(A) Beginning of year		(B) End of year
1	1	Cash · non-interest-bearing		1	
2	2	Savings and temporary cash investments		2	
3	3	Pledges and grants receivable, net		3	
4	4	Accounts receivable, net		4	
. 5	5	Receivables from current and former officers, directors, trustees, ke	е у		
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
6	6	Receivables from other disqualified persons (as defined under sect	ion		
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contribu	uting		
		employers and sponsoring organizations of section 501(c)(9) volunt	tary		
.		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
ž ž	В	Inventories for sale or use		8	
9	9	Prepaid expenses and deferred charges		9	
10	0a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10c	
11	1	Investments - publicly traded securities		11	
12	2	Investments - other securities. See Part IV, line 11	1241967.	12	1286059
13	3	Investments - program-related See Part IV, line 11		13	
14	4	Intangible assets		14	
15	5	Other assets. See Part IV, line 11		15	
16	6	Total assets. Add lines 1 through 15 (must equal line 34)	1241967.	16	1286059
17	7	Accounts payable and accrued expenses		17	
18	В	Grants payable		18	
19		Deferred revenue		19	
20		Tax-exempt bond liabilities		20	
g 21		Escrow or custodial account liability Complete Part IV of Schedule		21	
22	2	Payables to current and former officers, directors, trustees, key em	· -		
21 22		highest compensated employees, and disqualified persons Comple	ete Part II		
		of Schedule L		22	
23		Secured mortgages and notes payable to unrelated third parties		23	
24		Unsecured notes and loans payable to unrelated third parties		24	
25	_	Other liabilities Complete Part X of Schedule D		25	
26	6	Total liabilities. Add lines 17 through 25	0.	26	0
_			complete		
ő	_	lines 27 through 29, and lines 33 and 34.			
27		Unrestricted net assets		27	
28		Temporarily restricted net assets		28	
29	9	Permanently restricted net assets	v	29	
		Organizations that do not follow SFAS 117, check here	∆ and		
2	^	complete lines 30 through 34.	1226110		1226110
30		Capital stock or trust principal, or current funds	1336118.		1336118
ž 31		Paid-in or capital surplus, or land, building, or equipment fund	0.	++	50050
Net Assets or Fund Balances 22 23 33 33 33 33 33 33 33 33 33 33 33		Retained earnings, endowment, accumulated income, or other fund			<u>-50059</u>
33		Total lighting and not seed for a belonger	1241967.		1286059
34	4	Total liabilities and net assets/fund balances	1241967.	34	1286059

Form **990** (2010)

•	T/A MAPLEWOOD CEMETRY PERPETUAL CARE				
	990 (2010)	<u> 35-</u>	6015844	Pa	ge 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10	<u> 596</u>	08.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1:	<u> 255</u>	<u> 16.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	4	<u> 140</u>	<u>92.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	124	<u> 119</u>	<u>67.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	128	<u> 360</u>	<u>59.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		_2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O	i		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	lit		
	Act and OMB Circular A 133?		_3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	rt		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990 or 990-EZ)

.
Department of the Treasury
Internal Revenue Service

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.

2010

Open to Public

Name of the organization Employer identification number T/A MAPLEWOOD CEMETRY PERPETUAL CARE INDIANA TRUST & INVESTMENT MANAGEMENT 35-6015844 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 described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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). 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. a Type I b Type II c Type III - Functionally integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified 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) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? 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? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11a(iii Provide the following information about the supported organization(s) (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of organization organization in col. in col. (i) listed in your organization in col. organization (i) organized in the support (described on lines 1-9 (i) of your support? governing document? above or IRC section (see instructions)) Yes Yes

Schedule A (Form 990 or 990 EZ) 2010 & INDIANA TRUST & INVESTMENT MANAGEMENT 35-6015844 Page 2

Part II Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	34681.	36661.	37515.	30131.	32861.	171849.
2	Tax revenues levied for the organ-						
	ization'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	34681.	36661.	37515.	30131.	32861.	171849.
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						171849.
	ction B. Total Support			Ł		<u> </u>	1,1015
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	34681.	36661.	37515.	30131.	32861.	171849.
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 Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						171849.
12		etc. (see instruction	ons)	!		12	1/1019.
13		•	•	. fourth, or fifth ta	ا x vear as a section		.
	organization, check this box and stop	•	mot, occorra, triii a	, 1001111, 01 1111111	A your do a doone	1 00 1(0)(0)	
Sec	ction C. Computation of Publ	ic Support Per	centage				<u>, , , , , , , , , , , , , , , , , , , </u>
14	Public support percentage for 2010 (I	ine 6, column (f) di	vided by line 11, co	olumn (f))		14]	00.00 %
15	Public support percentage from 2009	Schedule A, Part	II, line 14				00.00 %
16a	33 1/3% support test - 2010.If the o	rganization did not	check the box on	line 13, and line 1	4 is 33 1/3% or m		
	stop here. The organization qualifies						$\triangleright \mathbf{X}$
b	33 1/3% support test - 2009. If the o	rganization did not	check a box on lin	e 13 or 16a, and !	ine 15 is 33 1/3%	or more, check this	
	and stop here. The organization quali					•	ightharpoons
17a	10% -facts-and-circumstances test	t - 2010 .If the orga	nization did not ch	eck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	r more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-		34	ightharpoons
b	10% -facts-and-circumstances test				-	7a, and line 15 is 10	0% or
_	more, and if the organization meets the	=					- · - · - ·
	organization meets the "facts-and-circ				•		ightharpoons
18	Private foundation. If the organizatio						
					,	1 1 4 /5	

Schedule A (Form 990 or 990 EZ) 2010 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
ınclude any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf		!				
5 The value of services or facilities			-	 	-	
				}		
furnished by a governmental unit to						
the organization without charge				-	 	
6 Total. Add lines 1 through 5					 	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						-
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		-				
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)	_					
ection B. Total Support		,	r			
llendar year (or fiscal year beginning in) ▶ 📙	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
Oa Gross income from interest,						
dividends, payments received on securities loans, rents, royalties		!				
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses					1	
acquired after June 30, 1975						
c Add lines 10a and 10b		· ·				
Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
2 Other income Do not include gain		<u>-</u>				
or loss from the sale of capital						
assets (Explain in Part IV)				<u> </u>	-	-
3 Total support (Add lines 9, 10c, 11, and 12)				<u> </u>	1	
4 First five years. If the Form 990 is for t	he organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here	Support Do					▶∟
ection C. Computation of Public				·	1 1	
5 Public support percentage for 2010 (lin	•	•	column (f))		15	
5 Public support percentage from 2009 S					16	
ection D. Computation of Invest			40 1 (0)		T T · · · · · · · · · · · · · · · · · ·	
7 Investment income percentage for 201	•	•	ne 13, column (f))		17	
Investment income percentage from 20					[18]	
9a 33 1/3% support tests - 2010. If the o						7 is not
more than 33 1/3%, check this box and						▶∟
b 33 1/3% support tests - 2009. If the o	rganization did r	not check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and _
line 18 is not more than 33 1/3%, chec	k this box and s	top here. The orga	anızatıon qualıfies a	as a publicly supp	oorted organization	▶□
O Private foundation. If the organization	did not check a	boy on line 14, 10	a or 10h check th	are boy and soo in	etructions	

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

Open to Public Inspection

OMB No 1545-0047

► Attach to Form 990. ► See separate instructions. T/A MAPLEWOOD CEMETRY PERPETUAL CARE

Employer identification number 35-6015844

% INDIANA TRUST & INVESTMENT MANAGEMENT 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 Aggregate contributions to (during year) 2 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply) ☐ Preservation of land for public use (e.g., recreation or education). Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 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 Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 year -Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? _ Yes 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

	_	TEMOOD CEW							_
		NA TRUST &							1 Page 2
Pai	ત્તે III ∣ Organizations Maintaining C								
્૩	Using the organization's acquisition, access	on, and other record	ds, check any of t	he following th	at are a si	gnıfıcant ı	use of its	collection	ı ıtems
	(check all that apply)								
а	Public exhibition	d	Loan or	exchange prog	rams				
b	Scholarly research	e	e Other						
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they furthe	er the organizat	tion's exer	npt purpo	se in Par	t XIV.	
5	During the year, did the organization solicit of	r receive donations	of art, historical t	reasures, or otl	her sımılar	assets			
	to be sold to raise funds rather than to be m							Yes	□ No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the organiza	ation answered	l "Yes" to	Form 990,	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for contribut	tions or other a	ssets not	ıncluded			
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table						
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990. Part X. line	21?					Yes	□ No
	If "Yes," explain the arrangement in Part XIV	., ,							
Par	t V Endowment Funds. Complete	f the organization an	swered "Yes" to	Form 990, Par	t IV, line 1	0.		_	
		(a) Current year	(b) Prior year	(c) Two yea		(d) Three ye	ears back	(e) Four	years back
1a	Beginning of year balance	()	(2)	107 110 75		<u>u,</u>		(O) i oui	Journ Buok
b	Contributions								
-	Net investment earnings, gains, and losses								
d	Grants or scholarships				-				······
_	Other expenditures for facilities								
·	and programs								
	Administrative expenses								
'	End of year balance								
g	Provide the estimated percentage of the year	r and halance hald a	L	l				<u> </u>	
2	Board designated or quasi-endowment	i end balance neld a							
а ь	Permanent endowment		_%						
0	· ————	% %							
20		, •	ation that are hal	d and administ			_4		
Ja	Are there endowment funds not in the posse	ission of the organiza	ation that are nei	u ano aominist	erea for tr	ie organiz	ation	Г	
	by:								Yes No
	(i) unrelated organizations							3a(i)	-
	(ii) related organizations	. laka da	0 1 1 1 00					3a(ii)	
D	If "Yes" to 3a(ii), are the related organizations	•						3b	
Dar	Describe in Part XIV the intended uses of the tVI Land, Buildings, and Equipm								
Fai		1	· i		1				
	Description of investment	(a) Cost or o		ost or other	1	cumulate	d	(d) Book	value
		basis (investr	nent) bas	sis (other)	dep	reciation			
	Land	ļ				_			
	Buildings								
С	Leasehold improvements								
	Equipment								
	Other]				
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (B), lin	e 10(c))					0.

Schedule D (Form 990) 2010

Part VIII Investments - Other Securities. See Form 990, Part X, Ine 12		OD CEMETRY PE RUST & INVEST			-6015844 Page 3
(a) Description of security or category (n) Book value (c) Method of valuation: Cost or end-of-year market value (c) Cost	Part VII Investments - Other Securities. See	e Form 990, Part X, line 12	111111111111111111111111111111111111111	33	0015044
(2) Closely-hald equity interests (3) Other (4) MARKETABLE SECURITIES (5) Clos (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(a) Description of security or category	, ,	((
(8) Other (A) MARKETABLE SECURITIES (B) (C) (C) (D) (D) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(1) Financial derivatives				
(a) MARKETABLE SECURITIES (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C					
(B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C		1006050			
C		1286059.	COST		
(b) (c) (d) (d) (e) (d) (e) (d) (e) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e					
F					 -
(6) (9) (10)					
(4) (2) (2) (2) (2) (3) (4) (4) (4) (5) (4) (5) (4) (5) (6) (6) (7) (9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	 			 -	
Total (Col/10) must equal Form 990, Part X, col (B) line 12. 1.286 0.5 9 .			_		
Part VIII Investments - Program Related. See Form 990, Part X, line 13.		1286059			
(a) Description of investment type (b) Book value (c) Method of valuation. Cost or end-of-year market value (l) (g) (g) (h) (g) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h	Part VIII Investments - Program Related. Se	ee Form 990. Part X. line 13	3.		
(1)			(0		
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total ((Col(t)) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10			Cost	or end-of-year mar	ket value
(3) (4) (5) (6) (7) (8) (9) (10) Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total, (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilitities. See Form 990, Part X, line 25 1, (a) Description of liability (b) Amount (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)				_	
(4) (5) (6) (7) (8) (9) (10) Total (Col (b) must equal form 990, Part X, Line 15 (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total, (Column (b) must equal form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, Line 25 1. (a) Description of liability (b) Amount (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (9) (10) (10) (10) (10) (10) (10) (10) (10					
(5) (6) (7) (8) (9) (10) Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total, (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25 1. (a) Description of liability (b) Amount (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)					
(7) (8) (9) (10) Total (Col(b) must equal Form 990, Part X, col (B) line 13.) Part X Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total, (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25 1. (a) Description of liability (b) Amount (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (10)					
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(10)	(8)				
	(9)				
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Total. (Column (b) must equal Form 990, Part X, col (B) line 25) FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 2. FIN 48 (ASC 740)	1 otal. (Column (b) must equal Form 990, Part X, col (B) line FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to	the organization's financial statement	ents that reports the organizati	on's liability for uncertain	n tax positions under
Z. FIN 48 (ASC 740) 032053 12-20-10 Schedule D (Form 990) 2010	032053				

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Sche	dule D (Form 990) 2010				5844 Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Fina	ncial Sta	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		
` 2	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses .		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)		8		
9	Total adjustments (net). Add lines 4 through 8		9		<u>_</u>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10		
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	nts With Rev	enue per	Return	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	_2a		_	
b	Donated services and use of facilities	2b		⊣ ∣	
c	Recovenes of pnor year grants	2c		_	
d	Other (Describe in Part XIV)	_2d		_	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
þ	Other (Describe in Part XIV)	4b		_	
c	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Exp	enses pe	er Return	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a		→ 1	
b	Prior year adjustments	2b		_	
С	Other losses	2c			
d	Other (Describe in Part XIV)				
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	720.2
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	1.1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV)	4b		-	
-	Add lines 4a and 4b Tatal expenses Add lines 2 and 4a. (This must equal Form 990. Part I line 19.)			4c	
Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) † XIV Supplemental Information			5	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III	Lines 1s and 4: I	Dort IV Junes	1h and 2h Di	art V. Ispo 4: Port
	e 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XII, lines 2d and 4b. Also comp		•	•	
Λ, ΙΙΙΙ	32, Fatt A1, III 16 0, Fatt A1, III 165 20 a110 40, a110 Fatt A111, III 165 20 a110 40 A150 comp	nete triis part to p	TOVIDE ATTY A	dullonal into	Паноп
					
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Department of the Treasury Internal Revenue Service

OMB No 1545-0047

ةا ... Open to Public Inspection Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Attach to Form 990.

Name of the organization T/A MAPLEWOOD CEMETRY PE	WOOD CEME	TRY PERPETUAL CARE	RPETUAL CARE	E			Employer identification number
Part I General Information on Grants and Assistance	and Assistance			1			# # CO TO
1 Does the organization maintain records to substantiate the amount of	to substantiate the		s or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion
criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	stance? ocedures for monit	toring the use of grant	funds in the United	d States.			Yes X No
<u> </u>	Governments and \$5,000 Check this	d Organizations in the box of no one recipier	e United States. C	omplete if the organ \$5,000 Part II	Inization answered "Y can be dublicated if	es" to Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(p) EIN	(c) IRC 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
MAPLEWOOD CEMETERY							
200 COLLEGE DRIVE ANDERSON IN 46015	35-0488852		118062	0			MAINTENANCE OF CEMETERY GROUNDS AND MAUSOLEUMS
2 Enter total number of section 501(c)(3) and government organizations3 Enter total number of other organizations	and government or	ganizations					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

Schedule I (Form 990) (2010)

Part III

Page 2

35-6015844

(Form 990) (2010) **& INDIANA TRUST & INVESTMENT MANAGEMENT**Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed.

Schedule I (Form 990) (2010) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 032102 01-13-11

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

T/A MAPLEWOOD CEMETRY PERPETUAL CARE % INDIANA TRUST & INVESTMENT MANAGEMENT

Employer identification number 35-6015844

FORM 990, PART VI, SECTION B, LINE 11: ORGANIZATION UTILIZES A COMPETENT
PROFESSIONAL AND DOES NOT REVIEW THIS 990.
FORM 990, PART VI, SECTION C, LINE 19: INFORMATION IS AVAILABLE UPON
REQUEST.