## , 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)

OMB No 1545-0047

Open to Public

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

_	-	ne 2007 ca		year, or tax year beginning			200	7. and	ending	<u> </u>	, 20
				C Name of organization				,		D Emplo	yer identification number
_		applicable	use IRS	Bartholomew County Germa	an Mutual Insi	urance Cor	npam	•		35	0972055
=		change	label or print or	rint or Number and street (or P.O. box if mail is not delivered to street address) Room/suite						ione number	
_	Name cl	-	type. D.O. Pour 150						( 812	526-7726	
=	Initial ref Termina		Specific Instruc-	City or town, state or country	, and ZIP + 4					<del></del>	ng method: 🔽 Cash 🔲 Accrual
=		ed return	tions.	Edinburgh, IN 46124-0156						_	ther (specify)
=		on pending	Sect	tion 501(c)(3) organizations a	nd 4947(a)(1) (	nonexempt	charit	table	H and I are no	t applicable	e to section 527 organizations.
	фрисси	.o. pa.og		ts must attach a completed So							n for affiliates? 🔲 Yes 🕢 No
G	Website	e: ▶							- •		per of affiliates ▶
J	Orazaiz	ration type	/chack or	nly one) ► 🗹 501(c) ( <b>15</b> ) ◀	(incort no.)	A0A7(a)(1)		527	H(c) Are all at		uded? ☐ Yes ✓ No t. See instructions.)
				<del></del>					H(d) Is this a s		•
				rganization is not a 509(a)(3) s re than \$25,000. A return is not r					organizati	on covered I	by a group ruling? 🔲 Yes 🔽 No
				a complete return		ŭ		[	I Group E	xemption N	umber ▶
_				0. 0. 0	40.5	400.57					the organization is not required
				6b, 8b, 9b, and 10b to line		469,577					Form 990, 990-EZ, or 990-PF).
Ľ	art I			penses, and Changes			ind i	Balai	nces (See ti	ne instru	ctions.)
	1		_	lifts, grants, and similar a	mounts rece	eived:	المه				
	a			donor advised funds		· · ·	1a 1b				
	b			pport (not included on lir							į
	1		-	support (not included on		1	1c 1d			$\dashv$	
				ntributions (grants) (not in						1e	
	١.			1a through 1d) (cash \$				D	)		<u> </u>
	3	-		revenue including governres and assessments			•		t vii, iine 93)	3	326,297
	4		-	ngs and temporary cash						4	67,865
	5			nterest from securities	IIIvesiiieiiis		•			5	0.7,000
	1 ]	Gross re				· · · i	6a				
	ł			penses			6b				
	1			ne or (loss). Subtract line		6a				6c	
•	7			nt income (describe ▶						7	
Revenue	8a	Gross a	mount f	rom sales of assets othe	(A) Secu	unties		(E	3) Other		
ě		than inv	entory				8a				
	b	Less: cos	st or othe	er basis and sales expenses			8b				
	C	Gain or	(loss) (a	ttach schedule)	. L		8c				
	d	_		). Combine line 8c, columr						8d	
	9	Special e	vents an	d activities (attach schedule).	If any amoun	t is from ga	aming	, ched	k here 🕨 🗀	J	
	a			• • • • • • • • • • • • • • • • • • • •			0- 1				
				ported on line 1b)			9a				
	1		-	penses other than fundrai			9b	. 0-		9c	
	10a		-	loss) from special events nventory, less returns an			n iine 10a	9a		.   30	
	Ь			oods sold	u allowance	~ · · -	10b				
	1		_	ss) from sales of inventory (a	ttach schedul			10h fr	om line 10a	10c	
	11			from Part VII, line 103)						11	75,415
	12			Add lines 1e, 2, 3, 4, 5, 6c	, 7, 8d, 9c, 1	ρc, and 1	<u> </u>			12	469,577
	13	Progran	n service	es (from line 44, column	(B))	R.	5.0	<u> = \</u>	/ED	13	124,660
Expenses	14	Manage	ement ar	nd general (from line 44,	column (C))	. <del>  • • •</del>		·		. 14	158,533
96	15	Fundrais	sing (fro	m line 44, column (D))		4: · VV	av (	9 7	2008: 100	. —	0
ŭ	1	•		filiates (attach schedule)		244 . W	۱! ۱	<i>u</i> !	2000 10	. 16	0
_	17			s. Add lines 16 and 44, c				· ·	<u> </u>	17	283,193
ets	18	Excess	or (defic	cit) for the year. Subtract	line 17 from	line [12]	مرا ال	17:51	· 1:17 ·	18	186,384
Ass	19			and balances at beginning					(A)) <sup>()</sup> !	19	1,103,360
Net Assets	20			in net assets or fund bala						. 20	31,448
	21			nd balances at end of year					Cat No. 1129	. 21	1,321,192

LINE 20. CHANGE IN AMOUNT FOR PENDING CLAIMS AND UNEARNED

Par	Statement of All organizations m Functional Expenses organizations and s	ust cor section	nplete column (A). Co 4947(a)(1) nonexempt	lumns (B), (C), and (D chantable trusts but	) are required for sec optional for others. (S	tion 501(c)(3) and (4) See the instructions.)
•	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22</b> a	Grants paid from donor advised funds (attach schedule)					
	(cash \$)	20-				
001-	If this amount includes foreign grants, check here	22a				
22D	Other grants and allocations (attach schedule) (cash \$ noncash \$)					
	If this amount includes foreign grants, check here	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24	124,660	124,660		
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	76,641			
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				····
С	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26	Salaries and wages of employees not included on lines 25a, b, and c	26				
27	Pension plan contributions not included on lines 25a, b, and c	27				
28	Employee benefits not included on lines 25a – 27	28				
29	Payroll taxes	29	575			•
30	Professional fundraising fees	30				
31	Accounting fees	31	2,084			
32	Legal fees	32	757 995			
33	Supplies	33 34	1,000			
34	Telephone	35	276			
35 36	Postage and shipping	36	1,953			
30 37	Occupancy	37	1,000			<u> </u>
38	Printing and publications	38				
39	Travel	39				
40	Conferences, conventions, and meetings	40	405			
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42				
43	Other expenses not covered above (itemize):					
а	Reinsurance	43a	62,980			
b	Returned assessments	43b	2,299			
С	State taxes & fees	43c	4,255			
d	Annual meeting	43d	2,306			
е	Utilities	43e	2,000			
f	Bank charges	43f	7			
g		43g				
44	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines					
	13–15)	44	283,193	124,660	158,533	
Are a	t Costs. Check  if you are following SOP my joint costs from a combined educational campaign as," enter (i) the aggregate amount of these joint cost amount allocated to Management and general \$	and for s \$	undraising solicitation	amount allocated	to Program services	

Part III	Statement of Program Serv	ice Accomplishments (	(See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wh	at is the organization's primary exempt purpose?   Mutual insurance company	Program Service
ΑIJ	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number	Expenses (Required for 501(c)(3) and
	clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4)	(4) orgs , and 4947(a)(1) trusts, but optional for
	anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	others )
а	A farm mutual insurance company serving members in Bartholomew and surrounding counties. Five hundred twenty-six (526) policies are in effect.	
	(Orando and allocations A	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
þ		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
C		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
	(Charts and allocations \$\(\psi\) it this amount includes foreign grants, check here	-
d		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
_	Other program services (attach schedule)	
-	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	
•	Total of Fregram delitios Expenses (should equal line ++, column (b), Fregram services)	

Pa	irt IV	Balance Sheets (See the instructions.)			
N	lote:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing	84,097	45	52,622
	46	Savings and temporary cash investments	194,746	46	191,724
		Accounts receivable		47c	
	1	Pledges receivable		48c	
	49	Grants receivable		49	-
Assets		Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a	Other notes and loans receivable (attach schedule)			
SSe	b	Less: allowance for doubtful accounts 51b		51c	
4	52	Inventories for sale or use		52	<u> </u>
	53	Prepaid expenses and deferred charges	_	53	
	l .	Investments—publicly-traded securities Cost L FMV		54a	
	,	Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV		340	
		Investments—land, buildings, and equipment: basis			
	b	Less: accumulated depreciation (attach schedule)		55c	
	56	Investments—other (attach schedule) . BONDS	1,017,484	-	1,238,365
		Land, buildings, and equipment: basis .   57a			· · · · · · · · · · · · · · · · · · ·
	•	Less accumulated depreciation (attach schedule)		57c	
	58	Other assets, including program-related investments			
		(describe ▶		58	
	59	Total assets (must equal line 74). Add lines 45 through 58	1,296,327	59	1,482,711
	60	Accounts payable and accrued expenses		60	
	61	Grants payable PENDING CLAIMS	70,071	<del></del>	31,000
"	62	Deferred revenue . UN EARNED . PREMIUM RESERVE	122,896	62	130,519
abilities	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
Liak		Tax-exempt bond liabilities (attach schedule)		64a	
_	65	Mortgages and other notes payable (attach schedule) Other liabilities (describe ▶ )		64b	
	0.5	Other habilities (describe			
	66	Total liabilities. Add lines 60 through 65	192,967	66	161,519
S	Orga	anizations that follow SFAS 117, check here ► ☐ and complete lines 67 through 69 and lines 73 and 74.			
ĕ	67	Unrestricted		67	
ala	68	Temporarily restricted		68	
80	69	Permanently restricted		69	
Fund Balances	Orga	anizations that do not follow SFAS 117, check here ► ☐ and complete lines 70 through 74.			
s or	70	Capital stock, trust principal, or current funds.	1,103,360	70 71	1,321,192
Set	71 72	Paid-in or capital surplus, or land, building, and equipment fund .  Retained earnings, endowment, accumulated income, or other funds	1,103,300	72	1,321,132
As	73	Total net assets or fund balances. Add lines 67 through 69 or lines		<del>                                     </del>	
Net Assets	"	70 through 72. (Column (A) must equal line 19 and column (B) must			
_	{	equal line 21)	1,103,360		1,321,192
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	1,296,327	74	1,482,711

Pai	rt IV-A Reconciliation of Revenue per Aud instructions.)	lited Financial Statem	ents With Rev	enue per	Retur	n (Se	e the
а	Total revenue, gains, and other support per audit	ted financial statements		[	а		
p,	Amounts included on line a but not on Part I, line			]			
1	Net unrealized gains on investments		b1	}	- 1		
2	Donated services and use of facilities		b2				
3	Recoveries of prior year grants		b3				
4	Other (specify):				1		
•	ottler (specify).		b4				
	Add lines <b>b1</b> through <b>b4</b>				b		
С				}	С		
d	Amounts included on Part I, line 12, but not on li		أيسا				
1	investment expenses not included on Part I, line		d1		]		
2	Other (specify):		امدا				
			d2		.		
_	Add lines d1 and d2			1	<u>d</u>		<del></del>
e Pa	Total revenue (Part I, line 12). Add lines c and d rt IV-B Reconciliation of Expenses per Au				e e	urn	
		' <del></del>	· · · · · · · · · · · · · · · · · · ·	-	a	um	
a	Total expenses and losses per audited financial s				-		
b	Amounts included on line a but not on Part I, line		<b>b1</b>				
1	Donated services and use of facilities		b2				
2	Prior year adjustments reported on Part I, line 20		b3				
3	Losses reported on Part I, line 20		<del>                                      </del>				
4	Other (specify):		<sub>b4</sub>		1		
	And then be shown by		· · · · · · · · · · · · · · · · · · ·		ь		
_	Add lines <b>b1</b> through <b>b4</b>				C		
C				• • •	-		
d	Amounts included on Part I, line 17, but not on II		<b>d1</b>	i			
1	Investment expenses not included on Part I, line		u'i		1		
2	Other (specify).		d2				
	Add lines d1 and d2				d		
е	Total expenses (Part I, line 17). Add lines c and	d		▶	е		•
Pa	rt V-A Current Officers, Directors, Trustees	s, and Key Employees	(List each perso	n who was	an offic	cer, d	rector, trustee,
	or key employee at any time during the ye	ar even if they were not	<del> </del>				
	(A) Name and address	(B) Title and average hours per	(C) Compensation (If not paid, enter	(D) Contribution benefit plan	ns to emplo s & deferred	yee (E	E) Expense account nd other allowances
	- Click	week devoted to position	-0)	сотреля	ition plans		·
	n Glick	president					
	20 E. Baseline Road Columbus, IN 47203	18 hrs /yr.	450				
	shall Middendorf	vice-president				-	
	5 Lafayette Avenue Columbus, IN 47201 I Lienhoop	15 hrs./уг.	300			$\dashv$	
	34 E. 50 N. Hartsville, IN 47244	director	200			-	
	ald Schroer	15 hrs./yr.	300	·			
	5 S. 150 W. Columbus, IN 47201	director 15 hrs./yr.	250			-	
	eph Forster		250		<del></del>		
	0 S. U.S. 31 Columbus, IN 47201	director 15 hrs./yr.	250			-	
	gory Meyer	·	230			$\dashv$	
	10 S. 300 W. Columbus, IN	director 15 hrs./yr.	250				
	A. Burbrink		230			-+	<del>.</del>
	09 N. 170 W. Edinburgh, IN 46124	secretary-treasurer 20 hrs /week	34742				
	stance Burbrink		54,42		-	-+	
	09 N. 170 W. Edinburgh, IN 46124	office secretary 30 hrs./wk	40099				
						$\dashv$	
		1					
		1				$\top$	<del></del>
		1	l			- 1	

Par	Current Officers, Directors, Trustees,	and Key Employed	es (continuea)			Yes	NO	
75a	Enter the total number of officers, directors, and trust meetings	tees permitted to vol	te on organization	n business at board				
b	Are any officers, directors, trustees, or key employee employees listed in Schedule A, Part I, or highe contractors listed in Schedule A, Part II-A or II-I relationships? If "Yes," attach a statement that ident	est compensated pr B, related to each	rofessional and other through t	other independent family or business	75b		✓	
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highes compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."  If "Yes," attach a statement that includes the information described in the instructions.  d Does the organization have a written conflict of interest policy?								
Par	t V-B Former Officers, Directors, Trustees, and Ke officer, director, trustee, or key employee receiperson below and enter the amount of compen	ived compensation or	other benefits (de	scribed below) during	the ye	ear, lis	rme t tha	
		B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E)	Expense nt and owance	other	
Non	e							
			- 12-12					
••••								
						·		
				-				
Par	t VI Other Information (See the instructions.)	)				Yes	No	
76					76		<b>√</b>	
77	Were any changes made in the organizing or govern If "Yes," attach a conformed copy of the changes.				77		<u>√</u>	
					78a		✓	
	If "Yes," has it filed a tax return on Form 990-T for	•			78b			
79	Was there a liquidation, dissolution, termination, or sa statement				79		✓	
80a	Is the organization related (other than by associatio common membership, governing bodies, trustees organization?	s, officers, etc., to	any other exen	npt or nonexempt	80a	ļ	✓	
	If "Yes," enter the name of the organization ▶ an	nd check whether it	is a exempt or	<u></u>			-	
81a b	Enter direct and indirect political expenditures. (See Did the organization file Form 1120-POL for this year	e line 81 instructions ear?	.)		81b		✓	
					_	000		

	990 (2007)			age 7
	t VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		1
	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.  (See instructions in Part III.)	83a	<b>*</b>	
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83b	<b>V</b>	
	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	84a	•	1
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	84b		
852	gifts were not tax deductible?	85a		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
c d e f g h	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.  Dues, assessments, and similar amounts from members  Section 162(e) lobbying and political expenditures  Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices  Taxable amount of lobbying and political expenditures (line 85d less 85e)  Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?  If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?  501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12  Gross receipts, included on line 12, for public use of club facilities  501(c)(12) orgs. Enter: a Gross income from members or shareholders  Gross income from other sources. (Do not net amounts due or paid to other	85g 85h		
	sources against amounts due or received from them.)			
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		✓
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		1
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			

	F 1	3		1
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶	Ì		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		1
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	<u> </u>	✓
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		1
90a	List the states with which a copy of this return is filed ▶			. <b>.</b>
	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	2	<u>-</u> -	
91a	The books are in care of ► Ray A. Burbrink  Telephone no. ► (812)	52	26-772	6
		1-9130		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	91b		✓
	If "Yes," enter the name of the foreign country ▶			ŀ
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
		Form	n <b>990</b>	(2007
		. •		,200.

103b	reinsurance.				
Part IX	Information Regarding Taxable	Subsidiaries and Dis	regarded Entities (See th	ne instructions.)	
Nan	(A) ne, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A		%			
		%			
		%			
		%			
Part X	Information Regarding Transfers	Associated with Perso	nal Benefit Contracts (Se	e the instructions.)	7,77

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 

Yes 
No

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Page	•

Part	is a controlling organization			intities. Comp	ilete Only II the Ol	yanız	ation
106	Did the reporting organization ma the Code? If "Yes," complete the				on 512(b)(13) of	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number		(C) ription of ansfer	(D Amount of		fer
а							
ь							
С							
	Totals						
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes,"				section	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Desc	(C) ription of ansfer	(D) Amount of		fer
а							
b							·
С							
	Totals					· · · · · · · · · · · · · · · · · · ·	
108	Did the organization have a binding rents, royalties, and annuities des			', 2006, covenno	g the interest,	Yes	No
Pleas Sign Here	Under penalties of perjury, I declare that I and belief, it is true, correct, and comple	have examined this return, include Declaration of preparer (other	ling accompanying s		of which preparer has a 5/14/08		
Paid Prepar	Preparer's signature		Date	Check if self- employed ▶ □	Preparer's SSN or PTIN (	See Gen.	. Inst X)
Use Or				EIN	•		

## Bartholomew County German Mutual Insurance Company E.I.N. 35-0972055

Line 20 Change in amount for pending claims and unearned premium reserve.

Line 56

Schedule of investments

Assets as of Dec. 31, 2007

Institution	Туре	Maturity Date	Yield	Market Value	Book Value
MainSource	Checking	Current	0.00%	\$52,622.40	\$52,622.40
Hilliard-Lyons	Money Fund	Current	3.77%	\$83,014.10	\$83,014.10
Edw. Jones	Money Mkt.	Current	3.94%	\$5,709 54	\$5,709.54
Edward Jones	CD	4/20/2007	4 05%	\$0.00	\$0.00
Edward Jones	CD	11/5/2007	5.15%	\$0 00	\$0.00
Edward Jones	CD	4/25/2008	5.05%	\$25,996 21	\$26,000.00
Edward Jones	CD	8/7/2008	4 85%	\$26,999.95	\$27,000.00
Hilliard-Lyons	CD	2/25/2008	5.05%	\$50,000.00	\$50,000 00
Hilliard-Lyons	Bond	10/15/2023	6 10%	\$10,076.38	\$9,855 72
Hilliard-Lyons	Bond	8/15/2033	5.50%	\$94,757.90	\$100,000.00
Hilliard-Lyons	Bond	10/15/2033	5.25%	\$31,723.09	\$33,000.00
Hilliard-Lyons	Bond	5/25/2034	5.50%	\$77,420 54	\$81,111.25
Hilliard-Lyons	Bond	8/15/2034	5.50%	\$96,048 80	\$100,000.00
Hilliard-Lyons	Bond	10/15/2034	5 50%	\$94,115.60	\$100,433.78
Hilliard-Lyons	Bond	11/15/2034	5 50%	\$63,907.27	\$70,316.14
Hilliard-Lyons	Bond	1/25/2035	5.50%	\$88,190 70	\$100,449 06
Hilliard-Lyons	Bond	2/15/2035	6 00%	\$0 00	\$0 00
Hilliard-Lyons	Bond	4/15/2035	5 25%	\$89,900.70	\$100,000.00
Hilliard-Lyons	Bond	4/15/2035	6.00%	\$47,790.75	\$50,000 00
Hilliard-Lyons	Bond	6/25/2035	6.00%	\$71,280.97	\$75,000.00
Hilliard-Lyons	Bond	11/15/2035	6.00%	\$46,335.96	\$44,000.00
Hilliard-Lyons	Bond	12/25/2035	5 50%	\$52,895.76	\$56,540.55
Hilliard-Lyons	Bond	2/15/2036	6.00%	\$49,528 05	\$50,000.00
Hilliard-Lyons	Bond	3/20/2036	6 00%	\$46,987.24	\$48,633.98
Hilliard-Lyons	Bond	10/15/2036	5 75%	\$94,455.81	\$95,606.05
Hillıard-Lyons	Bond	2/15/2037	5.50%	\$98,296.30	\$100,000.00
Hilliard-Lyons	Bond	6/16/2037	6.00%	<b>\$24,140.47</b>	\$23,418 44
Total Assets				\$1,422,194.49	\$1,482,711.01
Checking Account				\$52,622 40	

Checking Account \$52,622 40
Certificates of deposit and Money Market accounts \$191,723.64
Bonds \$1,238,364 97
\$1,482,711.01