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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2008**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

A For the 2008 calendar year, or tax year beginning 9/1/2008 , and ending 8/31/2009	
<input type="checkbox"/> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Indiana Farm Bureau Inc. Allen County Farm Bureau, Inc. Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 10307 Dupont Circle Drive West City, town, or country State ZIP + 4 Fort Wayne IN 46825-1607
D Employer identification number 35-0795469	E Telephonenumber 317-692-7851
F Group Exemption Number 0963	G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►

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

I Website: ► <u>n/a</u> J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) (5) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
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K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ► \$ **109,547**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	0
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	43,106
	4 Investment income	4	66,441
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ <u>0</u> of contributions reported on line 1)	6a	0
b Less: direct expenses other than fundraising expenses	6b	0	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe ►)	8	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9	109,547	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	17,966
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	4,850
	13 Professional fees and other payments to independent contractors	13	3,463
	14 Occupancy, rent, utilities, and maintenance	14	30,214
	15 Printing, publications, postage, and shipping	15	151
	16 Other expenses (describe ► See attached statement)	16	33,292
	17 Total expenses. Add lines 10 through 16.	17	89,936
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	19,611
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	854,533
	20 Other changes in net assets or fund balances (attach explanation)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20.	21	874,144

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		575,002	22 604,235
23 Land and buildings		279,531	23 269,909
24 Other assets (describe ► See attached statement)		0	24 0
25 Total assets		854,533	25 874,144
26 Total liabilities (describe ► See attached statement)		0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		854,533	27 874,144

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Form **990-EZ** (2008)

(HTA)

95 18

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

What is the organization's primary exempt purpose? see statement 1 attached
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

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

28	see statement 2 attached		
	(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29			
	(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30			
	(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31	Other program services (attach schedule) <input type="checkbox"/>		
	(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32	Total program service expenses. (add lines 28a through 31a) <input type="checkbox"/>	32	0

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

(a) Name and address			(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name Richard Fritz	Str 10307 Dupont Circle	Title President				
City Fort Wayne	ST IN ZIP 46825	Hr/WK 5.00		300	0	0
Name Dean Berning	Str 10307 Dupont Circle	Title Vice President				
City Fort Wayne	ST IN ZIP 46825	Hr/WK 4.00		250	0	0
Name Harold Kleine	Str 10307 Dupont Circle	Title Secretary				
City Fort Wayne	ST IN ZIP 46825	Hr/WK 4.00		300	0	0
Name Cindy Berning	Str 10307 Dupont Circle	Title Women's Leader				
City Fort Wayne	ST IN ZIP 46825	Hr/WK 4.00		300	0	0
Name Pauline Baatz	Str 10307 Dupont Circle	Title Director				
City Fort Wayne	ST IN ZIP 46825	Hr/WK 1.00		125	0	0
Name Florence Berning	Str 10307 Dupont Circle	Title Director				
City Fort Wayne	ST IN ZIP 46825	Hr/WK 1.00		250	0	0
Name Ervine Blume	Str 10307 Dupont Circle	Title Director				
City Fort Wayne	ST IN ZIP 46825	Hr/WK 1.00		275	0	0
Name Marjorie DeVaux	Str 10307 Dupont Circle	Title Director				
City Fort Wayne	ST IN ZIP 46825	Hr/WK 1.00		100	0	0
Name Allen Felt	Str 10307 Dupont Circle	Title Director				
City Fort Wayne	ST IN ZIP 46825	Hr/WK 1.00		275	0	0
Name Evelyn Felt	Str 10307 Dupont Circle	Title Director				
City Fort Wayne	ST IN ZIP 46825	Hr/WK 1.00		275	0	0
Name Alice Fritz	Str 10307 Dupont Circle	Title Director				
City Fort Wayne	ST IN ZIP 46825	Hr/WK 1.00		300	0	0
Name Barb Fuelling	Str 10307 Dupont Circle	Title Director				
City Fort Wayne	ST IN ZIP 46825	Hr/WK 1.00		25	0	0
Name Mary Henney	Str 10307 Dupont Circle	Title Director				
City Fort Wayne	ST IN ZIP 46825	Hr/WK 1.00		0	0	0
Name Dolores Kuehnert	Str 10307 Dupont Circle	Title Director				
City Fort Wayne	ST IN ZIP 46825	Hr/WK 1.00		250	0	0
Name Melvin Kuehnert	Str 10307 Dupont Circle	Title Director				
City Fort Wayne	ST IN ZIP 46825	Hr/WK 1.00		250	0	0
Name Deveta Neadstine	Str 10307 Dupont Circle	Title Director				
City Fort Wayne	ST IN ZIP 46825	Hr/WK 1.00		0	0	0
Name John Neadstine	Str 10307 Dupont Circle	Title Director				
City Fort Wayne	ST IN ZIP 46825	Hr/WK 1.00		0	0	0
Name Herbert Rekeweg	Str 10307 Dupont Circle	Title Director				
City Fort Wayne	ST IN ZIP 46825	Hr/WK 1.00		275	0	0

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a	0	
b	Did the organization file Form 1120-POL for this year?		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b	0	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9. 39a		
b	Gross receipts, included on line 9, for public use of club facilities. 39b		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0 ; section 4912 0 , section 4955 0		
b	Section 501(c)(3) and (4) organizations. 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," complete Schedule L, Part I.	40b	n/a
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 0		
d	Enter amount of tax on line 40c reimbursed by the organization. 0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	X
41	List the states with which a copy of this return is filed. IN		
42 a	The books are in care of Name Indiana Farm Bureau Inc Telephone no 317-692-7851 Located at 225 S. East Street City Indianapolis ST IN ZIP + 4 46206-1290		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.	45	X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. **not applicable**

- 46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. **Yes** **No**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. **46** n/a **47** n/a
- 48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** n/a
- 49 a** Did the organization make any transfers to an exempt non-charitable related organization? **49a** n/a
- b** If "Yes," was the related organization(s) a section 527 organization? **49b** n/a
- 50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

- 51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None Str _____ City ST ZIP _____		0
Name _____ Str _____ City ST ZIP _____		0
Name _____ Str _____ City ST ZIP _____		0
Name _____ Str _____ City ST ZIP _____		0
Name _____ Str _____ City ST ZIP _____		0
Total number of other independent contractors each receiving over \$100,000 . ▶		0

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

Signature of officer *Roger Hadley II* **Date** *7/2/10*

Type or print name and title *Roger Hadley II President*

Paid Preparer's Use Only Preparer's signature *[Signature]* Date *6/22/2010* Check if self-employed ☐ Preparer's Identifying Number (See instructions) _____

Firm's name (or yours if self-employed), address, and ZIP +4 *Indiana Farm Bureau Inc P.O. Box 1290, Indianapolis, IN 46206-1290* EIN *[Blank]* Phone no *317-692-7851*

May the IRS discuss this return with the preparer shown above? See instructions ☒ **Yes** ☐ **No**

Explanations (990-EZ)**Reasonable Cause**

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

General Explanation

Part No.	Line No	Explanation
1	III	Represent the farmer's voice on issues related to agriculture, educate the consumer and promote
2		farm products, keep members abreast of policies and new developments.
3		
4		
5		
6		
7		
8		
9		
10		

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	12,633
2	Dividends and interest from securities	2	
3	Gross rents	3	53,808
4	Other investment income	4	
5	Total	5	66,441

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

33,292

1	Travel, Meals and Entertainment		
	a Travel	1a	2,735
	b Total meals and entertainment	1b	92
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	3,085
5	Depreciation, depletion, etc.	5	0
6	Equipment rental and maintenance	6	
7	Interest	7	
8	Supplies	8	
9	Telephone	9	
10	Ag Promotion	10	15,009
11	Membership services	11	430
12	District Dues	12	1,046
13	Miscellaneous Expenses	13	449
14	Building Expense for leased space	14	10,446
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

Form 90-EZ, Page 2, Part III - Organization's Program Achievement or Accomplishments

Line 28 - Allen County Farm Bureau, Inc. sponsored both local and state FFA programs. The County supported all three local FFA chapters and provided toward the State FFA Foundation.

Volunteer hours were contributed in preparation, planning, and coordinating the support for this program was necessary. This support benefitted each chapter, all of which have over 75 members.

Volunteers from the Farm Bureau provide funds for travel, programs, and leadership for each of the three local FFA programs of Allen County. The County supports the leadership development program of the State FFA Foundation.

Allen County Farm Bureau contributed \$5000 for these programs. Financial support, along with hours of personal time and energy was provided to make this event possible.

Total contributed to achievement #1 \$5,000

Line 29 - Allen County Farm Bureau, Inc. promotes 4-H to the youth of the county. Allen County shows financial support for the county 4-H program. Funds go to the extension office in support of agriculture education.

Over 30 Volunteer hours are contributed in preparation, planning, and coordinating the activities for the 4-H youth program of Allen County.

The overall goal of the Allen County Farm Bureau in promoting 4-H is to ensure the continued growth and betterment of 4-H and Ag education of the Allen County youth.

Allen County Farm Bureau approved and funded \$7673 for 4-H sponsorships. Financial support, along with over 30 volunteer hours of personal time and energy was provided to make these events possible. Members of 4-H in Allen County were able to participate and benefit from Allen County's support.

Total contributed to achievement #2 \$7,673

Line 30 - Allen County Farm Bureau, Inc. provide funds and food to the Community Harvest Food Bank each week.

36 Volunteer hours were contributed in preparation, planning, and coordinating the activities for these events.

The Allen County Farm Bureau has provided this donation to the food pantry for 5 years now. The pantry has come to depend on the donation in order to be able to feed all of those in need every week.

Allen County Farm Bureau donated \$1700 total to the food pantry. Financial support, along with volunteer hours of personal time and energy went into this support. Those in need are able to feed themselves and their families every week

Total contributed to achievement #3 \$1,700

ASSET DEPRECIATION SHORT REPORT
ALLEN COUNTY FARM BUREAU Aug. 15, 2009

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

Range 1600-00 - 1610-00
 Include All assets

Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Includes Section 179		
						Beg A/Depr	Curr Depr	End A/Depr
ASSET A/C#: 1600-00 - BUILDING								
08/15/91	Building	MACRS/31 500	303,105 61	0 00	303,105 61	163,574 61	9,622 00	173,196 61
	1991-08							
11/05/00	Carpet	MSL/ 5 000	12,933 16	0 00	12,933 16	12,933 16	0 00	12,933 16
	2000-11							
Grand totals	1600-00 - BUILDING (2 assets)		316,038 77	0 00	316,038 77	176,507 77	9,622 00	186,129 77
ASSET A/C#: 1610-00 - FURNITURE AND EQUIPMENT								
04/01/69	Howell Chairs (60) and Tables (9)	MA200/ 7 000	1,527 55	0 00	1,527 55	1,527 55	0 00	1,527 55
	1969-04							
02/01/89	JVC HRD400U VCR and Zenith E1910B T	MA200/ 7 000	327 50	0 00	327 50	327 50	0 00	327 50
	1989-02							
Grand totals	1610-00 - FURNITURE AND EQUIPMENT (2 assets)		1,855 05	0 00	1,855 05	1,855 05	0 00	1,855 05
Grand totals for all accounts: (4 assets)			317,893 82	0 00	317,893 82	178,362 82	9,622 00	187,984 82

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

Additional Summary Statistics:	Cost	Curr Yr 179	Prior Yr 179	Depr Basis	Beg A/Depr	Curr Depr	Ending A/Depr	Net Book Val
Grand Totals for All Assets	317,893 82	0 00	0 00	317,893 82	178,362 82	9,622 00	187,984 82	129,909 00
Less Inactive Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Disposed Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Traded Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Net Totals (Active Assets)	317,893 82	0 00	0 00	317,893 82	178,362 82	9,622 00	187,984 82	129,909 00
Total Additional First Year Depreciation Taken at 30% Rate:				0.00				
Total Additional First Year Depreciation Taken at 50% Rate:				0.00				
Total Additional First Year Depreciation Taken:				0.00				

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

Name and address	Title and average hours per week devoted to position	Compensation	Contributions to emp benefit plans & deferred compensation	Expense account and other allowances
Name Pauline Rekeweg	Title Director			
Str 10307 Dupont Circle Drive West, Suite A	Hr/WK 1.00	275	0	0
City Fort Wayne ST IN ZIP 46825				
Name Irene Rust	Title Director			
Str 10307 Dupont Circle Drive West, Suite A	Hr/WK 1.00	125	0	0
City Fort Wayne ST IN ZIP 46825				
Name Clara Sarrazine	Title Director			
Str 10307 Dupont Circle Drne West, Suite A	Hr/WK 1.00	275	0	0
City Fort Wayne ST IN ZIP 46825				
Name Norbert Sarrazine	Title Director			
Str 10307 Dupont Circle Drive West, Suite A	Hr/WK 1.00	300	0	0
City Fort Wayne ST IN ZIP 46825				
Name Jerry Schlaudroff	Title Director			
Str 10307 Dupont Circle Drive West, Suite A	Hr/WK 1.00	325	0	0
City Fort Wayne ST IN ZIP 46825				
Name	Title			
Str	Hr/WK .00	0	0	0
City ST ZIP				
Name	Title			
Str	Hr/WK .00	0	0	0
City ST ZIP				
Name	Title			
Str	Hr/WK .00	0	0	0
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Name	Tttle			
Str	Hr/WK .00	0	0	0
City ST ZIP				