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

OMB No 1545-1150

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

A For the 2008 calendar year, or tax year beginning **9/1/2008**, and ending **8/31/2009**

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization **Indiana Farm Bureau Inc.**
Montgomery County Farm Bureau, Inc.
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
P.O. Box 152
 City, town, or country State ZIP + 4
Crawfordsville IN 47933-0152

D Employer identification number
35-0801723

E Telephonenumber
317-692-7851

F Group Exemption Number **0963**

G Accounting method. ☒ Cash ☐ Accrual
Other (specify) **►**

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

I Website. **► n/a**

J Organization type (check only one)— ☒ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A 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 **► \$ 69,553**

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

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	0	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2	100	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)
3	Membership dues and assessments	3	13,011	20	Other changes in net assets or fund balances (attach explanation)
4	Investment income	4	56,442	21	Net assets or fund balances at end of year. Combine lines 18 through 20
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 ☐				
a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0		
b	Less: direct expenses other than fundraising expenses	6b	0		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0		
7a	Gross sales of inventory, less returns and allowances	7a			
b	Less: cost of goods sold	7b			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0		
8	Other revenue (describe ►)	8	0		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	69,553		
10	Grants and similar amounts paid (attach schedule)	10	959		
11	Benefits paid to or for members	11			
12	Salaries, other compensation, and employee benefits	12	3,673		
13	Professional fees and other payments to independent contractors	13	781		
14	Occupancy, utilities, and maintenance	14	12,682		
15	Printing, publications, postage, and shipping	15	57		
16	Other expenses (describe ► See attached statement)	16	47,266		
17	Total expenses. Add lines 10 through 16	17	65,418		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,135		
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	97,051		
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	101,186		

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	26,698	26,187
23 Land and buildings	159,763	150,597
24 Other assets (describe ► See attached statement)	0	0
25 Total assets	186,461	176,784
26 Total liabilities (describe ► See attached statement)	89,410	75,598
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	97,051	101,186

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

Form 990-EZ (2008)

(HTA)

95
20 me

ENVELOPE POSTMARK DATE JUL 14 2010

SCANNED AUG 10 2010

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

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

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.

28	Montgomery County Farm Bureau, Inc. participated in Ag Awareness Day. All forth grade students were invited to participate in this event. The students were taught about what farmers do and where the the food they eat comes from. 600 attended. (Grants \$ <u>0</u>) If this amount includes foreign grants, check here ☐	28a	<u>0</u>
29	Montgomery County Farm Bureau participated in Mini-Mont Farm Fest with other local groups as part of Ag Week. The purpose is to bring agriculture awareness into Montgomery Co. and highlight agricultural activities. Children visited a petting zoo, do farm chores and learn about nutritional foods. 200 attended. (Grants \$ <u>0</u>) If this amount includes foreign grants, check here ☐	29a	<u>0</u>
30	Montgomery County Farm Bureau and the League of Women Voters held 8 Planning and Zoning Town Hall Meetings. The goal was to explore whether the citizens of Montgomery County were open to passing planning and zoning in the county. Pros and cons to the issues were provided. 295 attended. (Grants \$ <u>0</u>) If this amount includes foreign grants, check here ☐	30a	<u>0</u>
31	Other program services (attach schedule) (Grants \$ <u>0</u>) If this amount includes foreign grants, check here ☐	31a	<u>0</u>
32	Total program service expenses. (add lines 28a through 31a) ☐	32	<u>0</u>

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 Roby Webster	Str P O Box 152	Title President			
City Crawfordsville	ST IN ZIP 47933	Hr/WK 5.00	800	0	0
Name Gayle Lough	Str P O Box 152	Title Vice President			
City Crawfordsville	ST IN ZIP 47933	Hr/WK 4.00	400	0	0
Name Mark Smith	Str P O Box 152	Title Secretary			
City Crawfordsville	ST IN ZIP 47933	Hr/WK 4.00	600	0	0
Name Susan Smith	Str P O Box 152	Title Women's Leader			
City Crawfordsville	ST IN ZIP 47933	Hr/WK 4.00	800	0	0
Name Leroy Bannister	Str P O Box 152	Title Young Farmer Repre			
City Crawfordsville	ST IN ZIP 47933	Hr/WK 2.00	105	0	0
Name Bob Calhan	Str P O Box 152	Title Director			
City Crawfordsville	ST IN ZIP 47933	Hr/WK 1.00	0	0	0
Name Betty Cope	Str P O Box 152	Title Director			
City Crawfordsville	ST IN ZIP 47933	Hr/WK 1.00	75	0	0
Name Donald Cope	Str P O Box 152	Title Director			
City Crawfordsville	ST IN ZIP 47933	Hr/WK 1.00	75	0	0
Name John Isaacs	Str P O Box 152	Title Director			
City Crawfordsville	ST IN ZIP 47933	Hr/WK 1.00	105	0	0
Name Debbie Lough	Str P O Box 152	Title Director			
City Crawfordsville	ST IN ZIP 47933	Hr/WK 1.00	0	0	0
Name Carol Meadows	Str P O Box 152	Title Director			
City Crawfordsville	ST IN ZIP 47933	Hr/WK 1.00	150	0	0
Name Dallas Meadows	Str P O Box 152	Title Director			
City Crawfordsville	ST IN ZIP 47933	Hr/WK 1.00	120	0	0
Name Kylene Simpson	Str P O Box 152	Title Director			
City Crawfordsville	ST IN ZIP 47933	Hr/WK 1.00	60	0	0
Name Mary Southard	Str P O Box 152	Title Director			
City Crawfordsville	ST IN ZIP 47933	Hr/WK 1.00	135	0	0
Name Jodi Webster	Str P O Box 152	Title Director			
City Crawfordsville	ST IN ZIP 47933	Hr/WK 1.00	0	0	0
Name	Str	Title			
City	ST ZIP	Hr/WK 00	0	0	0
Name	Str	Title			
City	ST ZIP	Hr/WK 00	0	0	0
Name	Str	Title			
City	ST ZIP	Hr/WK 00	0	0	0

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.		
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?	X	
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?	37b	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	0
39 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> ; section 4955 <u>0</u>		
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 <u>IN</u>		
42 a The books are in care of <u>Name Indiana Farm Bureau Inc</u> Telephone no <u>317-692-7851</u> Located at <u>225 S East Street</u> City <u>Indianapolis</u> ST <u>IN</u> ZIP + 4 <u>46206-1290</u>		
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 <u></u> 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 <u></u>	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 <u>43</u> 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**

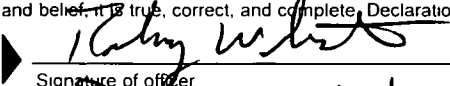
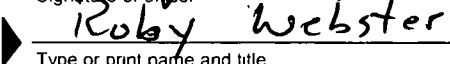
	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46 n/a	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47 n/a	
48 Is the organization 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 <u>None</u> Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total number of other employees paid over \$100,000 ▶		<u>0</u>	<u>0</u>	<u>0</u>

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 <u>None</u> Str _____		
City <u>ST</u> ZIP _____		<u>0</u>
Name _____ Str _____		
City <u>ST</u> ZIP _____		<u>0</u>
Name _____ Str _____		
City <u>ST</u> ZIP _____		<u>0</u>
Name _____ Str _____		
City <u>ST</u> ZIP _____		<u>0</u>
Name _____ Str _____		
City <u>ST</u> ZIP _____		<u>0</u>
Total number of other independent contractors each receiving over \$100,000 ▶		<u>0</u>

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		<u>7-8-10</u> Date	
Paid Preparer's Use Only	 Type or print name and title		<u>Pres.</u> Title	
	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP +4	Date <u>6/29/2010</u>	Check if self-employed ☐	Preparer's Identifying Number (See instructions) EIN <u> </u> Phone no <u>317-692-7851</u>

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

Explanations (990-EZ)

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

General Explanation

Part No	Line No	Explanation
1	III	Represent the farmer's voice on issues related to agriculture, educate the consumer and promote farm products, keep members abreast of policies and new developments.
2		
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	768
2	Dividends and interest from securities	2	
3	Gross rents	3	55,674
4	Other investment income	4	
5	Total	5	56,442

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

47,266

1	Travel, Meals and Entertainment		
	a Travel	1a	57
	b Total meals and entertainment	1b	91
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	2,702
5	Depreciation, depletion, etc	5	0
6	Equipment rental and maintenance	6	
7	Interest	7	
8	Supplies	8	
9	Telephone	9	
10	Unrelated business income taxes, Federal	10	418
11	Ag Promotion	11	4,783
12	Membership services	12	0
13	District Dues	13	253
14	Miscellaneous Expenses	14	330
15	Building Expense for leased space	15	38,346
16	Unrelated business income taxes, state	16	286
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

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

89,410

75,598

Description		Beginning	End
1	Accounts Payable	0	0
2	Accrued expenses	0	0
3	Due to Related Party	0	0
4	Unearned Income	0	0
5	Mortgage Payable	89,410	75,598
6	Note Payable	0	0
7			
8			
9			
10			

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

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

Range 1600 - 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 - FARM BUREAU BUILDING								
08/31/70	Orginal Building Cost 1970-08	SL/50 000	79,679 72	0 00	79,679 72	52,421 72	1,594 00	54,015 72
01/18/88	Replace Light Fixtures 1988-01	MSL/15 000	1,263 01	0 00	1,263 01	1,263 01	0 00	1,263 01
07/15/93	New Addition 1993-07	MACRS/31 500	221,509 84	0 00	221,509 84	105,716 84	7,032 00	112,748 84
10/08/93	Resurface Parking Lot 1993-10	MSL/15 000	6,372 80	0 00	6,372 80	6,303 80	69 00	6,372 80
03/20/00	Furnace and Air Conditioner 2000-03	SL/10 000	4,712 61	0 00	4,712 61	3,963 61	471 00	4,434 61
Grand totals 1600 - FARM BUREAU BUILDING (5 assets)			313,537 98	0 00	313,537 98	169,668 98	9,166 00	178,834 98
ASSET A/C#: 1610-00 - FURNITURE AND EQUIPMENT								
12/01/70	6 Tables 1970-12	MA200/ 7 000	600 00	0 00	600 00	600 00	0 00	600 00
12/01/70	44 Chairs (41 of 44) 1970-12	MA200/ 7 000	353 57	0 00	353 57	353 57	0 00	353 57
12/01/84	Overhead Projector 1984-12	MA200/ 7 000	172 98	0 00	172 98	172 98	0 00	172 98
11/27/89	GE 20" TV, Ser # 902211586 1989-11	MA200/ 7 000	127 84	0 00	127 84	127 84	0 00	127 84
09/08/93	Roper Refrigrator, Senal # EC2617 1993-09	MA200/ 7 000	514 44	0 00	514 44	514 44	0 00	514 44
09/08/93	Tappan Electric Oven Range 1993-09	MA200/ 7 000	367 50	0 00	367 50	367 50	0 00	367 50
Grand totals 1610-00 - FURNITURE AND EQUIPMENT (6 assets)			2,136 33	0 00	2,136 33	2,136 33	0 00	2,136 33
Grand totals for all accounts: (11 assets)			315,674 31	0 00	315,674 31	171,805 31	9,166 00	180,971 31

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	315,674 31	0 00	0 00	315,674 31	171,805 31	9,166 00	180,971 31	134,703 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)	315,674 31	0 00	0 00	315,674 31	171,805 31	9,166 00	180,971 31	134,703 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					