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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.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-1150

2008**Open to Public
Inspection**

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**
Jefferson County Farm Bureau, Inc.
Number and street (or P O box, if mail is not delivered to street address) Room/suite
1433 Clifty Drive
City, town, or country State ZIP + 4
Madison IN 47250-1653

D Employer identification number
35-0848802

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)

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

Website: ▶ **n/a**

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

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.

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 ▶ \$ **103,081**

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

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	0
2	Program service revenue including government fees and contracts	4,327
3	Membership dues and assessments	23,611
4	Investment income	75,143
5a	Gross amount from sale of assets other than inventory	0
5b	Less cost or other basis and sales expenses	0
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	0
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	
6a	Gross revenue (not including \$ 0 of contributions reported on line 1)	0
6b	Less direct expenses other than fundraising expenses	0
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	0
7a	Gross sales of inventory, less returns and allowances	
7b	Less cost of goods sold	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	0
8	Other revenue (describe ▶)	0
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	103,081
10	Grants and similar amounts paid (attach schedule)	235
11	Benefits paid to or for members	
12	Salaries, other compensation, and employee benefits	2,318
13	Professional fees and other payments to independent contractors	1,678
14	Occupancy, rent, utilities, and maintenance	9,934
15	Printing, publications, postage, and shipping	0
16	Other expenses (describe ▶ See attached statement)	80,428
17	Total expenses. Add lines 10 through 16	94,593
18	Excess of (deficit) for the year (Subtract line 17 from line 9)	8,488
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)	119,532
20	Other changes in net assets or fund balances (attach explanation)	0
21	Net assets or fund balances at end of year. Combine lines 18 through 20	128,020

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	81,682	90,889
23 Land and buildings	152,074	393,447
24 Other assets (describe ▶ See attached statement)	129	33
25 Total assets	233,885	484,369
26 Total liabilities (describe ▶ See attached statement)	114,353	356,349
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	119,532	128,020

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

Form **990-EZ** (2008)

(HTA)

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(Grants \$ 0) If this amount includes foreign grants, check here ☐

28a

0

29

(Grants \$ 0) If this amount includes foreign grants, check here ☐

29a

0

30

(Grants \$ 0) If this amount includes foreign grants, check here ☐

30a

0

31 Other program services (attach schedule)

(Grants \$ 0) If this amount includes foreign grants, check here ☐

31a

0

32 Total program service expenses. (add lines 28a through 31a)

32

0

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

(a) Name and address			(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name	David Ferguson	Str 1433 Clifty Drive	Title President			
City	Madison	ST IN ZIP 47250	Hr/WK	5.00	40	0
Name	Gale Ferris	Str 1433 Clifty Drive	Title Vice President			
City	Madison	ST IN ZIP 47250	Hr/WK	4 00	100	0
Name	Carol Kuppler	Str 1433 Clifty Drive	Title Secretary			
City	Madison	ST IN ZIP 47250	Hr/WK	4 00	430	0
Name	Sharon Schafer	Str 1433 Clifty Drive	Title Women's Leader			
City	Madison	ST IN ZIP 47250	Hr/WK	4 00	120	0
Name	Keith Allen	Str 1433 Clifty Drive	Title Director			
City	Madison	ST IN ZIP 47250	Hr/WK	1 00	100	0
Name	Amanda Briggs	Str 1433 Clifty Drive	Title Director			
City	Madison	ST IN ZIP 47250	Hr/WK	1 00	100	0
Name	Penny Brim	Str 1433 Clifty Drive	Title Director			
City	Madison	ST IN ZIP 47250	Hr/WK	1 00	187	0
Name	Virginia Facemire	Str 1433 Clifty Drive	Title Director			
City	Madison	ST IN ZIP 47250	Hr/WK	1.00	120	0
Name	Jerry Ferguson	Str 1433 Clifty Drive	Title Director			
City	Madison	ST IN ZIP 47250	Hr/WK	1 00	40	0
Name	Charles Gilles	Str 1433 Clifty Drive	Title Director			
City	Madison	ST IN ZIP 47250	Hr/WK	1 00	0	0
Name	Doug Harrell	Str 1433 Clifty Drive	Title Director			
City	Madison	ST IN ZIP 47250	Hr/WK	1 00	20	0
Name	Robert Henman	Str 1433 Clifty Drive	Title Director			
City	Madison	ST IN ZIP 47250	Hr/WK	1 00	40	0
Name	Helen Keller	Str 1433 Clifty Drive	Title Director			
City	Madison	ST IN ZIP 47250	Hr/WK	1 00	120	0
Name	William Keller	Str 1433 Clifty Drive	Title Director			
City	Madison	ST IN ZIP 47250	Hr/WK	1 00	0	0
Name	Roberta Kirk	Str 1433 Clifty Drive	Title Director			
City	Madison	ST IN ZIP 47250	Hr/WK	1 00	0	0
Name	Robert Kirkpatrick	Str 1433 Clifty Drive	Title Director			
City	Madison	ST IN ZIP 47250	Hr/WK	1 00	80	0
Name	Robert Kuppler	Str 1433 Clifty Drive	Title Director			
City	Madison	ST IN ZIP 47250	Hr/WK	1 00	80	0
Name	Cameron Neher	Str 1433 Clifty Drive	Title Director			
City	Madison	ST IN ZIP 47250	Hr/WK	1 00	20	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?	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?		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?		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 <u>0</u>		
d Enter amount of tax on line 40c reimbursed by the organization <u>0</u>		
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>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>	Yes	No
42b		X
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <u></u>		X
42c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> 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**

	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 Sharon Schafner Date 7-1-10

Type or print name and title Sharon Schafner County Women Leader

Paid Preparer's Use Only

Preparer's signature _____ Date 6/29/2010 Check if self-employed ☐

Firm's name (or yours if self-employed), address and ZIP +4 Indiana Farm Bureau Inc EIN 317-692-7851

P O Box 1290, Indianapolis, IN 46206-1290 Phone no 317-692-7851

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

☒ Yes ☐ No

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 Martha Renschler Str 1433 Clifty Drive City Madison ST IN ZIP 47250	Title Director Hr/WK 1.00	80	0	0
Name Eleanor Ritchie Str 1433 Clifty Drive City Madison ST IN ZIP 47250	Title Director Hr/WK 1.00	60	0	0
Name Norbert Schafer Str 1433 Clifty Drive City Madison ST IN ZIP 47250	Title Director Hr/WK 1.00	40	0	0
Name Kelsey Shaw Str 1433 Clifty Drive City Madison ST IN ZIP 47250	Title Director Hr/WK 1.00	40	0	0
Name John Shelton Str 1433 Clifty Drive City Madison ST IN ZIP 47250	Title Director Hr/WK 1 00	40	0	0
Name Judy Smith Str 1433 Clifty Drive City Madison ST IN ZIP 47250	Title Director Hr/WK 1 00	120	0	0
Name Charles Stiver Str 1433 Clifty Drive City Madison ST IN ZIP 47250	Title Director Hr/WK 1 00	60	0	0
Name Mary Totten Str 1433 Clifty Drive City Madison ST IN ZIP 47250	Title Director Hr/WK 1 00	0	0	0
Name Ashley Wehner Str 1433 Clifty Drive City Madison ST IN ZIP 47250	Title Director Hr/WK 1.00	60	0	0
Name Morgan Wehner Str 1433 Clifty Drive City Madison ST IN ZIP 47250	Title Director Hr/WK 1 00	0	0	0
Name Frances Wilkerson Str 1433 Clifty Drive City Madison ST IN ZIP 47250	Title Director Hr/WK 1 00	120	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0

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
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	599
2	Dividends and interest from securities	2	
3	Gross rents	3	74,544
4	Other investment income	4	
5	Total	5	75,143

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

80,428

1	Travel, Meals and Entertainment		
	a Travel	1a	2,908
	b Total meals and entertainment	1b	0
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	3,192
5	Depreciation, depletion, etc	5	96
6	Equipment rental and maintenance	6	
7	Interest	7	
8	Supplies	8	
9	Telephone	9	
10	Unrelated business income taxes, Federal	10	0
11	Ag Promotion	11	8,085
12	Membership services	12	0
13	District Dues	13	836
14	Miscellaneous Expenses	14	398
15	Building Expense for leased space	15	64,913
16	Unrelated business income taxes, state	16	0
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

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

129

33

Description		Beginning	End
1	Accounts Receivable	0	0
2	Prepaid Expenses	0	0
3	Equipment, net of accumulated depreciation	129	33
4			
5			
6			
7			
8			
9			
10			

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

114,353 356,349

Description		Beginning	End
1	Accounts Payable	0	2,902
2	Accrued expenses	0	0
3	Due to Related Party	0	0
4	Unearned Income	0	0
5	Mortgage Payable	0	353,447
6	Note Payable	114,353	0
7			
8			
9			
10			

ASSET DEPRECIATION SHORT REPORT

JEFFERSON COUNTY FARM BUREAU Aug. 15, 2009

Sorted ASSET A/C#

Method 1-FEDERAL-Std Conv Applied

Range 1600 - 1610

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 - BUILDING								
06/06/09 A	Building	MACRS/39 000	357,636 49	0 00	357,636 49	0 00	1,910 00	1,910 00
	2009-06							
Grand totals 1600 - BUILDING (1 assets)			357,636 49	0 00	357,636 49	0 00	1,910 00	1,910 00
ASSET A/C#: 1610 - FURNITURE AND EQUIPMENT								
02/01/68	20 Chairs	MA200/ 7 000	427 63	0 00	427 63	427 63	0 00	427 63
	1968-02							
03/01/68	4 "Saturna" Tables, 30"X96"	MA200/ 7 000	269 89	0 00	269 89	269 89	0 00	269 89
	1968-03							
02/10/83 D	Sign w/Letters 4' x 6'	MA200/ 7 000	695 00	0 00	695 00	695 00	0 00	695 00
	1983-02							
06/26/86	Television Cabinet	MA200/ 7 000	113 40	0 00	113 40	113 40	0 00	113 40
	1986-06							
06/25/99	2 Freezers	MSL/ 5 000	1,128 73	0 00	1,128 73	1,128 73	0 00	1,128 73
	1999-06							
11/06/00	Popcorn Popper	MSL/ 5 000	503 99	0 00	503 99	503 99	0 00	503 99
	2000-11							
07/01/02	Tables	M*200/ 7 000	671 83	0 00	671 83	638 83	33 00	671 83
	2002-07							
09/11/02	Free Standing cooler	M*200/ 7 000	708 08	0 00	708 08	613 00	63 00	676 00
Grand totals 1610 - FURNITURE AND EQUIPMENT (8 assets)			4,518 55	0 00	4,518 55	4,390 47	96 00	4,486 47
Less 1 Disposed assets (Current Depreciation \$0 00)			695 00	0 00	695 00	695 00		695 00
Net totals 1610 - FURNITURE AND EQUIPMENT (7 assets)			3,823 55	0 00	3,823 55	3,695 47	96 00	3,791 47
Grand totals for all accounts: (9 assets)			362,155 04	0 00	362,155 04	4,390 47	2,006 00	6,396 47
Less: 1 Disposed assets (Current Depreciation: \$0.00)			695 00	0 00	695 00	695 00		695 00
Net totals for all accounts: (8 assets)			361,460 04	0 00	361,460 04	3,695 47	2,006 00	5,701 47

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	362,155 04	0 00	0 00	362,155 04	4,390 47	2,006 00	6,396 47	355,758 57
Less Inactive Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Disposed Assets	695 00	0 00	0 00	695 00	695 00	0 00	695 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)	361,460 04	0 00	0 00	361,460 04	3,695 47	2,006 00	5,701 47	355,758 57
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				

Statement 2

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

Line 28 - Jefferson County Farm Bureau, Inc. sponsored Ag Day for 3rd graders at the county fairgrounds to learn about agriculture in their lives. Over 600 students spent the day learning about different topics and are also fed lunch. There are over twenty educational sessions held during ag day ranging from farm equipment safety to apples in the orchard. There are topics based on agriculture and safety. The Farm Bureau supplies volunteers for a station and also supply lunches for the students. There are usually 20 Farm Bureau reps. There are volunteers for each classroom of students.

Total contributed to achievement #1

\$770

Line 29 - Jefferson County Farm Bureau, Inc. conducted a scholarship program that awarded \$300 toward scholarships to three students based on an essay they submitted.

10 volunteers contributed in preparation, planning, and coordinating the activities for this scholarship program.

Jefferson County Farm Bureau has given these scholarships for 15 years. The program is to help students further their education, develop youth awareness of Farm Bureau, and enhance community involvement of our organization.

Total contributed to achievement #2

\$900

Line 30 - Jefferson County Farm Bureau participates in the local county 4-H Fair. They host the annual livestock auction dinner at the fair and also sell ice cream. Members and others volunteered their time to help with the events.

Jefferson County intended to enhance community awareness of the County Farm Bureau, excite interest in children in the 4-H program, meet members of the community, and promote the study of agriculture.

Financial support, along with volunteer hours of personal time and energy was provided to make these events possible.

Total contributed to achievement #3

\$3,000