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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 | |
| B 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 Hendricks County Farm Bureau, Inc. Number and street (or P O box, if mail is not delivered to street address) P.O. Box 367 City, town, or country Danville State IN ZIP + 4 46122-0367 |
| D Employer identification number 35-0887134 | E Telephonenumber 317-692-7851 |
| F Group Exemption Number 0963 | |

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

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 ► \$ **93,400**

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 | 62 |
| | 3 Membership dues and assessments | 3 | 30,525 |
| | 4 Investment income | 4 | 62,813 |
| | 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 \$ 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 | 93,400 | |
| Expenses | 10 Grants and similar amounts paid (attach schedule) | 10 | 12,522 |
| | 11 Benefits paid to or for members | 11 | |
| | 12 Salaries, other compensation, and employee benefits | 12 | 6,685 |
| | 13 Professional fees and other payments to independent contractors | 13 | 2,302 |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | 37,585 |
| | 15 Printing, publications, postage, and shipping | 15 | 915 |
| | 16 Other expenses (describe ► See attached statement) | 16 | 41,931 |
| 17 Total expenses. Add lines 10 through 16 | 17 | 101,940 | |
| Net Assets | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | -8,540 |
| | 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 | 214,910 |
| | 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 | 206,370 |

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 | | 100,971 | 100,679 |
| 23 Land and buildings | | 113,939 | 105,691 |
| 24 Other assets (describe ► See attached statement) | | 0 | 0 |
| 25 Total assets | | 214,910 | 206,370 |
| 26 Total liabilities (describe ► See attached statement) | | 0 | 0 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | | 214,910 | 206,370 |

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

Form **990-EZ** (2008)

(HTA)

5
5
4

SCANNED AUG 31 2010

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

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

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 | | |
| (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) | | |
| (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) | 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 James Loughmiller | Str PO Box 367 | Title President | | | |
| City Danville | ST IN ZIP 46122 | Hr/WK 5.00 | 1,345 | 0 | 0 |
| Name David Wyeth | Str PO Box 367 | Title Vice President | | | |
| City Danville | ST IN ZIP 46122 | Hr/WK 4 00 | 1,095 | 0 | 0 |
| Name Ginny Edwards | Str PO Box 367 | Title Secretary | | | |
| City Danville | ST IN ZIP 46122 | Hr/WK 4.00 | 1,125 | 0 | 0 |
| Name Joan Truax | Str PO Box 367 | Title Women's Leader | | | |
| City Danville | ST IN ZIP 46122 | Hr/WK 4 00 | 1,185 | 0 | 0 |
| Name Jerry Chandler | Str PO Box 367 | Title Director | | | |
| City Danville | ST IN ZIP 46122 | Hr/WK 1.00 | 0 | 0 | 0 |
| Name Dale Gladden | Str PO Box 367 | Title Director | | | |
| City Danville | ST IN ZIP 46122 | Hr/WK 1.00 | 165 | 0 | 0 |
| Name George Gladden | Str PO Box 367 | Title Director | | | |
| City Danville | ST IN ZIP 46122 | Hr/WK 1 00 | 0 | 0 | 0 |
| Name Phyllis Gladden | Str PO Box 367 | Title Director | | | |
| City Danville | ST IN ZIP 46122 | Hr/WK 1.00 | 85 | 0 | 0 |
| Name Duane Huge | Str PO Box 367 | Title Director | | | |
| City Danville | ST IN ZIP 46122 | Hr/WK 1 00 | 140 | 0 | 0 |
| Name Meredith Kincaid | Str PO Box 367 | Title Director | | | |
| City Danville | ST IN ZIP 46122 | Hr/WK 1.00 | 105 | 0 | 0 |
| Name Meeda Lentz | Str PO Box 367 | Title Director | | | |
| City Danville | ST IN ZIP 46122 | Hr/WK 1.00 | 220 | 0 | 0 |
| Name Olivia Murat | Str PO Box 367 | Title Director | | | |
| City Danville | ST IN ZIP 46122 | Hr/WK 1.00 | 140 | 0 | 0 |
| Name Larry Pullam | Str PO Box 367 | Title Director | | | |
| City Danville | ST IN ZIP 46122 | Hr/WK 1.00 | 145 | 0 | 0 |
| Name William Rawlings | Str PO Box 367 | Title Director | | | |
| City Danville | ST IN ZIP 46122 | Hr/WK 1.00 | 220 | 0 | 0 |
| Name Ross Riggs | Str PO Box 367 | Title Director | | | |
| City Danville | ST IN ZIP 46122 | Hr/WK 1.00 | 25 | 0 | 0 |
| Name Roberta Thomas | Str PO Box 367 | Title Director | | | |
| City Danville | ST IN ZIP 46122 | Hr/WK 1.00 | 250 | 0 | 0 |
| Name Hal Truax | Str PO Box 367 | Title Director | | | |
| City Danville | ST IN ZIP 46122 | Hr/WK 1.00 | 25 | 0 | 0 |
| Name Susie Truax | Str PO Box 367 | Title Director | | | |
| City Danville | ST IN ZIP 46122 | Hr/WK 1.00 | 165 | 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 500 | | |
| 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. | | |
| 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. | | 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)? | | X |
| 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 . | | |
| c At any time during the calendar year, did the organization maintain an office outside of the U.S.? | | X |
| If "Yes," enter the name of the foreign country: <u></u> | | |
| 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. | | 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. | | 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
- 48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **47** n/a
- 49 a** Did the organization make any transfers to an exempt non-charitable related organization? **48** n/a
- b** If "Yes," was the related organization(s) a section 527 organization? **49a** 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 _____ 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 |
| Name _____ Str _____ | Title _____ | | | |
| City _____ ST _____ ZIP _____ | Hr/WK .00 | 0 | 0 | 0 |
| Name _____ Str _____ | Title _____ | | | |
| City _____ ST _____ ZIP _____ | Hr/WK .00 | 0 | 0 | 0 |
| Total number of other employees paid over \$100,000 ▶ | 0 | 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 <u>None</u> 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 | 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] Date 7/12/10

Signature of officer

J.E. Loughmiller

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature Date 6/23/2010

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. EIN

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**

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 | 5,893 |
| 2 | Dividends and interest from securities | 2 | |
| 3 | Gross rents | 3 | 56,920 |
| 4 | Other investment income | 4 | |
| 5 | Total | 5 | 62,813 |

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

41,931

| | | | |
|----|--|----|--------|
| 1 | Travel, Meals and Entertainment | | |
| | a Travel | 1a | 2,714 |
| | b Total meals and entertainment | 1b | 493 |
| 2 | Fundraising | 2 | |
| 3 | From Form 4562 - Amortization | 3 | |
| 4 | Conferences, conventions, and meetings | 4 | 5,153 |
| 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 | 23,588 |
| 11 | Membership services | 11 | 0 |
| 12 | District Dues | 12 | 689 |
| 13 | Miscellaneous Expenses | 13 | 604 |
| 14 | Building Expense for leased space | 14 | 8,690 |
| 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 990-EZ, Page 2, Part III – Organization's Program Achievement or Accomplishments

Line 28 - Hendricks County Farm Bureau, Inc. along with Hendricks County Extension Office sponsors the Read, Taste, and Touch program for pre-school children. The program encourages reading books, tasting nutritious food, and touching agriculture to help pre-school children build a better foundation in science. Children had the opportunity to participate in story time, craft time, snack time, and barn time.

3 Farm Bureau members volunteered each day for five days at the fair. This is a total of 15 volunteers who worked for ½ hour at a time. This is a total of 15 volunteers and 7.5 volunteer hours.

Hendricks County Farm Bureau teaches pre-school children about animal care and food agriculture through this program.

Hendricks County contributed a total of \$6500 to Purdue University for further research in this field. Financial support, along with 7.5 volunteer hours made this financial assistance to these students possible.

Total contributed to achievement #1

\$6,500

Line 29 - Hendricks County Farm Bureau, Inc. sponsored a legislative breakfast. HCFB co-sponsors this event while the General Assembly is in session. This gives Hendricks County residents the opportunity to meet their State Legislators. Breakfast is served free of charge for attendees, a brief report on legislative happenings is given, and a question and answer session follows.

180 Volunteer hours were contributed in preparation, planning, and coordinating the activities for these events from the 4 Board Members who volunteered. 180 individuals were in attendance at each 1 ½ session.

Volunteers intended to inform legislatures of concerns and proposals that need their attention in upcoming sessions. The relationships between members and elected officials are very important.

support, along with 180 volunteer hours of personal time and energy went into providing this event. Attendees were able to discuss and suggest ways to strengthen the communication between the Farm Bureau and legislative leaders.

Total contributed to achievement #2

\$4,027

Line 30 - Hendricks County Farm Bureau, Inc. conducted a scholarship program that contributed 2 \$1000 scholarships to 2 selected students in need of assistance and looking to further their education whose parents are Hendricks County Farm Bureau members and are enrolled in a 4-year college in Indiana. One scholarship is awarded for a senior for General Studies, and the other is awarded for a senior majoring in an Ag-related field. The student will receive \$1000 every year for four years.

1 Farm Bureau member volunteers at each local high school for 2 hours in order to explain the scholarship and leave applications for the students. The committee chairperson then spends one hour getting judges to select the recipients and another hour preparing for the reception for the winners.

amounts awarded to recipients and added the second recipient to the program. The Farm Bureau hopes to continue to help students have the opportunity to further their education in General Studies and in Ag-related majors.

Hendricks County contributed a total of \$5064 for expenses and scholarship funds. Financial support, along with several volunteer hours made this financial assistance to these students possible. The Farm Bureau is able to maintain involvement with its members and the youth of the county.

Total contributed to achievement #3

\$5,064