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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

▶ 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

A For the 2008 calendar year, or tax year beginning 10/1/2008 , and ending 9/30/2009

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.

Delaware County Farm Bureau, Inc.

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
6100 State Road 67 N

City, town, or country | State | ZIP + 4
Muncie | IN | 47303-9227

D Employer identification number
35-0789885

E Telephonenumber
317-692-7851

F GroupExemption 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 Accountingmethod: ☒ 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 ▶ $ 135,616

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	4,500
	2	Program service revenue including government fees and contracts		2	0
	3	Membership dues and assessments		3	32,990
	4	Investment income		4	98,126
	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	135,616
Expenses	10	Grants and similar amounts paid (attach schedule)		10	11,554
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	6,320
	13	Professional fees and other payments to independent contractors		13	2,528
	14	Occupancy, rent, utilities, and maintenance		14	77,611
	15	Printing, publications, postage, and shipping		15	0
	16	Other expenses (describe ▶ See attached statement)		16	46,501
	17	**Total expenses.** Add lines 10 through 16 ▶		17	144,514
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-8,898
	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	287,602
	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	278,704

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	160,130	22	163,515
23 Land and buildings	123,725	23	114,221
24 Other assets (describe ▶ See attached statement)	3,747	24	968
25 **Total assets**	287,602	25	278,704
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)	287,602	27	278,704

95

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

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

		Expenses (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 Kaye Whitehead Str 6100 State Road 67 N City Muncie ST IN ZIP 47303	Title President Hr/WK 5 00	610	0	0
Name Joseph Russell Str 6100 State Road 67 N City Muncie ST IN ZIP 47303	Title Vice President Hr/WK 4 00	390	0	0
Name Jana Adams Str 6100 State Road 67 N City Muncie ST IN ZIP 47303	Title Secretary Hr/WK 4 00	500	0	0
Name Bev Berry Str 6100 State Road 67 N City Muncie ST IN ZIP 47303	Title Women's Leader Hr/WK 4 00	940	0	0
Name Kevin Adams Str 6100 State Road 67 N City Muncie ST IN ZIP 47303	Title Director Hr/WK 1.00	0	0	0
Name Katherine Bothel Str 6100 State Road 67 N City Muncie ST IN ZIP 47303	Title Director Hr/WK 1.00	110	0	0
Name Jo Ann Christy Str 6100 State Road 67 N City Muncie ST IN ZIP 47303	Title Director Hr/WK 1.00	100	0	0
Name Robert Christy Str 6100 State Road 67 N City Muncie ST IN ZIP 47303	Title Director Hr/WK 1.00	100	0	0
Name David Coffman Str 6100 State Road 67 N City Muncie ST IN ZIP 47303	Title Director Hr/WK 1 00	0	0	0
Name Marilyn Cox Str 6100 State Road 67 N City Muncie ST IN ZIP 47303	Title Director Hr/WK 1.00	0	0	0
Name Frances Franklin Str 6100 State Road 67 N City Muncie ST IN ZIP 47303	Title Director Hr/WK 1.00	120	0	0
Name Donald Harris Str 6100 State Road 67 N City Muncie ST IN ZIP 47303	Title Director Hr/WK 1 00	0	0	0
Name Daniel Hiatt Str 6100 State Road 67 N City Muncie ST IN ZIP 47303	Title Director Hr/WK 1.00	0	0	0
Name Helen Huffer Str 6100 State Road 67 N City Muncie ST IN ZIP 47303	Title Director Hr/WK 1 00	0	0	0
Name Gary Kirkham Str 6100 State Road 67 N City Muncie ST IN ZIP 47303	Title Director Hr/WK 1.00	100	0	0
Name Ron Orebaugh Str 6100 State Road 67 N City Muncie ST IN ZIP 47303	Title Director Hr/WK 1.00	0	0	0
Name Frances Owens Str 6100 State Road 67 N City Muncie ST IN ZIP 47303	Title Director Hr/WK 1 00	0	0	0
Name Jean Pursifull Str 6100 State Road 67 N City Muncie ST IN ZIP 47303	Title Director Hr/WK 1 00	90	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	33		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	34		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?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 2,000			
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 ▶ 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)?	42b		X
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	If "Yes," enter the name of the foreign country ▶			
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			
			Yes	No
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 None 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
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 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	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

▶ Joseph M. Russell Vice President July 28, 2010
Signature of officer Date

▶ Joseph M. Russell
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date 7/9/2010	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 ▶ Phone no ▶ 317-692-7851

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] 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 Larry Pursifull Str 6100 State Road 67 North City Muncie ST IN ZIP 47303	Title Director Hr/WK 1.00	80	0	0
Name Dale Rinker Str 6100 State Road 67 North City Muncie ST IN ZIP 47303	Title Director Hr/WK 1.00	0	0	0
Name Eugene Whitehead Str 6100 State Road 67 North City Muncie ST IN ZIP 47303	Title Director Hr/WK 1.00	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
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
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)

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 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	4,500
2	NonCash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	0
7	Associated organization contributions	7	
8		8	
9		9	
10		10	
11	Total	11	4,500

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

1	Interest on savings and temporary cash investments	1	3,632
2	Dividends and interest from securities	2	
3	Gross rents	3	94,494
4	Other investment income	4	
5	Total	5	98,126

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

46,501

1	Travel, Meals and Entertainment		
	a Travel	1a	2,120
	b Total meals and entertainment	1b	31
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	5,810
5	Depreciation, depletion, etc.	5	387
6	Equipment rental and maintenance	6	
7	Interest	7	
8	Supplies	8	
9	Telephone	9	
10	Ag Promotion	10	22,750
11	Membership services	11	0
12	District Dues	12	717
13	Miscellaneous Expenses	13	73
14	Building Expense for leased space	14	14,613
15		15	
16		16	
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 3,747 968

	Description	Beginning	End
1	Accounts Receivable	2,392	0
2	Prepaid Expenses	0	0
3	Equipment, net of accumulated depreciation	1,355	968
4			
5			
6			
7			
8			
9			
10			

Accomplishments

Line 28 - Delaware County Farm Bureau, Inc. promotes and explains agriculture to the adults and youth of the county through Farm Festival. It is a 2 day event to show where our food comes from and how it is produced and the relationship between agriculture and non-agriculture sectors of our community.

30 volunteers contributed volunteer hours in coordinating and carrying out these activities. Approximately 2,000 children and 5,000 adults were reached with this program.

Delaware County Farm Bureau contributed $340 toward the activities of Farm Festival for supplies.

Total contributed to achievement #1 $340

Line 29 - Delaware County Farm Bureau, Inc. assist 4-H with volunteers and financial support for 4-H programs teaching youth life long skills.

50 volunteers contributed volunteer hours in coordinating these activities. Approximately 1000 4-H members and 50 4-H leaders benefitted from our help.

Delaware County Farm Bureau, Inc. contributed $170 for awards and Farm Land Locker

Total contributed to achievement #2 $170

Line 30 - Delaware County Farm Bureau, Inc. sponsors Young Farmer Program to provide networking and technical information to assist young farmers becoming successful in today's challenging agriculture business.

15-20 members participate in the program.

Delaware County Farm Bureau, Inc. contributed $200 for some to attend the state young farmer conference.

Total contributed to achievement #3 $200

ASSET DEPRECIATION SHORT REPORT — Sorted ASSET A/C# — Range 1600-00 - 1610-00

DELAWARE COUNTY FARM BUREAU Sep. 15, 2009 — Method 1-FEDERAL-Std Conv Applied — 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								
09/10/73	Building 1973-09	ASL/50 000	284,965 53	0 00	284,965 53	193,763 53	5,699 00	199,462 53
10/20/86	HVAC system 1986-10	MACRS/31 500	10,210 00	0 00	10,210 00	6,804 00	324 00	7,128 00
05/31/88	Roof, Valleys Bay Door 1988-05	MSL/31 500	3,953 00	0 00	3,953 00	2,052 00	125 00	2,177 00
09/27/89	Roof, new 1989-09	MSL/20 000	6,539 43	0 00	6,539 43	6,185 43	327 00	6,512 43
09/27/89	Flashing & gutters 1989-09	MSL/15 000	2,100 00	0 00	2,100 00	2,100 00	0 00	2,100 00
11/15/90	HVAC in NE section 1990-11	ASL/50 000	7,079 00	0 00	7,079 00	2,544 00	142 00	2,686 00
10/10/91	Brick work in rear 1991-10	MSL/20 000	2,444 00	0 00	2,444 00	2,444 00	0 00	2,444 00
11/22/91	Gutter and Repair (for ice damage) 1991-11	MSL/20 000	27,939 00	0 00	27,939 00	23,516 00	1,397 00	24,913 00
02/20/92	Hall & Boardroom Ceiling 1992-02	MSL/10 000	7,389 00	0 00	7,389 00	7,389 00	0 00	7,389 00
11/30/95	Well Pump 1995-11	MSL/15 000	726 05	0 00	726 05	616 05	48 00	664 05
04/09/96	Carpet front office 1996-04	MSL/10 000	4,669 94	0 00	4,669 94	4,669 94	0 00	4,669 94
11/19/97	Emergency lighting 1997-11	MSL/15 000	1,330 00	0 00	1,330 00	979 00	89 00	1,068 00
03/05/98	Kitchen remodel 1998-03	MSL/15 000	3,810 32	0 00	3,810 32	2,667 32	254 00	2,921 32
05/21/98	Parking lot, repaved 1998-05	MSL/10 000	20,200 00	0 00	20,200 00	20,200 00	0 00	20,200 00
05/04/99	Front Doors 1999-05	MSL/15 000	3,119 50	0 00	3,119 50	1,941 50	208 00	2,149 50
05/04/99	Roof repairs 1999-05	MSL/20 000	12,337 30	0 00	12,337 30	5,861 30	617 00	6,478 30
09/30/00	Roof repairs 2000-09	MSL/20 000	5,488 00	0 00	5,488 00	2,192 00	274 00	2,466 00
Grand totals	1600-00 - BUILDING (17 assets)		404,300 07	0 00	404,300 07	285,925 07	9,504 00	295,429 07
ASSET A/C#: 1610-00 - FURNITURE & EQUIPMENT								
09/16/66	Chairs 1966-09	MA200/ 7 000	84 00	0 00	84 00	84 00	0 00	84 00
11/16/72	Piano 1972-11	MA200/ 7 000	150 00	0 00	150 00	150 00	0 00	150 00
04/01/73	Garment Racks & Hangers 1973-04	MA200/ 7 000	230 43	0 00	230 43	230 43	0 00	230 43
09/01/73	Krueger Tables (6 ea) 1973-09	MA200/ 7 000	180 00	0 00	180 00	180 00	0 00	180 00
09/01/73	Chairs, stack (25 ea) 1973-09	MA200/ 7 000	110 00	0 00	110 00	110 00	0 00	110 00
09/01/73	Chair caddy 1973-09	MA200/ 7 000	36 70	0 00	36 70	36 70	0 00	36 70
09/01/73	Table caddy 1973-09	MA200/ 7 000	38 00	0 00	38 00	38 00	0 00	38 00
11/01/74	Chairs, Krueger (40 ea) 1974-11	MA200/ 7 000	259 00	0 00	259 00	259 00	0 00	259 00
05/01/76	P A System 1976-05	MA200/ 7 000	200 00	0 00	200 00	200 00	0 00	200 00
06/01/77	Tables (8 ea) 1977-06	MA200/ 7 000	399 60	0 00	399 60	399 60	0 00	399 60
03/01/79	Tables (60) 1979-03	MA200/ 7 000	329 97	0 00	329 97	329 97	0 00	329 97

ASSET DEPRECIATION SHORT REPORT
DELAWARE COUNTY FARM BUREAU Sep. 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#: 1610-00 - FURNITURE & EQUIPMENT								
04/01/79	Chairs, Krueger (48 ea) 1979-04	MA200/ 7 000	328 47	0 00	328 47	328 47	0 00	328 47
02/01/84	Camera, Pentax 35 mm 1984-02	MA200/ 7 000	256 17	0 00	256 17	256 17	0 00	256 17
11/01/86	VCR, MGA HS-3371 1986-11	MA200/ 7 000	198 47	0 00	198 47	198 47	0 00	198 47
11/01/86	Television, Sharp 25" 1986-11	MA200/ 7 000	219 46	0 00	219 46	219 46	0 00	219 46
02/01/97	Crate Sound System 1997-02	MSL/10 000	799 90	0 00	799 90	799 90	0 00	799 90
03/27/06	Sound System 2006-03	MA200/ 7 000	594 00	0 00	594 00	334 00	74 00	408 00
04/10/07	LCD Projector 07-04	MA200/ 7 000	709 97	0 00	709 97	275 00	124 00	399 00
07/24/08	10 Long Tables 08-07	MA200/ 7 000	770 08	0 00	770 08	110 00	189 00	299 00
Grand totals	1610-00 - FURNITURE & EQUIPMENT (19 assets)		5,894 22	0 00	5,894 22	4,539 17	387 00	4,926 17
Grand totals for all accounts: (36 assets)			410,194 29	0 00	410,194 29	290,464 24	9,891 00	300,355 24

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	410,194 29	0 00	0 00	410,194 29	290,464 24	9,891 00	300,355 24	109,839 05
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)	410,194 29	0 00	0 00	410,194 29	290,464 24	9,891 00	300,355 24	109,839 05

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . ▶ [X]

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II **Additional (Not Automatic) 3-Month Extension of Time.** You **must** file original and one copy

Type or print	Name of Exempt Organization	Employer identification number
File by the extended due date for filing the return See instructions	Delaware County Farm Bureau, Inc	35-0789885
	Number, street, and room or suite no If a P O box, see instructions 6100 State Road 67 N	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions Muncie, IN 47303-9227	

Check type of return to be filed (File a separate application for each return)

[ ] Form 990	[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 4720	[ ] Form 8870
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ Indiana Farm Bureau, Inc
  Telephone No ▶ 317-692-7851 FAX No ▶ 317-692-7854
- If the organization does not have an office or place of business in the United States, check this box . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 0963 If this is for the whole group, check this box ▶ [ ] If it is for part of the group, check this box . ▶ [X] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 8/15/2010.

5 For calendar year ____, or other tax year beginning 10/1/2008, and ending 9/30/2009

6 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension Further time is needed to gather complete information and answer new questions on the Form 990-EZ

8 a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$
c	**Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	$ 0

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Tiffanie Ellis Title ▶ Accountant Date ▶ 5-13-10