See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form 990-EZ

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*

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2008

Open to Public Inspection

SEP 15 2010

ENVELOPE POSTMARK DATE

A **For the 2008 calendar year, or tax year beginning** 11/1/2008 **, and ending** 10/31/2009

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
Pulaski County Farm Bureau, Inc

Number and street (or P O box, if mail is not delivered to street address): P O Box 337

Room/suite:

City, town, or country: Winimac

State: IN

ZIP + 4: 46996-0337

D Employer identification number: 35-0832043

E Telephone number: 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) ▶

I **Website:** ▶ n/a

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

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

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 ▶ $ 44,544

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	0
	2	Program service revenue including government fees and contracts		2	0
	3	Membership dues and assessments		3	11,642
	4	Investment income		4	32,902
	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	44,544
Expenses	10	Grants and similar amounts paid (attach schedule)		10	2,843
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	4,243
	13	Professional fees and other payments to independent contractors		13	663
	14	Occupancy, rent, utilities, and maintenance		14	7,407
	15	Printing, publications, postage, and shipping		15	0
	16	Other expenses (describe ▶ See attached statement)		16	27,272
	17	**Total expenses.** Add lines 10 through 16 ▶		17	42,428
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	2,116
	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	139,827
	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	141,943

RECEIVED
SEP 24 2010
IRS-OSC
OGDEN UT

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	59,678	22	59,957
23	Land and buildings	96,806	23	91,034
24	Other assets (describe ▶ See attached statement)	0	24	0
25	**Total assets**	156,484	25	150,991
26	**Total liabilities** (describe ▶ See attached statement)	16,657	26	9,048
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	139,827	27	141,943

SCANNED OCT 13 2010

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990. Form **990-EZ** (2008)

(HTA)

2350

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 attached (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 Conner, Howard Str P O Box 337 City Winamac ST IN ZIP 46996	Title President Hr/WK 5 00	680	0	0
Name Eber, Lary Str P O Box 337 City Winamac ST IN ZIP 46996	Title Vice President Hr/WK 4 00	680	0	0
Name Depoy, Edith Str P O Box 337 City Winamac ST IN ZIP 46996	Title Secretary Hr/WK 4 00	660	0	0
Name Podell, Jeanette Str P O Box 337 City Winamac ST IN ZIP 46996	Title Women's Leader Hr/WK 4 00	680	0	0
Name Culp, Jim Str P O Box 337 City Winamac ST IN ZIP 46996	Title Director Hr/WK 1 00	100	0	0
Name Depoy, Harold Str P O Box 337 City Winamac ST IN ZIP 46996	Title Director Hr/WK 1 00	160	0	0
Name Eber, Nancy Str P O Box 337 City Winamac ST IN ZIP 46996	Title Director Hr/WK 1 00	160	0	0
Name Loehmer, Bev Str P O Box 337 City Winamac ST IN ZIP 46996	Title Director Hr/WK 1 00	140	0	0
Name Loehmer, Edward Str P O Box 337 City Winamac ST IN ZIP 46996	Title Director Hr/WK 1 00	140	0	0
Name Peterson, Gerald Str P O Box 337 City Winamac ST IN ZIP 46996	Title Director Hr/WK 1 00	0	0	0
Name Podell, Betty Str P O Box 337 City Winamac ST IN ZIP 46996	Title Director Hr/WK 1 00	140	0	0
Name Podell, Floyd Str P O Box 337 City Winamac ST IN ZIP 46996	Title Director Hr/WK 1 00	220	0	0
Name Podell, Isadore Jr Str P O Box 337 City Winamac ST IN ZIP 46996	Title Director Hr/WK 1 00	0	0	0
Name Podell, Orvel Jr Str P O Box 337 City Winamac ST IN ZIP 46996	Title Director Hr/WK 1 00	180	0	0
Name Wagner, Darrin Str P O Box 337 City Winamac ST IN ZIP 46996	Title Director Hr/WK 1 00	80	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

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	X	
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 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 ▶ 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

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

			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

▶ Howard J Conner — 8-25-2010
Signature of officer — Date

▶ HOWARD J CONNER PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date 8/18/2010	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

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	2,255
2	Dividends and interest from securities	2	
3	Gross rents	3	30,647
4	Other investment income	4	
5	Total	5	32,902

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

27,272

1	Travel, Meals and Entertainment		
	a Travel	1a	1,216
	b Total meals and entertainment	1b	0
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	1,209
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	725
11	Ag Promotion	11	1,702
12	Membership services	12	300
13	District Dues	13	142
14	Miscellaneous Expenses	14	108
15	Building Expense for leased space	15	21,404
16	Unrelated business income taxes, state	16	466
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

16,657 9,048

	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	16,657	9,048
6	Note Payable	0	0
7			
8			
9			
10			

Pulaski County Farm Bureau, Inc.
35-0832043
Statement 2

2008 Form 990-EZ, Page 2, Part III – Organization's Program Achievements or Accomplishments

Line 28 – Pulaski County Farm Bureau, Inc. supports the Pulaski County Food Bank to help the community and gain publicity. The County Farm Bureau donated $1,000 to food bank. There was an article in the newspaper showing the Vice President of Pulaski County Farm Bureau, Inc. presenting the check to the food bank.

Total contributed to achievement #1 $1,000

Line 29 – Pulaski County Farm Bureau, Inc. promotes Farm Bureau and supports the local farm youth. The County Farm Bureau donated $100 to the local 4-H council and $500 to the local 4-H fair board.

Total contributed to achievement #2 $600

Line 30 – Pulaski County Farm Bureau, Inc. displayed banners for animal care in the Farm Bureau booth and in the commercial building at the county fair. These signs help show the general public how farmers care for their animals.

Pulaski County Farm Bureau, Inc. borrowed these signs from the Indiana Farm Bureau, Inc.

ASSET DEPRECIATION SHORT REPORT
PULASKI COUNTY FARM BUREAU Oct. 15, 2009

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

Range 1600-00 - 1610-00
Include All assets

Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Includes Section 179 Beg A/Depr	Curr Depr	End A/Depr
ASSET A/C#: 1600-00 - BUILDING								
10/15/71	Building	SL/50 00	38,733 88	0 00	38,733 88	26,108 88	775 00	26,883 88
05/01/90	Addition, architect fees	MACRS/31 50	5,544 61	0 00	5,544 61	3,219 61	176 00	3,395 61
06/07/90	Addition, contractor	MACRS/31 50	85,543 51	0 00	85,543 51	49,680 51	2,716 00	52,396 51
11/27/90	Addition, closing costs	MACRS/31 50	5,678 16	0 00	5,678 16	3,225 16	180 00	3,405 16
07/01/91	Carpet boardroom	MSL/ 5 00	641 75	0 00	641 75	641 75	0 00	641 75
11/22/93	Parking lot resurfaced	MSL/15 00	9,850 75	0 00	9,850 75	9,799 75	51 00	9,850 75
02/06/98	Manager's office	MACRS/31 50	4,982 01	0 00	4,982 01	1,692 01	158 00	1,850 01
02/15/00	3 Agent Offices	MACRS/31 50	6,449 56	0 00	6,449 56	1,775 56	205 00	1,980 56
09/18/00	Plant shrubbery	MSL/10 00	3,200 00	0 00	3,200 00	2,587 00	320 00	2,907 00
03/09/01	Office remodel	MSL/20 00	11,252 24	0 00	11,252 24	4,269 24	563 00	4,832 24
10/25/07	New Air Conditioner	MACRS/39 00	5,989 00	0 00	5,989 00	6 00	154 00	160 00
11/21/07	Remodel Bathrooms & Kitchen	MACRS/39 00	10,791 06	0 00	10,791 06	265 00	277 00	542 00
02/27/08	New Roof	MACRS/39 00	5,060 90	0 00	5,060 90	92 00	130 00	222 00
02/27/08	Interior Office Remodel	MACRS/39 00	2,603 28	0 00	2,603 28	47 00	67 00	114 00
Grand totals	1600-00 - BUILDING (14 assets)		196,320 71	0 00	196,320 71	103,409 47	5,772 00	109,181 47
ASSET A/C#: 1610-00 - FURNITURE & EQUIPMENT								
02/01/69	Arm chairs (24)	MA200/ 7 00	550 07	0 00	550 07	550 07	0 00	550 07
02/01/69	Folding chairs (20 of 36)	MA200/ 7 00	74 26	0 00	74 26	74 26	0 00	74 26
02/01/69	Folding tables, 30" x 96", (4)	MA200/ 7 00	182 07	0 00	182 07	182 07	0 00	182 07
02/01/69	Folding table, 30" x 72", (1)	MA200/ 7 00	38 58	0 00	38 58	38 58	0 00	38 58
02/01/69	Chair, beige (1)	MA200/ 7 00	37 24	0 00	37 24	37 24	0 00	37 24
02/01/69	Chair, beige	MA200/ 7 00	39 08	0 00	39 08	39 08	0 00	39 08
01/18/91	VCR, RCA	MA200/ 7 00	139 50	0 00	139 50	139 50	0 00	139 50
Grand totals	1610-00 - FURNITURE & EQUIPMENT (7 assets)		1,060 80	0 00	1,060 80	1,060 80	0 00	1,060 80
Grand totals for all accounts: (21 assets)			197,381 51	0 00	197,381 51	104,470 27	5,772 00	110,242 27

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	197,381 51	0 00	0 00	197,381 51	104,470 27	5,772 00	110,242 27	87,139 24
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)	197,381 51	0 00	0 00	197,381 51	104,470 27	5,772 00	110,242 27	87,139 24

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