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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**

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

C Name of organization Indiana Farm Bureau Inc
St Joseph County Farm Bureau, Inc
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
P O Box 2767
 City, town, or country State ZIP + 4
South Bend IN 46680-2767

D Employer identification number 35-0845580
E Telephone number 317-692-7851
F Group Exemption Number 0963

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

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

I Website: ► n/a

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

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ 159,045

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
Revenue	1 Contributions, gifts, grants, and similar amounts received		0																										
	2 Program service revenue including government fees and contracts		1,750																										
	3 Membership dues and assessments		36,936																										
	4 Investment income		120,359																										
	5a Gross amount from sale of assets other than inventory					0																							
	b Less cost or other basis and sales expenses					111																							
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)							-111																					
	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)					0																							
	b Less direct expenses other than fundraising expenses					0																							
c 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																													
b Less cost of goods sold																													
c 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			158,934																										
Expenses	10 Grants and similar amounts paid (attach schedule)		2,777																										
	11 Benefits paid to or for members																												
	12 Salaries, other compensation, and employee benefits		11,510																										
	13 Professional fees and other payments to independent contractors		2,848																										
	14 Occupancy, rent, utilities, and maintenance		85,689																										
	15 Printing, publications, postage, and shipping		302																										
	16 Other expenses (describe ► See attached statement)		45,033																										
	17 Total expenses. Add lines 10 through 16		148,159																										
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		10,775																										
	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)		499,921																										
	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		510,696																										

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	239,981	261,943
23 Land and buildings -	259,321	248,402
24 Other assets (describe ► See attached statement)	619	351
25 Total assets	499,921	510,696
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)	499,921	510,696

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

Form 990-EZ (2008)

2146

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses
What is the organization's primary exempt purpose? <u>see statement 1 attached</u>		(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	<u>see statement 2</u>	
	(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 0
29		
	(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a 0
30		
	(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a 0
31	Other program services (attach schedule)	
	(Grants \$ <u>0</u>) 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 Vandewalle, John Str P O Box 2767 City South Bend ST IN ZIP 46680	Title President Hr/WK 5 00	1,943	0	0
Name Monhaut, Richard Str P O Box 2767 City South Bend ST IN ZIP 46680	Title Vice President Hr/WK 4 00	975	0	0
Name Kemble, Sue Str P O Box 2767 City South Bend ST IN ZIP 46680	Title Secretary/Treasurer Hr/WK 4 00	1,050	0	0
Name Applegate, Christine Str P O Box 2767 City South Bend ST IN ZIP 46680	Title Director Hr/WK 1 00	305	0	0
Name Ashley, Aletha Str P O Box 2767 City South Bend ST IN ZIP 46680	Title Director Hr/WK 1 00	325	0	0
Name Ashley, Warren Str P O Box 2767 City South Bend ST IN ZIP 46680	Title Director Hr/WK 1 00	325	0	0
Name Balmer, Clarice Str P O Box 2767 City South Bend ST IN ZIP 46680	Title Director Hr/WK 1 00	0	0	0
Name Balmer, Rosana Str P O Box 2767 City South Bend ST IN ZIP 46680	Title Director Hr/WK 1 00	0	0	0
Name Bowen, Vicky Str P O Box 2767 City South Bend ST IN ZIP 46680	Title Director Hr/WK 1 00	40	0	0
Name Byrd, Bernie Str P O Box 2767 City South Bend ST IN ZIP 46680	Title Director Hr/WK 1 00	330	0	0
Name Egyed, Nikki Str P O Box 2767 City South Bend ST IN ZIP 46680	Title Director Hr/WK 1 00	0	0	0
Name Gilman, Joyce Str P O Box 2767 City South Bend ST IN ZIP 46680	Title Director Hr/WK 1 00	410	0	0
Name Kiefer, Addaline Str P O Box 2767 City South Bend ST IN ZIP 46680	Title Director Hr/WK 1 00	0	0	0
Name Klopfenstein, Wilbur Str P O Box 2767 City South Bend ST IN ZIP 46680	Title Director Hr/WK 1 00	100	0	0
Name LaFree, James Str P O Box 2767 City South Bend ST IN ZIP 46680	Title Director Hr/WK 1 00	485	0	0
Name LaFree, Marianne Str P O Box 2767 City South Bend ST IN ZIP 46680	Title Director Hr/WK 1 00	675	0	0
Name LaFree, Rita Str P O Box 2767 City South Bend ST IN ZIP 46680	Title Director Hr/WK 1 00	310	0	0
Name Lairdig, Brent Str P O Box 2767 City South Bend ST IN ZIP 46680	Title Director Hr/WK 1 00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		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 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		
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		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)?		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 ? If "Yes," enter the name of the foreign country ▶		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		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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49 a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 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"

	Yes	No
46	n/a	
47	n/a	
48	n/a	
49a	n/a	
49b	n/a	

(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	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

- 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

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.

Sign Here Signature of officer: DAVE VANDEWALL Date: 18-25-2010

Type or print name and title: DAVE VANDEWALL

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 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

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 Lichtenbarger, Marilyn Str P O Box 2767 City South Bend ST IN ZIP 46680	Title Director Hr/WK 1 00	0	0	0
Name Miller, Dons Str P O Box 2767 City South Bend ST IN ZIP 46680	Title Director Hr/WK 1 00	605	0	0
Name Nowicki, Eugene Str P O Box 2767 City South Bend ST IN ZIP 46680	Title Director Hr/WK 1 00	250	0	0
Name Nowicki, Marcie Str P O Box 2767 City South Bend ST IN ZIP 46680	Title Director Hr/WK 1 00	275	0	0
Name Schafer, Dorothy Str P O Box 2767 City South Bend ST IN ZIP 46680	Title Director Hr/WK 1 00	0	0	0
Name Schalliol, Mike Str P O Box 2767 City South Bend ST IN ZIP 46680	Title Director Hr/WK 1 00	50	0	0
Name Schmidt, Richard Str P O Box 2767 City South Bend ST IN ZIP 46680	Title Director Hr/WK 1 00	0	0	0
Name Shafer, Nancy Str P O Box 2767 City South Bend ST IN ZIP 46680	Title Director Hr/WK 1 00	300	0	0
Name Shafer, Sid Str P O Box 2767 City South Bend ST IN ZIP 46680	Title Director Hr/WK 1 00	275	0	0
Name Sheets, Ed Str P O Box 2767 City South Bend ST IN ZIP 46680	Title Director Hr/WK 1 00	250	0	0
Name Sikorski, Jim Str P O Box 2767 City South Bend ST IN ZIP 46680	Title Director Hr/WK 1 00	50	0	0
Name Sikorski, Linda Str P O Box 2767 City South Bend ST IN ZIP 46680	Title Director Hr/WK 1 00	1,265	0	0
Name Surzeh, Evelyn Str P O Box 2767 City South Bend ST IN ZIP 46680	Title Director Hr/WK 1 00	75	0	0
Name Swizek, Evelyn Str P O Box 2767 City South Bend ST IN ZIP 46680	Title Director Hr/WK 1 00	75	0	0
Name Vandewalle, Sharon Str P O Box 2767 City South Bend ST IN ZIP 46680	Title Director Hr/WK 1 00	375	0	0
Name Wilson, Richard Str P O Box 2767 City South Bend ST IN ZIP 46680	Title Director Hr/WK 1 00	250	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 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	7,081
2	Dividends and interest from securities	2	
3	Gross rents	3	113,278
4	Other investment income	4	
5	Total	5	120,359

Totals

Index	Description	Check if gain/loss is from sale of public securities	Check if gain/loss is from sale of non public securities	Check if purchaser is a business	Purchaser	Date acquired	Acquisition method	Date sold	Totals			Expense of sale and cost of improve- ments	Depreciation	Description of Basis Method			
									Gross sales price	Gross sales	Cost, other basis and expenses						
															Cost or other basis (Enter one field only)	Cost	Donated value
1	Indoor/Outdoor Chairs					5/13/2005	Purchase	10/15/2009	0	419	0		308				
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
Public Securities																	
										0	0	0					
Non-Public Securities																	
										0	0	111					
Other sales																	

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

45,033

1	Travel, Meals and Entertainment	
	a Travel	1a 9,577
	b Total meals and entertainment	1b 473
2	Fundraising	2
3	From Form 4562 - Amortization	3
4	Conferences, conventions, and meetings	4 6,023
5	Depreciation, depletion, etc.	5 157
6	Equipment rental and maintenance	6
7	Interest	7
8	Supplies	8
9	Telephone	9
10	Ag Promotion	10 15,989
11	Membership services	11 1,152
12	District Dues	12 573
13	Miscellaneous Expenses	13 1,207
14	Building Expense for leased space	14 9,882
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

		619	351
Description		Beginning	End
1	Accounts Receivable	0	0
2	Prepaid Expenses	0	0
3	Equipment, net of accumulated depreciation	619	351
4			
5			
6			
7			
8			
9			
10			

St. Joseph County Farm Bureau, Inc.
35-0845580
Statement 2

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

Line 28 – St. Joseph County Farm Bureau, Inc. encourages students to continue education after high school by conducting a scholarship program. The County Farm Bureau has a Scholarship Committee that goes to local schools to hand out the scholarship applications and selects the scholarship recipients.

5 volunteers contributed approximately 25 hours to conducting this scholarship program. Five local high school seniors received scholarships.

St. Joseph County Farm Bureau contributed \$800 each to five college-bound students to assist with their tuition.

Total contributed to achievement #1 \$4,000

Line 29 – St. Joseph County Farm Bureau, Inc. educates adults and children about the importance of agriculture and how crops are grown and harvested during Ag Days. For three days, a booth is displayed that explains agriculture to the public. There is a wheel in the booth that attendees can spin and answer questions about nutrition.

10 volunteers worked at the booth for the three days. Approximately 4,500 visitors of the general public attended Ag Days.

St. Joseph County Farm Bureau, Inc. contributed \$1,200 to this project to rent space for the booth.

Total contributed to achievement #2 \$1,200

Line 30 – St. Joseph County Farm Bureau, Inc. educates local students about where their food comes from and it is grown through the Ag in the Classroom program. Volunteers go into local elementary schools and teach about agriculture. In three schools, a Christmas tree is set up and decorated with items that are all native to Indiana.

Five volunteers contribute their time over six months to carry out these activities and educate approximately 1,200 elementary students.

St. Joseph County Farm Bureau, Inc. contributed \$2,700 to this program for volunteer training, supplies, and volunteer expenses.

Total contributed to achievement #3 \$2,700

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

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

Range 1600-00 - 1610-00
Include All assets

						Includes Section 179		
Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Beg A/Depr	Curr Depr	End A/Depr
ASSET A/C#: 1600-00 - BUILDING								
01/10/70	Building	SL/50 00	142,974 49	0 00	142,974 49	102,463 49	2,859 00	105,322 49
10/15/74	Building improvements	SL/50 00	12,893 08	0 00	12,893 08	8,772 08	258 00	9,030 08
12/30/86	Windows	SL/10 00	4,866 00	0 00	4,866 00	4,866 00	0 00	4,866 00
11/03/87	Roof	SL/20 00	4,860 00	0 00	4,860 00	4,035 00	243 00	4,278 00
12/21/88	Light fixtures	SL/10 00	10,317 88	0 00	10,317 88	10,317 88	0 00	10,317 88
05/26/92	Sewer line installed & connected	MSL/15 00	26,150 00	0 00	26,150 00	21,843 00	1,743 00	23,586 00
05/01/93	Air conditioners	MSL/10 00	4,215 00	0 00	4,215 00	4,215 00	0 00	4,215 00
05/01/94	Building addition	MACRS/39 00	289,475 89	0 00	289,475 89	107,617 89	7,422 00	115,039 89
10/01/94	Parking lot resurfaced	MSL/10 00	8,894 00	0 00	8,894 00	8,894 00	0 00	8,894 00
10/05/94	Cabinets	MSL/15 00	3,731 00	0 00	3,731 00	3,491 00	240 00	3,731 00
12/01/95	Restrooms remodel	MSL/15 00	5,500 00	0 00	5,500 00	4,521 00	367 00	4,888 00
10/02/96	Air conditioner	MSL/ 5 00	9,525 00	0 00	9,525 00	9,525 00	0 00	9,525 00
12/01/96	Carpet (insurance)	MSL/ 5 00	8,616 59	0 00	8,616 59	8,616 59	0 00	8,616 59
02/01/97	Ceiling painted, wallpaper in mgr's	MSL/10 00	5,030 00	0 00	5,030 00	5,030 00	0 00	5,030 00
07/01/97	Sump pump	MSL/10 00	1,595 00	0 00	1,595 00	1,595 00	0 00	1,595 00
01/01/98	Carpet Hall & Agent offices	MSL/ 5 00	5,370 03	0 00	5,370 03	5,370 03	0 00	5,370 03
01/01/98	Remodel agent's offices	MSL/10 00	10,442 74	0 00	10,442 74	10,442 74	0 00	10,442 74
11/03/98	Entry door replaced	MSL/10 00	2,770 00	0 00	2,770 00	2,770 00	0 00	2,770 00
11/10/98	Roof	MSL/20 00	11,208 00	0 00	11,208 00	5,600 00	560 00	6,160 00
08/22/00	Air conditioner	MSL/10 00	7,205 00	0 00	7,205 00	5,886 00	721 00	6,607 00
10/02/00	Insulation installed	MSL/15 00	1,926 00	0 00	1,926 00	1,029 00	128 00	1,157 00
05/28/02	Heat Pump	MACRS/39 00	10,137 00	0 00	10,137 00	1,679 00	260 00	1,939 00
03/24/09 A	Heat Pump Replacement	MACRS/39 00	3,945 00	0 00	3,945 00	0 00	63 00	63 00
Grand totals 1600-00 - BUILDING (23 assets)			591,647 70	0 00	591,647 70	338,579 70	14,864 00	353,443 70
ASSET A/C#: 1610-00 - FURNITURE & EQUIPMENT								
12/01/66	Piano	MA200/ 7 00	87 50	0 00	87 50	87 50	0 00	87 50
09/01/67	Range	MA200/ 7 00	128 90	0 00	128 90	128 90	0 00	128 90
02/01/71	Refrigerator, Hotpoint	MA200/ 7 00	233 58	0 00	233 58	233 58	0 00	233 58
05/01/71 D	Projector	MA200/ 7 00	382 50	0 00	382 50	382 50	0 00	382 50
10/01/74	Wall table with drawer	MA200/ 7 00	68 00	0 00	68 00	68 00	0 00	68 00
01/10/82	4-drawer file	MA200/ 7 00	267 07	0 00	267 07	267 07	0 00	267 07
12/01/87	Television and VCR, Zenith	MA200/ 7 00	800 00	0 00	800 00	800 00	0 00	800 00
05/13/05	Padded Chairs for boardroom (51 ea	MA200/ 7 00	1,011 84	0 00	1,011 84	696 00	90 00	786 00
05/13/05	Chairs, Indoor/Outdoor (2 of 8)	MA200/ 7 00	139 72	0 00	139 72	96 25	10 87	107 12
05/13/05 D	Chairs, Indoor/Outdoor (6 of 8)	MA200/ 7 00	419 16	0 00	419 16	288 75	19 00	307 75
05/24/05	Chairs, Boardroom (21 ea)	MA200/ 7 00	416 64	0 00	416 64	287 00	37 00	324 00
Grand totals 1610-00 - FURNITURE & EQUIPMENT (11 assets)			3,954 91	0 00	3,954 91	3,335 55	156 87	3,492 42
Less 2 Disposed assets (Current Depreciation \$19 00)			801 66	0 00	801 66	671 25		690 25
Net totals 1610-00 - FURNITURE & EQUIPMENT (9 assets)			3,153 25	0 00	3,153 25	2,664 30	156 87	2,802 17

ASSET DEPRECIATION SHORT REPORT

ST JOSEPH 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
Grand totals for all accounts: (34 assets)			595,602 61	0 00	595,602 61	341,915 25	15,020 87	356,936 12
Less: 2 Disposed assets (Current Depreciation: \$19.00)			801 66	0 00	801 66	671 25		690 25
Net totals for all accounts: (32 assets)			594,800 95	0 00	594,800 95	341,244 00	15,020 87	356,245 87

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		595,602 61	0 00	0 00	595,602 61	341,915 25	15,020 87	356,936 12	238,666 49
Less Inactive Assets		0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Disposed Assets		801 66	0 00	0 00	801 66	671 25	19 00	690 25	111 41
Traded Assets		0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Net Totals (Active Assets)		594,800 95	0 00	0 00	594,800 95	341,244 00	15,001 87	356,245 87	238,555 08
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					