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Form **990**

Department of the Treasury Internal Revenue Service

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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

			аг уеа	C Name of organization	01-01-2009	and ending 12-31-2	009		D Employer	identii	fication number
_	eck if ap Iress cha	ange	IRS	Indiana Farm Bureau Inc					35-0409	100	
_	ne char	labe	elor ntor	Doing Business As					E Telephone		er
_	ıal retur	type	e. See cific	Number and street (or P C) how if mail is	not delivered to street ad	droce\ Do	om/suite	(317) 69	2-785	51
– Ter	mınated		truc- 1s.	PO Box 1290	, box ii iiiaii is	Thot delivered to street adv	diess) Ro	om, suite	G Gross recei	pts \$ 10	0,130,500
– _{Am}	ended r	return		City or town, state or cour	ntry, and ZIP +	4					
— App	lication	pending		Indianapolis, IN 46206129	90						
		F	F Nan	ı ne and address of prıncı _l	pal officer		H(a	a) Is th	l Is a group ret	turn fo	r
			mark s	gler : 1290				affilia			⊤Yes ▼ No
				polis, IN 462061290			HO	o) Are al	l affiliates inc	luded?	□ Yes □ No
						_		•			ee instructions)
				(5) ◀ (insert no)	47(a)(1) or	527	Н(с	Grou	ıp exemptıon	numb	er ►
		www.infa					<u> </u>				
	n of org rt I	Summar		ion Trust Association	Other 🟲		L	Year of fo	rmation 1919	M Sta	ate of legal domicile IN
Pa				e organization's mission	or most sig	nificant activities					
		PROMOTE	AGRIC	ULTURE THROUGH ED	_		IEMBER	SANDE	Y ADVOCA	TING	FOR
<u>ဗ</u>		AGRICULT	URE								
툘											
Governance											
ŝ			,	if the organization disc							
න් රේ			_	nembers of the governin						_	13
ě				dent voting members of		•		11 0			
Activities				nployees (Part V , line 2 a ·lunteers (estimate if ne				928			
ď				ted business revenue fro							2,037,143
		_		ness taxable income fro			•			74 — 7Ь	501,976
		· ·							r Year		Current Year
	8	Contributio	ons and	d grants (Part VIII, line	1h)				5,877,637	7	6,452,051
ПE	9	Program service revenue (Part VIII, line 2g)									0
Ravenue	10	Investmen	Investment income (Part VIII, column (A), lines 3, 4, and 7d)						933,064	4	980,395
ά	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line							2,593,165	5	2,631,926
	12			dd lines 8 through 11 (m 			line		9,403,866	5	10,064,372
	13			r amounts paid (Part IX					58,036	+	45,228
	14	Benefits pa	aid to o	r for members (Part IX,	column (A),	line 4)					0
αħ	15		therco	ompensation, employee l	s 5-				4 226 227		
Expenses	16a	10)	al fund	raising fees (Part IX, co			3,838,89.	1	4,226,207		
æ	b			enses (Part IX, column (D), li							
Ш	17			Part IX, column (A), line	-	-		4,282,54	1	4,718,097	
	18			Add lines 13-17 (must e			8,179,468		8,989,532		
	19			enses Subtract line 18			_		1,224,398		1,074,840
Net Assets or Fund Balances							E	_	g of Current ear		End of Year
10 m	20	Total asse	ts (Par	t X, line 16)				<u>'</u>	17,112,303	3	18,603,841
A B	21			Part X, line 26)					5,561,357	+	5,896,098
žŽ	22			d balances Subtract lin					11,550,946	+	12,707,743
Par	t II	Signatu	re Ble	ock							
				rjury, I declare that I have excorrect, and complete Declar							
Sign	ì	*****						2010-	10-27		
Sign Here		Signature	of office	er				Date	10 27		
		Mark Sigle									
		Type or p	rınt nam	e and title					_		
		Preparer's signature	Joell D	Grisel		Date 2010-10-27	Check i self-	f	Preparer's ide		ı number
Paid		· ,						ed 🕨 🦵	,		
Prepa Use (arer's	Firm's name (if self-employ	ed),	BLUE & CO LLC					EIN Þ		
U36 (וווע	address, and	ZIP + 4	12800 N MERIDIAN ST S	UITE 400				DI .	/2:	0.40, 0.022
			CARMEL, IN 46032								848-8920
Mav +	he TD	S discuss th	ic ratio	rn with the preparer cho	un shouas /	caa instructions\					Vac ENa

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

TO BETTER THE CONDITIONS, IMPROVE THE PRODUCTS, AND ENHANCE THE OCCUPATIONAL EFFICIENCY OF THOSE ENGAGED IN AGRICULTURE

) (Expenses \$ edule O program services (Describe in Schedul nses \$ includin	•) (Revenue \$) (Revenue \$)
edule O) (Revenue \$)
, , , , , , , , , , , , , , , , , , , ,	including grants of \$) (Revenue \$)
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, , , ,	including grants of \$) (Revenue p	,
) (Expenses \$ edule O) (Expenses \$ edule O	edule O) (Expenses \$ including grants of \$	edule O) (Expenses \$ including grants of \$) (Revenue \$

Part IV	Checklist	of Red	uired	Schedule

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Νο
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
3	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	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Νο
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ	ĺ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> " <i>Yes,"</i> complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance
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			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		165	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	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)?	4a		No
Ь	If "Yes," enter the name of the foreign country •			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νo
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νο
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		Νο
9	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the organization make any taxable distributions under section 4966?	9a		Νo
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		-
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

225 SOUTH EAST STREET INDIANAPOLIS, IN 46202

(317) 692-7851

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
	ction At doverning body and rianagement		Yes	No
1a	Enter the number of voting members of the governing body 13			
b	Enter the number of voting members that are independent 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was			110
_	filed?	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		N o
Se	ction B. Policies (This Section B requests information about policies not required by the Internal			.,,,
	venue Code.)			
	•		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	12b	V	
c	to conflicts?		Yes	
	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed►IN			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orda	nization	ı)
	MARK SIGLER			

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Highest compensated employee Key employee Officer Institutional Trustee or director		Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations		
See add'l data										

1b	Total	.84		213,299
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►5			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	_		
_		4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No
	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address (B) Description of services		(C Compen	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization •0			
		F	orm 990	(2009)

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Form 990 (2009)

Form 99	•	<u> </u>						Page 9
Part v	/	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
#\$ \$\$	1a	Federated cam	paigns 1a					
e Tra	ь	Membership du	es 1b	5,866,602				
ું.≝	c	Fundraising eve	ents 1c					
<u>≅</u> ,≅	d		zations 1d	341,159				
£ E	e	Government grants						
atio L	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	244,290				
Contributions, gifts, grants and other similar amounts	g		butions included in					
Š	h		s 1a-1f	▶	6,452,051			
				Business Code				
TILLE	2a			Business Code				
Program Serwce Revenue	ь	_	_					
	c							
er E	d							
ه 2	e							
<u>.</u>	f	All other progra	am service revenue					
Ě	g	Total. Add lines	s 2a-2f					
	3	Investment inc	ome (including dividen	ds, interest				
			aramounts)	F	971,987			971,987
	4		stment of tax-exempt bond	· · · · · · · · · · · · · · · · · · ·				
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross Rents	(1) 110 21	(11) 1 01001121				
	ь	Less rental expenses						
	С	Rental income or (loss)						
	d		me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	4,039	23,300				
	Ь	Less cost or other basis and		18,931				
	 c	sales expenses Gain or (loss)	4,039	4,369				
	d	Net gaın or (los	ss)	►	8,408	8,408		
пе	8a	Gross income f events (not inc \$	rom fundraising luding					
Other Revenue			reported on line 1c)					
her	ь	Less direct ex	penses b					
ರ	С	Net income or ((loss) from fundraising	events 🕨				
	9a	Gross income f See Part IV , lin	rom gaming activities ne 19 a					
	b c		penses b (loss) from gaming acti	vities				
	10a	Gross sales of returns and allo		48,964				
	ь	Less cost of g	oods sold b	47,197				
	с		(loss) from sales of inve		1,767	1,767		
	<u> </u>	Miscellaneous		Business Code	1 002 616		1 000 616	
	11a	SERVICE FEE		541,900 541,800	1,883,616 610,778	541,783	1,883,616	
	b c	PUBLICATION	<u> </u>	541,800	84,532	571,703	84,532	
	d	All other reven	ue	- 12,000	51,233	51,233	3.,232	
	e	Total. Add lines		•	2,630,159	·		
	12	Total revenue.	See Instructions .	▶	10,064,372	603,191	2,037,143	971,987

Part	Part IX Statement of Functional Expenses								
	Section $501(c)(3)$ and $501(c)(4)$ organizations mu			(D)					
	I other organizations must complete column (A) but are not required to	-	(B), (C), and	(D).	(D)				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	45,228							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	,							
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	512,729							
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$								
7	Other salaries and wages	2,637,683							
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	516,895							
9	Other employee benefits	322,249							
10	Payroll taxes	236,651							
11	Fees for services (non-employees)				_				
а	Management								
ь	Legal	25,179							
c	Accounting	,							
d	Lobbying								
e	Professional fundraising See Part IV, line 17								
f	Investment management fees								
g	Other								
12	Advertising and promotion	164,793							
13	Office expenses	201,573							
14	Information technology	201,0.0							
15	Royalties								
16	Occupancy	320,343							
17	Travel	334,062							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	35 1,7662							
19	Conferences, conventions, and meetings	463,331							
20	Interest	103,331							
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	265,964							
23	Insurance	25,354							
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	23,331							
а	Member Publications	680,653							
Ь	General Expenses	542,058							
c	PR CAMPAIGN PROGRAM	488,472							
d	Data Processing	335,299							
e	Corporate Income Taxes	247,854							
f	All other expenses	623,162							
25	Total functional expenses. Add lines 1 through 24f	8,989,532							
26	Joint costs. Check here ► ☐ If following SOP 98-2								
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								

Part X Balance Sheet (A) (B) End of year Beginning of year 150 150 1 Cash—non-interest-bearing 1 7.369.096 2 9.555.048 2 3 3 4 51.934 4 89.575 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net 60,766 Inventories for sale or use 76.016 215,727 122,515 Land, buildings, and equipment cost or other basis Complete 1.846.388 10a 10a Part VI of Schedule D 683,052 **10c** 10b 1.321.074 525.314 b Less accumulated depreciation 11 11 8.563.065 12 8,060,871 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 153,263 15 189.602 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 17,112,303 16 18,603,841 1.865.677 17 2.064.559 17 Accounts payable and accrued expenses 18 18 19 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 3.695.680 25 Other liabilities Complete Part X of Schedule D 25 3,831,539 26 **Total liabilities.** Add lines 17 through 25 5,561,357 5,896,098 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 11.532.426 12,447,148 27 27 Unrestricted net assets 28 18.520 28 260.595 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 11,550,946 12,707,743 33 Total net assets or fund balances 33 34 Total liabilities and net assets/fund balances 17.112.303 34 18,603,841

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

Software ID: Software Version:

EIN: 35-0409100

Name: Indiana Farm Bureau Inc

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours		tion (che		_		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
DON VILLWOCK PRESIDENT	40 00	X		Х		Х		103,348	96,468	48,927
RANDY KRON VICE PRES /DIRECTOR	20 00	X		X				13,500	14,100	4,552
ISABella Chism 2ND VICE PRESIDENT	20 00	X		X				18,900	12,071	0
MARK BACON DIRECTOR	1 00	X						10,285	9,525	0
david wyeth DIRECTOR	1 00	X						780	625	0
KENDELL CULP DIRECTOR	1 00	X						10,800	9,750	0
JEFFREY GORMONG DIRECTOR	1 00	X						10,920	12,921	0
LArry Jernas DIRECTOR	1 00	X						6,335	13,569	0
DONALD LAWSON DIRECTOR	1 00	X						8,700	8,093	0
STEVE MAPLE DIRECTOR	1 00	X						8,580	9,525	0
ROBERT SCHICKEL DIRECTOR	1 00	X						12,102	12,182	0
PHILIP SPRINGSTUN DIRECTOR	1 00	X						10,200	12,182	0
Scott trennepohl DIRECTOR	1 00	X						9,660	13,644	0
KERRY GOSHERT DIRECTOR	1 00	X						9,864	11,529	0
MARK R SIGLER TREASURER/SECRETARY	40 00			Х		Х		136,490	0	32,547
ELAINE M RUEFF ASST TREASURER	40 00			X				73,685	0	18,075
BEVERLY THORPE ASST SECRETARY	40 00			X				68,580	0	22,827
JAMES M BAISE STAFF	40 00					X		108,194	0	23,698
KENT YEAGER STAFF	40 00					X		119,750	0	37,704
myron vail stAFF	40 00					Х		100,863	0	24,969

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Member Publications	680,653			
General Expenses	542,058			
PR CAMPAIGN PROGRAM	488,472			
Data Processing	335,299			
Corporate Income Taxes	247,854			

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DLN: 93493308014160

OMB No 1545-0047

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** Indiana Farm Bureau Inc 35-0409100 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d

3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during
	the taxable year 🗠
4	Number of states where property subject to conservation easement is located ►
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ►
7	A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements
Dai	+ TII Organizations Maintaining Collections of Art Historical Treasures or Other Similar Assets

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

▶\$_____

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

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

Cat No 52283D

Schedule D (Form 990) 2009

Part	IIII Organizations Maintaining Co	llections of Art	<u>t, His</u>	tori	<u>cal Tr</u>	easu	res, or O	<u>the</u>	<u>r Similar A</u>	sset	S (co	ntınued)
3	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	ne fol	lowing t	that are	e a significa	nt u	se of its colle	tion		
а	Public exhibition		d	Γ	Loan	orexch	ange progra	ams				
b	Scholarly research		e	Γ	Other	-						
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	y furthe	er the o	rganızatıon'	's ex	empt purpose	ın		
5	During the year, did the organization solicit cassets to be sold to raise funds rather than t			,					ılar	Гγ	es	□ No
Par	Part IV, line 9, or reported an an	ements. Comple	ete ıf	the	organi	ızatıon			es" to Form	990,		,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	ediary	for c	ontrıbu	itions o	r other asse	ets r	not	┌ ʏ	es	Г No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	/ıng t	able		Г		A	moun	t	
с	Beginning balance						 	1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance						<u> </u>	1f				
2a	Did the organization include an amount on Fo	orm 990 Part V lin	217 م				<u>L</u>			Гγ	ec	
			c Z I ,							, 1	C 3	, 140
Par	If "Yes," explain the arrangement in Part XIV t V Endowment Funds. Complete i		n ans	Wer.	ad "Va	s" to F	orm agn	Dar	t IV/ una 10			
FGI	Endowment Funds. Complete F	(a)Current Year		Prior			Years Back		Three Years Back		our Ye	ars Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment	%										
ь	Permanent endowment											
с	Term endowment ► %											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are held	d and a	dmınıstered	lfor	the			
	organization by	· - · · · · ·						-	-		Yes	No
	(i) unrelated organizations									(i)		
	(ii) related organizations								· · · -	(ii)		
	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of th	·						•	[]	3b		
4 Par	t VI Investments—Land, Buildings					an n-	rt Y line	1 / 1				
ΓŒΠ	Tilvestillents—Lanu, buildings	,, and Equipme	<u> 1111. 3</u>			•	· ·		(a) Ac			
	Description of investment				i) Cost o sis (inves		(b)Cost or o basis (othe		(c) Accumulat depreciation		(d) Bo	ok value
	and		•									
	Buildings		•									
c l	easehold improvements		•				311	,351	171,	156		140,195
	Equipment		•				·	,540	539,	692		70,848
_ ,	Other									1		314,271
	.Add lines 1a-1e (Column (d) should equal Fo	· · · · ·					924	,497		226		525,314

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	-
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	. ,	Cost or end-o	f-year market value
Financial derivatives			
Closely-held equity interests Other			
See Additional Data Table			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	<u> </u>		
Part VIII Investments—Program Related. See	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation f-year market value
		Cost of one o	y dar market varae
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin			
(a) Descrip	otion		(b) Book value
-			
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5)	L .	
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
	(D) / (IIIO alit		
Federal Income Taxes	2.700.000		
Deferred Dues & Subscriptions	3,788,092		
Young Adults Fund	1,227		
TV Education Project	434		
Educational Program Grant	41,786		
		1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	3,831,539		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,064,372
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,989,532
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,074,840
4	Net unrealized gains (losses) on investments	4	81,957
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	81,957
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,156,797
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Reti	ırn
1	Total revenue, gains, and other support per audited financial statements	1	10,189,157
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a 81,957		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 47,197		
e	Add lines 2a through 2d	2e	129,154
3	Subtract line 2e from line 1	3	10,060,003
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b 4,369		
c	Add lines 4a and 4b	4c	4,369
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	10,064,372
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Re	
1	Total expenses and losses per audited financial statements	1	9,032,360
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	1 1	
	Filor year adjustinents		
c	Other losses	_	
	· · · · ·		
c	Other losses	2e	47,197
c d	Other losses 2c Other (Describe in Part XIV) 2d 47,197	2e 3	47,197 8,985,163
c d e	Other losses		
c d e 3	Other losses 2c Other (Describe in Part XIV) 2d 47,197 Add lines 2a through 2d Subtract line 2e from line 1		
c d e 3 4	Other losses	3	
c d e 3 4	Other losses	3	

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part XII, Line 2d - Other Adjustments		COST OF GOODS SOLD 47197
Part XII, Line 4b - Other Adjustments		GAIN ON SALE OF ASSETS OTHER THAN INVENTORY 4369
Part XIII, Line 2d - Other Adjustments		COST OF GOODS SOLD 47197
Part XIII, Line 4b - Other Adjustments		GAIN ON SALE OF ASSETS OTHER THAN INVENTORY 4369

Additional Data

Software ID: Software Version:

EIN: 35-0409100

Name: Indiana Farm Bureau Inc

Form 990, Schedule D, Part VII - Investments— Other Securities

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
CERTIFICATES OF DEPOSIT	5,021,164	C
MONEY MARKET FUNDS	34,354	C
EQUITY MUTUAL FUNDS	569,834	C
FIXED INCOME MUTUAL FUNDS	306,999	C
STOCKS	6,250	C
U F B FAMILY LIFE INSURANCE	1,000,000	С
I F B FINANCIAL SERVICES	370,603	C
AMERICAN AGR MARKETING ASSOC	100	С
FB BANCORP DEBT	500,000	С
WASHINGTON CO LIVESTOCK FACILITY	251,567	C

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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

DLN: 93493308014160 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

West Lafayette, IN 47907

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990

Name of the organization						Employer identif	fication number
Indiana Farm Bureau Inc						35-0409100	
Part I General Inform	nation on Grants	and Assistance				<u>'</u>	
Does the organization ma the selection criteria userDescribe in Part IV the or	d to award the grants	or assistance?				•	┌ Yes ┌ N
Form 990, Part I	V, line 21 for any i	Governments and recipient that received 0) if additional space	d more than \$5,000	. Check this box if	no one recipient rece	eived more than \$5,0	000. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Indiana Council Economic Education615 W State Street West Lafayette, IN 47907	356002041	501(c)(3)	5,500				DONATION
Indiana Environmental Institute150 W Market Street Suite 520 Indianapolis,IN 46204	351810507	501(c)(3)	7,500				DONATION
Purdue UniversityPO Box	356002041		10,951				SPONSORSHIPS &

. En	ter totai	number	orsection	501(c)(3)	and government	organizations
------	-----------	--------	-----------	-----------	----------------	---------------

	,	
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 9	990, Part IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Ident if ier	Return Reference	Explanation	

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DLN: 93493308014160

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization Indiana Farm Bureau Inc

Employer identification number

35-0409100

Pa	rt I Questions Regarding Compensation						
					Yes	Νo	
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III to						
	First-class or charter travel	Г	Housing allowance or residence for personal use				
	Travel for companions	Γ	Payments for business use of personal residence				
	▼ Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees				
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)				
b	If any of the boxes in line 1a are checked, did the org reimbursement orprovision of all the expenses descri			1b	Yes		
2	Did the organization require substantiation prior to re						
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?						
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that						
	Compensation committee	Г	Written employment contract				
	Independent compensation consultant	✓	Compensation survey or study				
	Form 990 of other organizations	굣	Approval by the board or compensation committee				
4	During the year, did any person listed in Form 990, P or a related organization	art VII	I, Section A, line 1a with respect to the filing organization				
а	Receive a severance payment or change-of-control p	aymen	nt?	4a		Νo	
b	Participate in, or receive payment from, a supplement	tal non	qualified retirement plan?	4b		Νo	
С	Participate in, or receive payment from, an equity-bas	sed co	mpensation arrangement?	4c		Νo	
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	e applicable amounts for each item in Part III				
	Only 501(c)(3) and 501(c)(4) organizations only mus	t comp	plete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, li compensation contingent on the revenues of	ne 1a,	did the organization pay or accrue any				
а	The organization?			5a			
b	Any related organization?			5b			
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, li compensation contingent on the net earnings of	ne 1a,	did the organization pay or accrue any				
а	The organization?			6a			
ь	Any related organization?			6b			
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, I payments not described in lines 5 and 6? If "Yes," de			7			
8	Were any amounts reported in Form 990, Part VII, pa subject to the initial contract exception described in						
	ın Part III	J - 1	· · · · · · · · · · · · · · · · · · ·	8			
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	rebutt	able presumption procedure described in Regulations	9			

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC (i) Base (ii) Bonus & Incentive		SC compensation (iii) Other reportable	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or
		compensation	compensation	compensation				Form 990-EZ
DON VILLWOCK	(1) (11)	94,962 96,468	8,386 0	0	,	16,002 7,445	131,110 117,633	142,592 154,397
MARK R SIGLER	(ı) (ıı)	126,890 0	9,600 0	0	- 1	32,547 0	169,037 0	158,702 0
KENT YEAGER	(ı) (ıı)	111,226 0	8,52 4 0	0	- 1	37,704 0	157,454 0	151,187 0
-								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

]	Ident if ier	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 Complete to provide information for responses to specific questions on

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Name of the organization Indiana Farm Bureau Inc **Employer identification number**

35-0409100

ldentifier	Return Reference	Explanation
Form 990, Part III, line 3	Changes in Program Services	During 2009 the associations representing most of Indiana agriculture pooled resources to engage in a variety of public relations, communications and outreach activities. These included developing a public relations plan to act as a road map for future activities. The largest project undertaken jointly in 2009 was a common branding of Indiana agriculture during the Indiana State Fair. The groups represented in the coalition were the Indiana State Department of Agriculture, the Indiana State Board of Animal Health, American Dairy Association of Indiana, Indiana Farm Bureau, Indiana Soybean Alliance, Indiana Beef Council, Indiana Corn Marketing Council, Indiana Pork Producers, Indiana Poultry Association, Indiana Horse Council and the Indiana Sheep Association
Form 990, Part VI, Section A, Iine 4		Significant changes to its organizational documents since prior 990 was filed. By-law's were changed to If County Farm Bureau is notified that it failed to abide by the Corporation by-law's and it fails to cure such defect within sixty days, it may result in termination of County Farm Bureau affiliation with the Corporation. Any District Director may not be elected for more than four (4) successive three (3) year terms. The President, Vice President and Second Vice President shall serve for a term of three (3) years. The President, Vice President and Second Vice President may not be elected for more than five (5) successive three year terms. For those persons serving as President, Vice President and Second Vice President at the time term limits were established, term limits will begin with their first election to a full three (3) year term after February 20, 2009.
Form 990, Part VI, Section A, line 6		THE ORGANIZATION IS MADE UP OF MEMBERS
Form 990, Part VI, Section A, line 7a		Each member of the IFB Board of Directors is elected by delegates from the Counties they represent in their District. The state is Divided into 10 districts and a director is elected from each District. Each County elects their delegates at their annual meeting. The number of delegates they have is based on the number of voting members in their county. The 3 officers on the state board are elected at the State Annual meeting by the delegates from all of the counties.
Form 990, Part VI, Section A, line 7b		The Voting members that are elected as delegates vote on the policy positions of the organization annually at a statew ide policy meeting. The governing body, which is the Board of Directors, then have the responsibility to work on implementation of the policies.
Form 990, Part VI, Section B, line 11		THE FORM 990 is reviewed by management for accuracy. The return is then reviewed by the Finance Committee of the Board of Directors. Once the Finance Committee has approved the return, the return is given to the board of directors before the return is filled.
Form 990, Part VI, Section B, line 12c		annually the officers and directors of the corporation are required to sign a statement stating any conflicts of interest they may have if any conflicts are identified, the director or officer is to recuse himself from voting on any related matter that may occur
Form 990, Part VI, Section B, line 15		A Compensation Committee, consisting of 3 members of the Governing body (that are not employees or officers), annually review the salaries of the organization's officers. The review includes comparable data from outside sources.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		IFB does not make governing documents, conflict of interest policy and financials statements available to the public

productive and prosperous EDUCATION - Farm Bureau made significant increases in its efforts to provide education about agriculture to the general pubic in 2009 A successful effort was launched to bring other agriculture organizations together in the state to combine resources and generate a unified message to consumers about the food that is produced by farmers in our state. Thirteen commodity organizations including Indiana Farm Bureau were involved in conducting consumer research and promoting agriculture at various events throughout the state. The largest event for promotion in 2009 was at the Indiana State Fair Some of the activities at the State Fair included promoting food grown in Indiana through the "Taste from Indiana Farms" event which attracted approximately 4,500 people. Other events included livestock tours (approximately 400 people) and on-line questionnaires via computers located in our exhibit area (1600 people) Nearly 250 volunteers gave their time to assist with the various ag education programs during the fair. In 2009 approximately 220 volunteers presented agriculture information to nearly 60,000 elementary students via our Ag in the Classroom program. A training session for classroom volunteers was also conducted and a Facebook page was set up with photos and ideas of new projects to give members a chance to post their ideas and share success stories IFB organized The Senator Richard Lugar Essay Contest for 8th graders' during 2009 The topic for this program was "Working Our Way to Energy Independence "974 students from 37 counties participated in this program during 2009 PUBLICATIONS & COMMUNICATIONS - The Hoosier Farmer, a quarterly magazine, is mailed to all members of the organization. Editorial content is primarily focused on educating consumers and rural residents about food and agriculture issues. The IFBulletin is our publication devoted specifically to information of interest to members involved in producing food and is mailed to nearly 80,000 members. In 2009 we also produced and distributed specialized newsletters to specific groups of IFB leaders. The Public Policy

FORM 990, PART XI, LINE 2C THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS Form 990, Part III, Line 4 Indiana Farm Bureau had 281,336 members in 2009 Over 200 projects, programs, and activities were conducted in 2009 to help members be more

Dispatch, published weekly during the state legislative session and sent to over 1000 people, gives readers a concise summary of legislative activity of particular interest to Farm Bureau members and Indiana farmers. The monthly County Woman Leader newsletter keeps them updated on Farm Bureau women's

programs and activities. Periodically we mailed the Policy Chair Chronicle newsletter to county Farm Bureau policy development chairpersons to advise them on the latest trends, information and public policy developments that have a bearing on Farm Bureau policy discussions at the county, district and state levels An issue questionnaire was mailed to approximately 30,000 members in 2009 to provide them with information about current Farm Bureau policies and solicit their opinion about future policy positions related to important agriculture issues CONFERENCES - This year IFB focused on educating members about changes to Indiana's property tax system and how property taxes affect farmers. Numerous articles researched and written by IFB staff on this topic reached approximately 80,000 members. Nearly 250 Farm Bureau leaders and volunteers from across the state attended a statewide Legislative Day to get information about current issues and meet with their representatives. Nearly 4500 members participated in leadership training seminars, workshops and special sessions in 2009. Nearly 100 members participated in a two day leadership development program to help prepare future leaders for the organization Several specialized workshops on current issues were held in 2009 including wind energy, natural resources, local planning and zoning, and drainage. Several conferences for Farm Bureau members and associated groups and individuals were held in 2009. The Indiana Farm Bureau State Convention included 16

breakout sessions of interest to farmers. The Young Farmer Conference held in January 2009 focused on issues for young farm families including sessions on succession planning for farms with multiple generations. Our Spring Conference, held annually in March, focused on leadership development and promoting agriculture Total attendance at these conferences was approximately 2,500 members. Form 990, Part IV, Line 12. Indiana Farm Bureau, Inc. received

audited finanical statements prepared on the accounting basis used for federal income tax purposes, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America, FORM, 990, SCHEDULE R, PART IV, COLUMN D. UNITED HOME LIFE

INSURANCE COMPANY - 75% UNITED FARM FAMILY LIFE INSURANCE, 25% UNITED FARM FAMILY MUTUAL INSURANCE

For Paperwork Reduction Act Notice, see the Instructions for Form 990 Cat No 51056K Schedule O (Form 990) 2009

DLN: 93493308014160

OMB No 1545-0047

SCHEDULE R Related Organizations and Unrelated Partnerships (Form 990)

Department of the Treasury Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization Indiana Farm Bureau Inc

Employer identification number

35-0409100

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a)
Name, address, and EIN of disregarded entity

(b) Primary activity

(c) Legal domicile (state or foreign country)

(d) Total income

(e) End-of-year assets

(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
FARM BUREAU FOUNDATION					
PO BOX 1290	CHARITABLE	IN	501(C)(3)	SECTION 170(B)	
INDIANAPOLIS, IN 46206 35-6022913 INDIANA AGRICULTURAL LEGAL FOUNDATION					
PO BOX 1290	CHARITABLE	IN	501(C)(3)	SECTION 170(B)	
INDIANAPOLIS, IN 46206 51-0489857 INDIANA FARM BUREAU ELECT PAC					
PO BOX 1290	PAC	IN	SECTION 527		
INDIANAPOLIS, IN 46206 35-1580108					

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropitionat allocations?	(i) e Code V—UBI amount In box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging tner?
							Yes No		Yes	No
INDIANA FARM BUREAU FINANCIAL SERVICES										
PO BOX 1250 INDIANAPOLIS, IN46206 35-2007909	INVESTMENT	IN		ınvestment	11,181		No			No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
UNITED FARM FAMILY LIFE INSURANCE CO PO BOX 1250 INDIANAPOLIS, IN46206 35-1097117	INSURANCE	IN	INDIANA FARM BUREAU INC	С	13,254,626	1,768,006,071	100 000 %
UNITED HOME LIFE INSURANCE COMPANY PO BOX 1250 INDIANAPOLIS, IN46206 35-0841899	INSURANCE	IN	SEE SCHEDULE O	С			

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 D	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
	• Gift, grant, or capital contribution to other organization(s)	1b		No
	Gift, grant, or capital contribution from other organization(s)	1c		No
	Loans or loan guarantees to or for other organization(s)	1d		No
	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
	Purchase of assets from other organization(s)	1g		No
_	Exchange of assets	1h		No
	Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)	1 j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11		No
m	n Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n	Sharing of paid employees	1n	Yes	
0	Reimbursement paid to other organization for expenses	10		No
	Reimbursement paid by other organization for expenses	1p		No
Р	Rembursement paid by other organization for expenses			
q	Other transfer of cash or property to other organization(s)	1 q		No
r	O ther transfer of cash or property from other organization(s)	1r	Yes	

If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds
(b)

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) United Farm Family Life Insurance Company	K	359,524
(2) United Home Life Insurance Company	К	50,556
(3) United Farm Family Life Insurance Company	R	750,000
(4)		

(5)

(6)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493308014160

OMB No 1545-0172

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service	F See separate histractions. F Attach to your tax return.								
Name(s) shown on return Indiana Farm Bureau Inc	nc .					Identifying number			
Part I Election	To Evnonco (-04091	00						
	-	Certain Property Un sted property, comple			ete Part I				
	-	for a higher limit for cert				1	250,000		
		ced in service (see instru				2			
		y before reduction in limit	·	ustions)		3	800,000		
			•	uctions) .			800,000		
		from line 2 If zero or les	•			4			
	•	line 4 from line 1 If zero	or less, enter - (0- If married fili	ng	1 _			
separately, see instruc	tions	<u> </u>		<u> </u>		. 5			
6 (a)	Description of pr	operty	1 ' '	(business use	d cost				
				only)			4		
6							+		
7 Listed property Enter	+h +	lina 20		. 7					
, , ,						Τ.			
		erty Add amounts in col	umn (c), lines 6	and /		8			
9 Tentative deduction E						. 9			
10 Carryover of disallowe		•				. 10			
11 Business income limitation	Enter the smaller of	business income (not less tha	n zero) or line 5 (se	ee instructions)		11			
12 Section 179 expense	deduction Add li	ines 9 and 10, but do not	enter more tha	n line 11 ·		12			
13 Carryover of disallowe	d deduction to 2	010 Add lines 9 and 10,	less line 12	.▶ 13					
Note: Do not use Part									
Part II Special De	epreciation A	Allowance and Othe	r Depreciati	on (Do not in	clude listed	property	(See instructions)		
14 Special depreciation a		lified property (other than	listed property) placed in servi	ce during the				
tax year (see ınstructı						14			
15 Property subject to se	,	election				15			
16 Other depreciation (in						16			
Part III MACRS De	preciation (I	Do not include listed j		e instructions.	.)				
17 MACDC daduations for			ection A	000		17			
17 MACRS deductions for	•	•	-			17			
18 If you are electing t			e during the t	ax year into oi	ne or more ⊳	!			
general asset accou		Service During 200				l nrocin	tion System		
Section b-Ass	ets Piaced in	(c) Basis for	oo lax tear	Using the Ge	пегат реј	ргеста	tion System		
(a) Classification of property	(b) Month and year placed in service	depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Meth	nod	(g) Depreciation deduction		
19a 3-year property		,							
b 5-year property									
c 7 - year property									
d 10-year property									
e 15-year property									
f 20-year property									
g 25-year property			25 yrs		S/L				
h Residential rental			27 5 yrs	MM	S/L				
property			27 5 yrs	MM	S/L				
i Nonresidential real			39 yrs	MM	S/L				
property				MM	S/L				
20a Class life	n c—Assets Plac	ced in Service During 200 ^e	ים iax tear Using	g the Alternative	S/L	on Syste	siii		
	1		12 yrs		+				
b 12-year c 40-year			12 yrs 40 yrs	MM S/L					
	' y (see instruc	tions)	1 -0 XIS	1 11111	J 3/L				
21 Listed property Enter		•				21			
22 Total. Add amounts fro	om line 12, lines				1 Enterher	-	265,964		
23 For assets shown above	e and placed in	service during the curren	•			<u> </u>	· 		

Form 4562 (2009) Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation a	nd Other I	nforma	tion (C	aution	: See	the i	nstruci	ions fo	r limi	ts fo	r pa	ssenge	er au	tomol	iles.)
24a Do you have evidend	e to support	the business/in	vestment u	ise claimed	d? ┌Yes	Гпо		24	lb If "Yes	s," is the	e evic	dence	written?	Гүе	sГn	D
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Business/ (d vestment Cost or use bas		or other (business/investment		(f) (g) Recovery Method/ period Convention		od/	(h) Depreciation/ deduction		(i) Elected section 179 cost		179		
25Special depreciation allow	· ·		erty placed	ın service (during the	tax year	and u	ısed more	than	25						
50% in a qualified busin	•								I	25						
26 Property used more	than 50%	in a qualified %	business	use	1			l	1	1						
		%								1						
		%														
27 Property used 50%	or less in a		iness us	е	_											
		%							S/L - S/L -					_		
		%							S/L -					-		
28 Add amounts in co	lumn (h) lir		ıh 27 En	ter here a	and on lu	ne 21	nage	1 -		28						
29 Add amounts in co		•				, ,	5-		L	1			29			
29 Add amounts in co	iuiiiii (1), iiiii		ction B			. on II		f Vah	icles				29			
Complete this section	for vehicles									" or re	lated	d pers	son			
If you provided vehicles to y														e vehic	les	
30 Total business/inv	estment mi	les driven du	rına the		a)		b)		(c)	l	(d)		(e	•		f)
year (do not includ				Vehi	cle 1	Vehi	cle 2	Ve	hicle 3	_ \ <u>\</u>	ehicl	e 4	Vehic	le 5	le 5 Vehi	
										_						
31 Total commuting m																
32 Total other persona	al(noncomm	nuting) miles	drıven													
33 Total miles driven during the year Add lines 30 through 32																
34 Was the vehicle av	aılable for p	ersonal use		Yes	No	Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No
during off-duty hou	rs?															
35 Was the vehicle us owner or related pe		by a more t	han 5%													
36 Is another vehicle		r personal us	e? .													
Sectio	n C—Oue	stions for	Emplo	vers W	ho Pro	vide \	/ehi	cles f	or Use	bv T	hei	r En	volan	ees	<u> </u>	
Answer these question 5% owners or related p	s to determ	ine if you me	et an exc												not mo	re thar
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?									Y	es	No					
														<u> </u>		
38 Do you maintain a very employees? See th		•														
39 Do you treat all use	of vehicles	by employe	es as pei	sonal us	e? .											
40 Do you provide more vehicles, and retain				oyees, ol	btaın ınfo	ormatio •	n froi	m your	employe	es abo	ut th	he us	e of the			
41 Do you meet the re				automobi	le demor	nstratio	n us	e? (See	ınstruc	ions)						
Note: If your answe	er to 37, 38	, 39, 40, or 4	l 1 is "Ye:	s," do no	t comple	te Sect	ion E	3 for the	covere	dvehic	les					
Part VI Amortiz																
	(b)	(6)						(e)				/#\				
(a) Description of co	osts	Date amortizatio begins	n	(c) A mortizable amount		C		Code perio		ortization eriod or rcentage			(f) A mortizatio this yea			
42 A mortization of cos	te that has		ur 2000	tay year	(see inc	truction	٦ς١		I bei	11164	,~					
TE A INCIDIZACION OF COS	- ca chac beg	ms during ye	1	tun year	(266 1112	1	13)				$\overline{}$					
						-+			_		+					
											+					
43 A mortization of cos	_					•	•			4	_					
44 Total. Add amounts	s ın column	(f) See the I	nstructio	ns for wh	ere to re	port				4	4					