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Form 990-EZ

## 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 \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

**A** For the 2009 calendar year, or tax year beginning 1/1/2009, and ending 12/31/2009

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization Indiana Farm Bureau  
Marion County Farm Bureau, Inc.  
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
9996 E. Washington Street  
 City, town, or country State ZIP + 4  
Indianapolis IN 46229

**D** Employer identification number  
35-6021293

**E** Telephonenumber  
(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)

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

Website: ► n/a

Tax-exempt status (check only one) ☒ 501(c) ( 5 ) (insert no) ☐ 4947(a)(1) or ☐ 527

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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 201,897**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	0	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2	0	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)
3	Membership dues and assessments	3	78,021	20	Other changes in net assets or fund balances (attach explanation)
4	Investment income	4	123,876	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a	0		
5b	Less: cost or other basis and sales expenses	5b	0		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0		
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>				
6a	Gross revenue (not including \$ <u>0</u> of contributions reported on line 1)	6a	0		
6b	Less: direct expenses other than fundraising expenses	6b	0		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0		
7a	Gross sales of inventory, less returns and allowances	7a			
7b	Less: cost of goods sold	7b			
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0		
8	Other revenue (describe <u>►</u> )	8	0		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	201,897		
10	Grants and similar amounts paid (attach schedule)	10	60,027		
11	Benefits paid to or for members	11			
12	Salaries, other compensation, and employee benefits	12	20,720		
13	Professional fees and other payments to independent contractors	13	6,694		
14	Occupancy, rent, utilities, and maintenance	14	72,424		
15	Printing, publications, postage, and shipping	15	386		
16	Other expenses (describe <u>► See Attached Statement</u> )	16	69,478		
17	<b>Total expenses.</b> Add lines 10 through 16	17	229,729		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-27,832		
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	705,513		
20	Other changes in net assets or fund balances (attach explanation)	20	0		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	677,681		

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 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	427,283	22 418,630
23	Land and buildings	276,716	23 258,016
24	Other assets (describe <u>► See Attached Statement</u> )	1,514	24 1,035
25	<b>Total assets</b>	705,513	25 677,681
26	<b>Total liabilities</b> (describe <u>► See Attached Statement</u> )	0	26 0
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	705,513	27 677,681

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

16NE

SCANNED SEP 14 2010  
POSTMARK DATE  
AUG 13 2010RECEIVED  
AUG 17 2010  
IRS-OSC  
CADDEN, UT

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

What is the organization's primary exempt purpose? See statement 1 attached

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**

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

<b>28</b>	Food Check Out Day - created a radio campaign to promote agriculture Purposed was to create awareness and educate community about agriculture Campaign lasted 7 days. (Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	0
<b>29</b>	Legislative Breakfast - create relationships with and educate legislators by holding a breakfast for all legislators from Marion County 6 members volunteered for approximately 15 hours (Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	0
<b>30</b>	Marion County Fair - represent agriculture and educate the public by having a booth at county fair which displayed information on Marion County Farm Bureau and agriculture 20 volunteers for approximately 115 hours (Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	0
<b>31</b>	Other program services (attach schedule) (Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	0
<b>32</b>	<b>Total program service expenses.</b> (add lines 28a through 31a) <input type="checkbox"/>	<b>32</b>	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
Raylee Honeycutt P.O. Box 146 Indianapolis IN 46261-0146	Title President Hr/WK 5 00	550	0	0
Norris Wade P.O. Box 146 Indianapolis IN 46261-0146	Title Vice President Hr/WK 4 00	1,850	0	0
Mary Smith P.O. Box 146 Indianapolis IN 46261-0146	Title Secretary Hr/WK 4 00	1,650	0	0
Steve Hamilton P.O. Box 146 Indianapolis IN 46261-0146	Title Treasurer Hr/WK 4 00	3,500	0	0
Robert Armstrong P.O. Box 146 Indianapolis IN 46261-0146	Title Director Hr/WK 1 00	300	0	0
Sonja Armstrong P.O. Box 146 Indianapolis IN 46261-0146	Title Director Hr/WK 1 00	100	0	0
Viola Bangel P.O. Box 146 Indianapolis IN 46261-0146	Title Former Women's Lea Hr/WK 1 00	2,400	0	0
Hannah Brescher P.O. Box 146 Indianapolis IN 46261-0146	Title Director Hr/WK 1 00	0	0	0
Michael Honeycutt P.O. Box 146 Indianapolis IN 46261-0146	Title Director Hr/WK 1 00	550	0	0
Bernice Lowes P.O. Box 146 Indianapolis IN 46261-0146	Title Director Hr/WK 1.00	150	0	0
Bernice Mithoeffer P.O. Box 146 Indianapolis IN 46261-0146	Title Director Hr/WK 1 00	700	0	0
Clayton Shelburne P.O. Box 146 Indianapolis IN 46261-0146	Title Director Hr/WK 1 00	550	0	0
Deloris Shelburne P.O. Box 146 Indianapolis IN 46261-0146	Title Director Hr/WK 1.00	550	0	0
Stanley Smith P.O. Box 146 Indianapolis IN 46261-0146	Title Former President Hr/WK 1.00	3,400	0	0
Janelle Thompson P.O. Box 146 Indianapolis IN 46261-0146	Title Director Hr/WK 1 00	0	0	0
James Trittupo P.O. Box 146 Indianapolis IN 46261-0146	Title Director Hr/WK 1 00	650	0	0
Jean Wade P.O. Box 146 Indianapolis IN 46261-0146	Title Director Hr/WK 1 00	500	0	0
Carroll White P.O. Box 146 Indianapolis IN 46261-0146	Title Director Hr/WK 1 00	700	0	0

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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes.		X
<b>35</b> 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 why the organization did not report the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	X	
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		X
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		
<b>38 a</b> 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 outstanding at the end of the period covered by this return?		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b> 0		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40 a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <b>0</b> ; section 4912 <b>0</b> ; section 4955 <b>0</b>		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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.	n/a	
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
<b>e</b> 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
<b>41</b> List the states with which a copy of this return is filed. <b>INDIANA</b>		
<b>42 a</b> The organization's books are in care of <b>Indiana Farm Bureau</b> Telephone no. <b>(317) 692-7851</b> Located at <b>225 S. East Street</b> City <b>Indianapolis</b> ST <b>IN</b> ZIP + 4 <b>46202</b>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: <b>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		X
<b>c</b> 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
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b> N/A		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
<b>45</b> 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 and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51. **Not applicable**

<b>46</b>	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. . . . .	<b>46</b>	n/a	
<b>47</b>	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. . . . .	<b>47</b>	n/a	
<b>48</b>	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .	<b>48</b>	n/a	
<b>49 a</b>	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	n/a	
<b>b</b>	If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	n/a	

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None City ST ZIP	Title Hr/WK .00	0	0	0
Name City ST ZIP	Title Hr/WK .00	0	0	0
Name City ST ZIP	Title Hr/WK .00	0	0	0
Name City ST ZIP	Title Hr/WK .00	0	0	0
Name City ST ZIP	Title Hr/WK .00	0	0	0

**f** Total number of other employees paid over \$100,000 . . . . . ▶

**51** Complete this table for the organization's 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 City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer <i>Raylee A. Honeycutt</i>		Date 8/9/10	
<b>Paid Preparer's Use Only</b>	Signature of preparer <i>Raylee A. Honeycutt - President</i>		Type or print name and title	
	Preparer's signature	Date 7/19/2010	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4		EIN		
Indiana Farm Bureau Inc P O Box 1290, Indianapolis, IN 46206		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

[illegible]

Explanations (990-EZ)

Reasonable Cause	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

General Explanation			
	Part	Line	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 10 (990-EZ) - Grants and Similar Amounts Paid**

	Class of activity	Grantee's name	Check (X) if grantee is a business	Address	City	State	Zip code	Foreign Country
1		AgriInstitute	X	72 1/2 W. Main Street	Danville	IN	46122	
2		Indiana FFA Foundation	X	P.O. Box 9	Trafalgar	IN	46181	
3		Indiana 4-H Foundation	X	615 West State Street	West Lafayette	IN	47907	
4		Purdue Extension - Marion Cou	X	6640 Intech Blvd., Ste 120	Indianapolis	IN	46278	
5								
6								
7								
8								
9								
10								



0

[illegible]

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

69,478

1	Travel . . . . .	1	3,813
2	Meals and entertainment . . . . .	2	0
3	Fundraising . . . . .	3	
4	Amortization . . . . .	4	0
5	Conferences, conventions, and meetings . . . . .	5	853
6	Depreciation . . . . .	6	479
7	Depletion . . . . .	7	
8	Equipment rental and maintenance . . . . .	8	
9	Interest . . . . .	9	
10	Supplies . . . . .	10	
11	Telephone . . . . .	11	
12	Unrelated business income taxes . . . . .	12	0
13	Membership services . . . . .	13	0
14	Ag Promotion . . . . .	14	35,670
15	District Dues . . . . .	15	1,897
16	Miscellaneous Expenses . . . . .	16	1,239
17	Building Expenses for leased space . . . . .	17	25,527
18	Unrelated Business Income Taxes, State . . . . .	18	0
19	Political Contributions . . . . .	19	0
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	

Part II, Line 24 (990-EZ) - Other Assets

1,5141,035

Description		Beginning	End
1	Accounts Receivable	0	0
2	Prepaid Expenses	0	0
3	Equipment, net of accumulated depreciation	1,514	1,035
4			
5			
6			
7			
8			
9			
10			

**ASSET DEPRECIATION SHORT REPORT**  
**MARION COUNTY FARM BUREAU Dec. 31, 2009**

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

Range 1600-00 - 1610-00  
 Include All assets

Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Includes Section 179		
						Beg A/Depr	Curr Depr	End A/Depr
ASSET A/C#: 1600-00 - BUILDING								
09/24/81	BUILDING 1981-09	SL/35 000	532,471 53	0 00	532,471 53	416,075 53	15,213 00	431,288 53
06/17/88	IRRIGATION SYSTEM 1988-06	MA200/ 7 000	4,604 74	0 00	4,604 74	4,604 74	0 00	4,604 74
06/09/89	IRRIGATION SYSTEM 1989-06	MA200/ 7 000	2,006 00	0 00	2,006 00	2,006 00	0 00	2,006 00
07/24/91	REPLACE AIR CONDITIONER 1991-07	SL/15 000	1,956 00	0 00	1,956 00	1,956 00	0 00	1,956 00
09/21/94	WALLPAPER AGENT OFFICES 1994-09	SL/10 000	9,241 85	0 00	9,241 85	9,241 85	0 00	9,241 85
09/21/94	CARPET AGENT OFFICES 1994-09	SL/10 000	5,548 39	0 00	5,548 39	5,548 39	0 00	5,548 39
11/03/95	REPLACE A FURNACE 1995-11	SL/15 000	1,581 00	0 00	1,581 00	1,383 00	105 00	1,488 00
02/07/96	REPLACE GUTTERS 1996-02	SL/15 000	1,612 30	0 00	1,612 30	1,383 30	107 00	1,490 30
05/22/96	RESURFACE PARKING LOT 1996-05	MA200/ 7 000	10,680 00	0 00	10,680 00	10,680 00	0 00	10,680 00
08/28/96	AIR CONDITIONER 1996-08	SL/15 000	2,100 00	0 00	2,100 00	1,727 00	140 00	1,867 00
06/09/97	3 AIR CONDITIONERS 1997-06	SL/15 000	5,900 00	0 00	5,900 00	4,552 00	393 00	4,945 00
10/10/97	WALLPAPER, PAINT 1997-10	SL/10 000	18,513 35	0 00	18,513 35	18,513 35	0 00	18,513 35
12/30/97	TWO FURNACES 1997-12	SL/15 000	4,200 00	0 00	4,200 00	2,520 00	280 00	2,800 00
05/18/98	NEW ROOF 1998-05	SL/20 000	15,989 00	0 00	15,989 00	8,456 00	799 00	9,255 00
07/31/98	NEW AIR CONDITIONER 1998-07	SL/20 000	2,295 00	0 00	2,295 00	1,198 00	115 00	1,313 00
10/12/98	KITCHEN, BATHROOMS 1998-10	SL/10 000	8,951 75	0 00	8,951 75	8,726 75	225 00	8,951 75
06/01/01	RECEPTION AREA 2001-06	SL/20 000	15,681 66	0 00	15,681 66	5,880 66	784 00	6,664 66
08/01/01	ROAD REPAIR 2001-08	SL/20 000	10,777 84	0 00	10,777 84	3,907 84	539 00	4,446 84
Grand totals	1600-00 - BUILDING (18 assets)		654,110 41	0 00	654,110 41	508,360 41	18,700 00	527,060 41
ASSET A/C#: 1610-00 - FURNITURE & EQUIPMENT								
11/26/81	CONFERENCE TABLES (18) 1981-11	MA200/ 7 000	946 54	0 00	946 54	946 54	0 00	946 54
11/26/81	CONFERENCE CHAIRS (50) 1981-11	MA200/ 7 000	1,893 08	0 00	1,893 08	1,893 08	0 00	1,893 08
03/30/82	POLAROID 640 CAMERA W/ CASE (1) 1982-03	MA200/ 7 000	67 58	0 00	67 58	67 58	0 00	67 58
12/11/85	ADLER 120 CALCULATOR, SER #78054289 1985-12	MA200/ 7 000	177 45	0 00	177 45	177 45	0 00	177 45
07/03/86	4-DRAWER FILE CABINET W/ LOCK (1) 1986-07	MA200/ 7 000	215 18	0 00	215 18	215 18	0 00	215 18
03/16/87	PIXMOBILE STORAGE CART, GREY (1) 1987-03	MA200/ 7 000	156 82	0 00	156 82	156 82	0 00	156 82
03/24/87	CANOPY TENT, 20' X 20' (PIKE-WAYNE) 1987-03	MA200/ 7 000	388 50	0 00	388 50	388 50	0 00	388 50
06/18/87	IBM WHEELWRITER 3 TYPEWRITER, SER # 1987-06	MA200/ 7 000	574 35	0 00	574 35	574 35	0 00	574 35
03/24/88	WHIRLPOOL TIMEMASTER MICROWAVE 1988-03	MA200/ 7 000	199 48	0 00	199 48	199 48	0 00	199 48
05/05/93	MAGNAVOX RP1945 19" COLOR TV SET #1 1993-05	MA200/ 7 000	228 80	0 00	228 80	228 80	0 00	228 80

## ASSET DEPRECIATION SHORT REPORT

MARION COUNTY FARM BUREAU Dec. 31, 2009

Sorted ASSET A/C#

Method 1-FEDERAL-Std Conv Applied

Range 1600-00 - 1610-00

Include All assets

Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Includes Section 179		
						Beg A/Depr	Curr Depr	End A/Depr
ASSET A/C#: 1610-00 - FURNITURE & EQUIPMENT								
05/05/93	GENERAL ELECTRIC MDL JES2812T MICR 1993-05	MA200/ 7 000	178 49	0 00	178 49	178 49	0 00	178 49
04/01/96	DISHWASHER 1996-04	MA200/ 7 000	443 05	0 00	443 05	443 05	0 00	443 05
05/01/07	Computer	MA200/ 5 000	848 05	0 00	848 05	441 00	163 00	604 00
06/16/08	Farm Bureau Insurance Sign at West 08-06	MA200/ 7 000	1,290 59	0 00	1,290 59	184 00	316 00	500 00
Grand totals	1610-00 - FURNITURE & EQUIPMENT (14 assets)		7,607 96	0 00	7,607 96	6,094 32	479 00	6,573 32
Grand totals for all accounts: (32 assets)			661,718 37	0 00	661,718 37	514,454 73	19,179 00	533,633 73

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	661,718 37	0 00	0 00	661,718 37	514,454 73	19,179 00	533,633 73	128,084 64
Less Inactive Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Disposed Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Traded Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Net Totals (Active Assets)	661,718 37	0 00	0 00	661,718 37	514,454 73	19,179 00	533,633 73	128,084 64
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				