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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

2009

Open to Public Inspection

Department 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: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Indiana Farm Bureau Vigo County Farm Bureau, Inc.		D Employer identification number 35-6073057
		Number and street (or P O box, if mail is not delivered to street address) Room/suite P.O. Box 2156		E Telephonenumber (317) 692-7851
		City, town, or country State ZIP + 4 Terre Haute IN 47802-0156	F Group Exemption Number ▶ 0963	
				G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶

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

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

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

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 ▶ \$ 26,941

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	0
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	21,438
	4	Investment income	4	5,503
	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 \$ 0 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 ▶)	8	0	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	26,941	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	155,415
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	5,998
	13	Professional fees and other payments to independent contractors	13	1,536
	14	Occupancy, rent, utilities, and maintenance	14	1,330
	15	Printing, publications, postage, and shipping	15	0
	16	Other expenses (describe ▶ See Attached Statement)	16	24,182
	17	Total expenses. Add lines 10 through 16	17	188,461
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-161,520
	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	441,065
	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	279,545

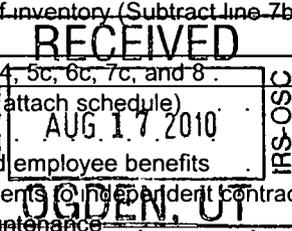
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	417,402	256,191
23	Land and buildings	17,999	17,101
24	Other assets (describe ▶ See Attached Statement)	8,754	6,253
25	Total assets	444,155	279,545
26	Total liabilities (describe ▶ See Attached Statement)	3,090	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	441,065	279,545

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Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses	
What is the organization's primary exempt purpose? <u>See statement 1 attached</u>		(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.			
28	Terre Haute Children's Museum - promote agriculture and educate public promote and educate public about agriculture through displays at museum (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29	4-H Sponsor support 4-H program in the county and to educate public about agriculture Educate public about the facts of animal care Help 4-H youth by sponsoring pins & achievements 20 Volunteers donated 100 hours for the week of the 4-H fair. (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30	Statehouse visit inform state legislators about problems agriculture is facing Farm Bureau members visited state representatives. 10 members participated (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31	Other program services (attach schedule) (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32	Total program service expenses. (add lines 28a through 31a) <input type="checkbox"/>	32	0

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Burbrink, Brad P.O. Box 156 Terre Haute IN 47802-0156	Title President Hr/WK 5 00	500	0	0
Miklozek, Frank P.O. Box 156 Terre Haute IN 47802-0156	Title Vice President Hr/WK 4 00	250	0	0
Slater, Peggy P.O. Box 156 Terre Haute IN 47802-0156	Title Secretary/Treasurer Hr/WK 4 00	350	0	0
Chickadaunce, Katy P.O. Box 156 Terre Haute IN 47802-0156	Title Women's Leader Hr/WK 4 00	500	0	0
Burbrink, Amber P.O. Box 156 Terre Haute IN 47802-0156	Title Director Hr/WK 1 00	135	0	0
Certain, Marsha P.O. Box 156 Terre Haute IN 47802-0156	Title Director Hr/WK 1 00	135	0	0
Certain, Vera P.O. Box 156 Terre Haute IN 47802-0156	Title Director Hr/WK 1.00	135	0	0
Elkins, Paul P.O. Box 156 Terre Haute IN 47802-0156	Title Director Hr/WK 1 00	135	0	0
Evans, Becky P.O. Box 156 Terre Haute IN 47802-0156	Title Director Hr/WK 1 00	120	0	0
Evans, Marty P.O. Box 156 Terre Haute IN 47802-0156	Title Director Hr/WK 1 00	105	0	0
Gard, Sally P.O. Box 156 Terre Haute IN 47802-0156	Title Director Hr/WK 1.00	135	0	0
Garzolini, Gary P.O. Box 156 Terre Haute IN 47802-0156	Title Director Hr/WK 1 00	135	0	0
Gormong, Beth P.O. Box 156 Terre Haute IN 47802-0156	Title Director Hr/WK 1 00	105	0	0
Hart, Julie P.O. Box 156 Terre Haute IN 47802-0156	Title Director Hr/WK 1 00	90	0	0
Morgan, Chad P.O. Box 156 Terre Haute IN 47802-0156	Title Director Hr/WK 1 00	0	0	0
Ring, Sally P.O. Box 156 Terre Haute IN 47802-0156	Title Director Hr/WK 1 00	0	0	0
Shew, Mark P.O. Box 156 Terre Haute IN 47802-0156	Title Director Hr/WK 1 00	105	0	0
Slater, Dean P.O. Box 156 Terre Haute IN 47802-0156	Title Director Hr/WK 1 00	90	0	0

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	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	If "Yes," has it filed a tax return on Form 990-T for this year?		X
36	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
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b 0		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9. 39a		
b	Gross receipts, included on line 9, for public use of club facilities. 39b		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 ; section 4912 ▶ 0 , section 4955 ▶ 0		
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	
c	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 ▶		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. ▶ INDIANA		
42 a	The organization's books are in care of ▶ Indiana Farm Bureau Telephone no. ▶ (317) 692-7851 Located at ▶ 225 S East Street City Indianapolis ST IN ZIP + 4 ▶ 46202		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S. ? If "Yes," enter the name of the foreign country ▶ _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations 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

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46	n/a	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47	n/a	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	48	n/a	
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	n/a	
b	If "Yes," was the related organization a section 527 organization?	49b	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 <u>None</u> Str City ST ZIP	Title Hr/WK	.00	0	0
Name Str City ST ZIP	Title Hr/WK	.00	0	0
Name Str City ST ZIP	Title Hr/WK	.00	0	0
Name Str City ST ZIP	Title Hr/WK	.00	0	0
Name Str City ST ZIP	Title Hr/WK	.00	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 <u>None</u> Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *Burbrick S. Burbrick President* Date: 8-12-10
 Type or print name and title: Burbrick S. Burbrick President

Paid Preparer's Use Only
 Preparer's signature: _____ Date: 7/29/2010
 Firm's name (or yours if self-employed), address, and ZIP + 4: Indiana Farm Bureau Inc P O Box 1290, Indianapolis, IN 46206
 Check if self-employed:
 Preparer's identifying number (See instructions): _____
 EIN: _____
 Phone no: (317) 692-7851

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees

Name and address	Title and average hours per week devoted to position	Compensation	Contributions to emp benefit plans & deferred compensation	Expense account and other allowances
Wright, Rita P.O. Box 156 Terre Haute IN 47802-0156	Title Director Hr/WK 1.00	135	0	0
Wright, Thomas P.O. Box 156 Terre Haute IN 47802-0156	Title Director Hr/WK 1.00	135	0	0
-----	Title Hr/WK .00	0	0	0
-----	Title Hr/WK .00	0	0	0
-----	Title Hr/WK .00	0	0	0
-----	Title Hr/WK .00	0	0	0
-----	Title Hr/WK .00	0	0	0
-----	Title Hr/WK .00	0	0	0
-----	Title Hr/WK .00	0	0	0
-----	Title Hr/WK .00	0	0	0
-----	Title Hr/WK .00	0	0	0
-----	Title Hr/WK .00	0	0	0
-----	Title Hr/WK .00	0	0	0
-----	Title Hr/WK .00	0	0	0
-----	Title Hr/WK .00	0	0	0
-----	Title Hr/WK .00	0	0	0
-----	Title Hr/WK .00	0	0	0
-----	Title Hr/WK .00	0	0	0

Explanations (990-EZ)

Reasonable Cause

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

General Explanation

	Part	Line	Explanation
1	III		Represent the farmer's voice on issues related to agnculture, 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 16 (990-EZ) - Other Expenses

		24,182
1	Travel	2,968
2	Meals and entertainment	0
3	Fundraising	
4	Amortization	0
5	Conferences, conventions, and meetings	2,224
6	Depreciation	2,501
7	Depletion	
8	Equipment rental and maintenance	
9	Interest	
10	Supplies	
11	Telephone	
12	Unrelated business income taxes	0
13	Membership services	1,461
14	Ag Promotion	14,207
15	District Dues	0
16	Miscellaneous Expenses	821
17	Building Expens for leased space	0
18	Unrelated Business Income Taxes, State	0
19	Political Contributions	0
20		
21		
22		
23		
24		
25		
26		
27		
28		

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

8,754

6,253

Description		Beginning	End
1	Accounts Receivable	0	0
2	Prepaid Expenses	0	0
3	Equipment, net of accumulated depreciation	8,754	6,253
4			
5			
6			
7			
8			
9			
10			

Part II, Line 26 (990-EZ) - Liabilities

		3,090	0
Description		Beginning	End
1	Accounts Payable	3,090	0
2	Accrued Expenses	0	0
3	Payroll Tax Liability	0	0
4	Unearned Income	0	0
5	Mortgage Payable	0	0
6	Note Payable	0	0
7			
8			
9			
10			

Vigo County Farm Bureau, Inc.

Statement 3

35-6073057

12/31/2009

Part 1, Line 10 Grants, contributions over \$5,000

Grantee Name

Grant Amount

The Children's Science & Technology Museum

\$150,000

523 Wabash Avenue

Terre Haute, IN 47807