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Form **990-EZ**

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)

▶ 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 Inspection

A For the 2009 calendar year, or tax year beginning 9/1/2009 , and ending 8/31/2010

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization Indiana Farm Bureau
Madison County Farm Bureau, Inc.

Number and street (or P O box, if mail is not delivered to street address) Room/suite
3047 N Broadway

City, town, or country State ZIP + 4
Anderson IN 46012-1259

D Employer identification number
35-0795409

E Telephone number
(317) 692-7851

F Group Exemption Number ▶ 0963

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

G Accounting Method ☒ Cash ☐ Accrual
Other (specify) ▶

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

I Website: ▶ n/a

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

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A 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 ▶ $ 92,678

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	5,285
	3	Membership dues and assessments		3	26,068
	4	Investment income		4	60,804
	5a	Gross amount from sale of assets other than inventory	5a 521		
	b	Less cost or other basis and sales expenses	5b 500		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	21
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ 0 of contributions reported on line 1)	6a 0		
	b	Less direct expenses other than fundraising expenses	6b 0		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	0
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe ▶)		8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	92,178
Expenses	10	Grants and similar amounts paid (attach schedule)		10	1,739
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	4,153
	13	Professional fees and other payments to independent contractors		13	1,885
	14	Occupancy, rent, utilities, and maintenance		14	43,689
	15	Printing, publications, postage, and shipping		15	400
	16	Other expenses (describe ▶ See Attached Statement)		16	18,905
	17	**Total expenses.** Add lines 10 through 16 ▶		17	70,771
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	21,407
	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	361,455
	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	382,862

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	210,231	22	241,448
23 Land and buildings	151,224	23	141,414
24 Other assets (describe ▶ See Attached Statement)	0	24	0
25 **Total assets**	361,455	25	382,862
26 **Total liabilities** (describe ▶ See Attached Statement)	0	26	0
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	361,455	27	382,862

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2009)

(HTA)

22

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)	
28	see statement 2		
	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	28a	0
29			
	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	29a	0
30			
	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	30a	0
31	Other program services (attach schedule)		
	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	31a	0
32	**Total program service expenses.** (add lines 28a through 31a) ▶	32	0

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Neal Smith 3047 North Broadway Anderson IN 46012-1259	Title President Hr/WK 5 00	1,375	0	0
Steve Smith 3047 North Broadway Anderson IN 46012-1259	Title Vice President Hr/WK 4.00	375	0	0
MaryAnn Williams 3047 North Broadway Anderson IN 46012-1259	Title Secretary/Treasurer Hr/WK 4 00	950	0	0
Cory Bohlander 3047 North Broadway Anderson IN 46012-1259	Title Young Farmer Repres Hr/WK 2 00	0	0	0
Garland Antrim 3047 North Broadway Anderson IN 46012-1259	Title Director Hr/WK 1 00	0	0	0
Sarah Aubrey 3047 North Broadway Anderson IN 46012-1259	Title Director Hr/WK 1 00	250	0	0
Jon Bair 3047 North Broadway Anderson IN 46012-1259	Title Director Hr/WK 1 00	0	0	0
Brian Bays 3047 North Broadway Anderson IN 46012-1259	Title Director Hr/WK 1 00	0	0	0
Justin Bays 3047 North Broadway Anderson IN 46012-1259	Title Director Hr/WK 1 00	0	0	0
Mark Bousman 3047 North Broadway Anderson IN 46012-1259	Title Director Hr/WK 1 00	0	0	0
Andy Bracken 3047 North Broadway Anderson IN 46012-1259	Title Director Hr/WK 1 00	0	0	0
Terry Farmer 3047 North Broadway Anderson IN 46012-1259	Title Director Hr/WK 1 00	500	0	0
Brent Floyd 3047 North Broadway Anderson IN 46012-1259	Title Director Hr/WK 1 00	0	0	0
Raymond Hiatt 3047 North Broadway Anderson IN 46012-1259	Title Director Hr/WK 1 00	0	0	0
Ronald Hiatt 3047 North Broadway Anderson IN 46012-1259	Title Director Hr/WK 1 00	0	0	0
Thomas Kitts 3047 North Broadway Anderson IN 46012-1259	Title Director Hr/WK 1 00	0	- 0	0
Wesley Likens 3047 North Broadway Anderson IN 46012-1259	Title Director Hr/WK 1 00	0	0	0
Tom Neese 3047 North Broadway Anderson IN 46012-1259	Title Director Hr/WK 1 00	0	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	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining 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?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
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	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
b	Section 501(c)(3) and 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	40b	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	40e		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

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

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

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations 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**

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46	n/a	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47	n/a	
48	Is the organization 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 None Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0

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 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 ▶

Sign Here

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

▶ Neal E. Smith — Signature of officer — Date 1-12-10

▶ Neal E. Smith — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date 12/27/2010	Check if self-employed ▶ ☐	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Indiana Farm Bureau Inc P O Box 1290, Indianapolis, IN 46206			EIN ▶ Phone no ▶ (317) 692-7851

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

Explanations (990-EZ)

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 16 (990-EZ) - Other Expenses

			18,905
1	Travel	1	618
2	Meals and entertainment	2	0
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	569
6	Depreciation	6	0
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	5,436
15	District Dues	15	573
16	Miscellaneous Expenses	16	1,038
17	Building Expens for leased space	17	10,671
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	

Madison County Farm Bureau, Inc.
35-0795409

8/31/2010 year end

Statement 2

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

Line 28 – Madison County Farm Bureau, Inc. runs a booth for six days at the Madison County 4-H Fair where volunteers sell milkshakes and grilled cheese sandwiches. All proceeds from these sales are then used to support various 4-H program activities. Between 50 and 75 volunteers spent 72 hours carrying out this activity. Thousands of people were served at the booth.

Line 29 – Madison County Farm Bureau, Inc. is involved in the political process at the state and local level. Madison County Farm Bureau organized a visit to the Indiana Statehouse and invited elected officials to attend Madison County Farm Bureau meetings. Approximately 15 members of the Madison County Farm Bureau Board of Directors and 8 legislators met with each other during 5 meetings over the course of 6 months.

40 volunteer hours were spent planning and carrying out these activities.

The objective of these activities is to develop relationships with legislators in order to influence legislation for the benefit of agriculture.

Line 30 – Madison County Farm Bureau, Inc. promotes agricultural education to young people. Madison County Farm Bureau worked with a youth educator from the Madison County Extension Office to develop pilot program called "Mobile Ag Day." This program serves 200 – 300 students at three local schools. Two volunteers worked to develop this program. The objective of this activity was to develop a new way to take the "Ag in the Classroom" program to schools.

ASSET DEPRECIATION SHORT REPORT

MADISON COUNTY FARM BUREAU Aug. 31, 2010

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								
08/20/64	Building	SLP/50.00	54,842 61	0 00	54,842 61	34,648 61	1,097 00	35,745 61
08/16/74	Building Addition	SLP/50.00	206,933 04	0 00	206,933 04	149,004 04	4,139 00	153,143 04
12/21/85	Entry addition	SLP/19 00	5,931 37	0 00	5,931 37	5,931 37	0 00	5,931 37
01/13/94	Furnaces (2)	MSL/10 00	3,394.15	0 00	3,394 15	3,394 15	0 00	3,394 15
01/13/94	Garage	MACRS/39 00	15,086 00	0 00	15,086 00	6,063 00	387 00	6,450 00
05/09/94	Pave old garage area	MSL/10 00	1,050 00	0 00	1,050 00	1,050 00	0 00	1,050 00
09/26/97	Roof	MSL/15 00	15,542 00	0 00	15,542 00	12,432 00	1,036 00	13,468 00
07/21/98	Air conditioner	MSL/10 00	3,648 00	0 00	3,648 00	3,648 00	0 00	3,648 00
05/04/00	Entry remodel	MSL/10 00	47,232 87	0 00	47,232 87	44,081 87	3,151 00	47,232 87
05/04/00	Carpet general office	MSL/ 5 00	23,586 00	0 00	23,586 00	23,586 00	0 00	23,586 00
Grand totals	1600-00 - BUILDING (10 assets)		377,246 04	0 00	377,246 04	283,839 04	9,810 00	293,649 04
ASSET A/C#: 1610-00 - FURNITURE & EQUIPMENT								
08/01/65	BOARDROOM FURNITURE	MA200/ 7 00	322 01	0 00	322 01	322 01	0 00	322 01
01/01/82	8 FOOT WALNUT CONFERENCE TABLE	MA200/ 7 00	301 60	0 00	301 60	301 60	0 00	301 60
01/01/82	8 FOOT WALL TABLES (4)	MA200/ 7 00	312 24	0 00	312 24	312 24	0 00	312 24
01/01/82	COFFEE BOARDROOM CHAIRS (34 of 40)	MA200/ 7 00	1,176 61	0 00	1,176 61	1,176 61	0 00	1,176 61
01/01/82 D	8 FOOT WALL TABLES (1)	MA200/ 7 00	78 06	0 00	78 06	78 06	0 00	78 06
07/01/85 D	SANI SERVE MILK SHAKE MACHINE #F101	MA200/ 7 00	3,500 00	0 00	3,500 00	3,500 00	0 00	3,500 00
05/01/87	TV CART	MA200/ 7 00	104 99	0 00	104 99	104 99	0 00	104 99
05/01/87 D	MAGNAVOX MODEL CG4147 TV	MA200/ 7 00	239 58	0 00	239 58	239 58	0 00	239 58
08/01/88 D	FREEDOM CAMERA	MA200/ 7 00	230 99	0 00	230 99	230 99	0 00	230 99
10/01/90	PORTABLE PA SYSTEM	MA200/ 7 00	525 00	0 00	525 00	525 00	0 00	525 00
07/01/93	SANI SERVE MILKSHAKE MACHINE	MA200/ 7 00	3,539 20	0 00	3,539 20	3,539 20	0 00	3,539 20
Grand totals	1610-00 - FURNITURE & EQUIPMENT (11 assets)		10,330 28	0 00	10,330 28	10,330 28	0 00	10,330 28
Less	4 Disposed assets (Current Depreciation $0 00)		4,048 63	0 00	4,048 63	4,048 63		4,048 63
Net totals	1610-00 - FURNITURE & EQUIPMENT (7 assets)		6,281 65	0 00	6,281 65	6,281 65	0 00	6,281 65
Grand totals for all accounts (21 assets)			387,576 32	0 00	387 576 32	294,169 32	9,810 00	303,979 32
Less 4 Disposed assets (Current Depreciation. $0 00)			4,048 63	0 00	4,048 63	4,048 63		4,048 63
Net totals for all accounts (17 assets)			383,527 69	0 00	383,527 69	290,120 69	9,810 00	299,930 69

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	387,576 32	0 00	0 00	387,576 32	294,169 32	9,810 00	303,979 32	83,597 00
Less Inactive Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Disposed Assets	4,048 63	0 00	0 00	4,048 63	4,048 63	0 00	4,048 63	0 00
Traded Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Net Totals (Active Assets)	383,527 69	0 00	0 00	383,527 69	290,120 69	9,810 00	299,930 69	83,597 00

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

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
Brent Parker 3047 North Broadway Anderson IN 46012-1259	Title Director Hr/WK 1.00	0	0	0
Brian Petty 3047 North Broadway Anderson IN 46012-1259	Title Director Hr/WK 1.00	0	0	0
Michael Shuter 3047 North Broadway Anderson IN 46012-1259	Title Director Hr/WK 1 00	0	0	0
John Simmermon 3047 North Broadway Anderson IN 46012-1259	Title Director Hr/WK 1 00	0	0	0
Joseph Whistler 3047 North Broadway Anderson IN 46012-1259	Title Director Hr/WK 1 00	0	0	0
Tejo Willemsen 3047 North Broadway Anderson IN 46012-1259	Title Director Hr/WK 1.00	0	0	0
Randy Williams 3047 North Broadway Anderson IN 46012-1259	Title Director Hr/WK 1 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