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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 Inspection**Department of the Treasury
Internal Revenue Service

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
Montgomery County Farm Bureau, Inc.
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
P O Box 152
 City, town, or country State ZIP + 4
Crawfordsville IN 47933-0152

D Employer identification number 35-0801723

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 **\$** 73,885

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	0
	2	Program service revenue including government fees and contracts	118
	3	Membership dues and assessments	12,792
	4	Investment income	60,975
	5a	Gross amount from sale of assets other than inventory	0
	5b	Less cost or other basis and sales expenses	0
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐	
	6a	Gross revenue (not including \$ 0 of contributions reported on line 1)	0
	6b	Less direct expenses other than fundraising expenses	0
Expenses	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	0
	7a	Gross sales of inventory, less returns and allowances	
	7b	Less cost of goods sold	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	0
	8	Other revenue (describe ►)	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	73,885
	10	Grants and similar amounts paid (attach schedule)	1,731
	11	Benefits paid to or for members	
	12	Salaries, other compensation, and employee benefits	3,661
	13	Professional fees and other payments to independent contractors	769
Net Assets	14	Occupancy, rent, utilities, and maintenance	12,668
	15	Printing, publications, postage, and shipping	60
	16	Other expenses (describe ► See Attached Statement)	51,425
	17	Total expenses. Add lines 10 through 16	70,314
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	3,571
	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)	101,185
	20	Other changes in net assets or fund balances (attach explanation)	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	104,756

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	26,186	23,808
23 Land and buildings	150,597	141,735
24 Other assets (describe ► See Attached Statement)	0	0
25 Total assets	176,783	165,543
26 Total liabilities (describe ► See Attached Statement)	75,598	60,787
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	101,185	104,756

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

Form 990-EZ (2009)

(HTA)

P 25

ENVELOPE
POSTMARK DATE
DEC 30 2010

SCANNED JAN 14 2011

Part III Statement of Program Service Accomplishments (See the instructions for Part III.) What is the organization's primary exempt purpose? <u>See statement 1 attached</u> 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 \$ <u>0</u>) If this amount includes foreign grants, check here ☐	28a <u>0</u>
29 _____ _____ _____ (Grants \$ <u>0</u>) If this amount includes foreign grants, check here ☐	29a <u>0</u>
30 _____ _____ _____ (Grants \$ <u>0</u>) If this amount includes foreign grants, check here ☐	30a <u>0</u>
31 Other program services (attach schedule) (Grants \$ <u>0</u>) If this amount includes foreign grants, check here ☐	31a <u>0</u>
32 Total program service expenses. (add lines 28a through 31a)	32 <u>0</u>

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
Roby Webster P O Box 152 Crawfordsville IN 47933-0152	Title President Hr/WK 5 00	800	0	0
Gayle Lough P O Box 152 Crawfordsville IN 47933-0152	Title Vice President Hr/WK 4 00	400	0	0
Mark Smith P O Box 152 Crawfordsville IN 47933-0152	Title Secretary Hr/WK 4 00	450	0	0
Susan Smith P O Box 152 Crawfordsville IN 47933-0152	Title Women's Leader Hr/WK 4 00	425	0	0
Leroy Bannister P O Box 152 Crawfordsville IN 47933-0152	Title Young Farmer Repres Hr/WK 2 00	105	0	0
Bob Calhan P O Box 152 Crawfordsville IN 47933-0152	Title Director Hr/WK 1 00	0	0	0
Betty Cope P O Box 152 Crawfordsville IN 47933-0152	Title Director Hr/WK 1 00	0	0	0
Donald Cope P O Box 152 Crawfordsville IN 47933-0152	Title Director Hr/WK 1 00	0	0	0
John Isaacs P O Box 152 Crawfordsville IN 47933-0152	Title Director Hr/WK 1 00	75	0	0
Debbie Lough P O Box 152 Crawfordsville IN 47933-0152	Title Director Hr/WK 1 00	0	0	0
Carol Meadows P O Box 152 Crawfordsville IN 47933-0152	Title Director Hr/WK 1 00	625	0	0
Dallas Meadows P O Box 152 Crawfordsville IN 47933-0152	Title Director Hr/WK 1 00	105	0	0
Dwayne Simpson P O Box 152 Crawfordsville IN 47933-0152	Title Director Hr/WK 1 00	75	0	0
Kylene Simpson P O Box 152 Crawfordsville IN 47933-0152	Title Director Hr/WK 1 00	255	0	0
Mary Southard P O Box 152 Crawfordsville IN 47933-0152	Title Director Hr/WK 1 00	90	0	0
Jodi Webster P O Box 152 Crawfordsville IN 47933-0152	Title Director Hr/WK 1 00	0	0	0
_____	Title _____ Hr/WK 00	0	0	0
_____	Title _____ Hr/WK 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.		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?	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	
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	
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)?	42b	X
If "Yes," enter the name of the foreign country		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c	X
If "Yes," enter the name of the foreign country		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here	43 N/A	
and enter the amount of tax-exempt interest received or accrued during the tax year		
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."

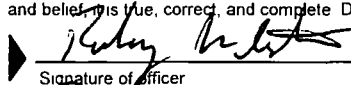
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____ City _____ ST ZIP _____	Title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

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.			
	 Signature of officer		Date <u>12-8-10</u>	
Paid Preparer's Use Only	Type or print name and title <u>Roby Webster Pres.</u>			
	Preparer's signature	Date	Check if self-employed ☐	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address and ZIP + 4 <u>Indiana Farm Bureau Inc</u> <u>P O Box 1290, Indianapolis, IN 46206</u>	<u>11/29/2010</u>	EIN <u> </u> Phone no <u>(317) 692-7851</u>	

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

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 16 (990-EZ) - Other Expenses

51,425

1	Travel	1	939
2	Meals and entertainment	2	0
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	2,740
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	527
13	Membership services	13	0
14	Ag Promotion	14	4,292
15	District Dues	15	241
16	Miscellaneous Expenses	16	214
17	Building Expens for leased space	17	41,945
18	Unrelated Business Income Taxes, State	18	527
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 26 (990-EZ) - Liabilities

		75,598	60,787
Description		Beginning	End
1	Accounts Payable	0	0
2	Accrued Expenses	0	0
3	Payroll Tax Liability	0	0
4	Unearned Income	0	0
5	Mortgage Payable	75,598	60,787
6	Note Payable	0	0
7			
8			
9			
10			

Montgomery County Farm Bureau, Inc.
35-0801723
Statement 2

8/31/2010 year end

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

Line 28 – Montgomery County Farm Bureau, Inc. promotes agriculture through involvement in the development of state and local policy. Montgomery County Farm Bureau held its annual meeting where members were put to the task of developing resolutions that were sent to the Indiana Farm Bureau for approval by the voting members. The annual meeting also featured a speaker who spoke about serving with the National Guard in Afghanistan. 70 people were involved in this event.

All 16 members of the Montgomery County Farm Bureau Board of Directors volunteered their time to carryout this event.

The objective of this activity is to encourage involvement in the process of developing resolutions to be submitted to the Indiana Farm Bureau to be voted on for approval for adoption as policy.

Montgomery County Farm Bureau contributed \$1,250 for food, the guest speaker, and door prizes at the annual meeting.

Total contributed to achievement #1 \$1,250

Line 29 – Montgomery County Farm Bureau, Inc. promotes membership in the Farm Bureau organization by hosting the fall membership appreciation meeting where sausage and pancakes are served to the attending members. 40 people were served at this event.

All 16 members of the Montgomery County Farm Bureau Board of Directors, along with the Indiana Farm Bureau Insurance agents at the Montgomery County office, volunteered their time to carryout this event.

The objective of this activity is to show thanks for the involvement of the Farm Bureau members of Montgomery County.

Montgomery County Farm Bureau, Inc. contributed \$404 for food and rent expenses for this event.

Total contributed to achievement #2 \$404

Montgomery County Farm Bureau, Inc.
35-0801723
Statement 2

8/31/2010 year end

Line 30 – Montgomery County Farm Bureau, Inc. supports the agricultural involvement of local youth through participation in the county 4-H fair. Montgomery County Farm Bureau sponsors the Little Mr. and Little Miss contests, the Pet Parade, and the Battle of the Barns. It also purchased livestock at the 4-H auction in support of 4-H members. 100 people were involved in these activities over the course of eight days.

All 16 members of the Montgomery County Farm Bureau Board of Directors volunteered their time to carryout these events.

The objective of these activities is to support the local 4-H program.

Montgomery County Farm Bureau, Inc. contributed \$1,500 to sponsor the Little Mr. and Little Miss contests, the Pet Parade, and the Battle of the Barns and to purchase livestock at the 4-H auction.

Total contributed to achievement #3 \$1,500

ASSET DEPRECIATION SHORT REPORT
MONTGOMERY COUNTY FARM BUREAU Aug. 15, 2010

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

Range: 1600 - 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 - FARM BUREAU BUILDING								
08/31/70	Ongianl Building Cost	SL/50 00	79,679.72	0 00	79,679 72	54,015 72	1,594 00	55,609 72
01/18/88	Replace Light Fixtures	MSL/15 00	1,263 01	0 00	1,263 01	1,263 01	0 00	1,263 01
07/15/93	New Addition	MACRS/31 50	221,509 84	0 00	221,509 84	112,748.84	7,032 00	119,780 84
10/08/93	Resurface Parking Lot	MSL/15 00	6,372.80	0 00	6,372 80	6,372 80	0 00	6,372 80
03/20/00	Furnace and Air Conditioner	SL/10 00	4,712 61	0 00	4,712 61	4,434 61	236 00	4,670 61
Grand totals	1600 - FARM BUREAU BUILDING (5 assets)		313,537 98	0 00	313,537 98	178,834 98	8,862 00	187,696 98
ASSET A/C#: 1610-00 - FURNITURE AND EQUIPMENT								
12/01/70	6 Tables	MA200/ 7 00	600.00	0 00	600 00	600 00	0 00	600 00
12/01/70	44 Chairs (41 of 44)	MA200/ 7 00	353 57	0 00	353 57	353 57	0.00	353 57
12/01/84	Overhead Projector	MA200/ 7 00	172 98	0 00	172 98	172 98	0 00	172 98
11/27/89	GE 20" TV, Ser # 902211586	MA200/ 7 00	127 84	0 00	127 84	127 84	0 00	127 84
09/08/93	Roper Refrigerator, Serial # EC2617	MA200/ 7 00	514 44	0 00	514 44	514 44	0 00	514 44
09/08/93	Tappan Electric Oven Range	MA200/ 7 00	367 50	0 00	367 50	367 50	0 00	367 50
Grand totals	1610-00 - FURNITURE AND EQUIPMENT (6 assets)		2,136 33	0 00	2,136 33	2,136 33	0 00	2,136 33
Grand totals for all accounts: (11 assets)			315,674 31	0 00	315,674 31	180,971 31	8,862 00	189,833 31

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	315,674 31	0 00	0 00	315,674 31	180,971 31	8,862 00	189,833 31	125,841 00
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)	315,674 31	0 00	0 00	315,674 31	180,971 31	8,862 00	189,833 31	125,841 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					