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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**

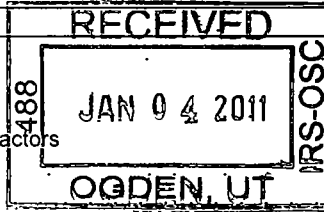
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

|   |  |
|---|--|
| <b>A</b> For the 2009 calendar year, or tax year beginning <u>9/1/2009</u> , and ending <u>8/31/2010</u>  |  |
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending                     | <b>C</b> Name of organization <u>Indiana Farm Bureau</u><br><u>Elkhart County Farm Bureau, Inc.</u><br>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite<br><u>215 West Lincoln Avenue</u><br>City, town, or country State ZIP + 4<br><u>Goshen IN 46526-3279</u> |
|   | <b>D</b> Employer identification number<br><u>35-0904405</u>   |
|   | <b>E</b> Telephone number<br><u>(317) 692-7851</u>   |
|   | <b>F</b> Group Exemption Number <u>0963</u>  |
| • <b>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</b>  |  |
| <b>G</b> Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual<br>Other (specify) ▶   |  |
| <b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)   |  |
| <b>I</b> Website: ▶ <u>n/a</u>  |  |
| <b>J</b> Tax-exempt status (check only one)— <input checked="" type="checkbox"/> 501(c) ( 5 ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  |
| <b>K</b> Check <input type="checkbox"/> 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. |  |
| <b>L</b> 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. ▶ \$ <u>89,951</u>  |  |

## 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      | 1,155   |
|            | 3   | Membership dues and assessments  | 3      | 43,444  |
|            | 4   | Investment income  | 4      | 45,352  |
|            | 5a  | Gross amount from sale of assets other than inventory  | 5a     | 0       |
|            | b   | Less cost or other basis and sales expenses  | 5b     | 0       |
|            | c   | 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"/>        |        |         |
|            | 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          | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8                           | 9  | 89,951 |         |
| Expenses   | 10  | Grants and similar amounts paid (attach schedule)  | 10     | 2,527   |
|            | 11  | Benefits paid to or for members  | 11     |         |
|            | 12  | Salaries, other compensation, and employee benefits  | 12     | 12,408  |
|            | 13  | Professional fees and other payments to independent contractors  | 13     | 3,407   |
|            | 14  | Occupancy, rent, utilities, and maintenance  | 14     | 41,136  |
|            | 15  | Printing, publications, postage, and shipping  | 15     | 251     |
|            | 16  | Other expenses (describe ▶ See Attached Statement)   | 16     | 40,820  |
|            | 17  | <b>Total expenses.</b> Add lines 10 through 16   | 17     | 100,549 |
| Net Assets | 18  | Excess or (deficit) for the year (Subtract line 17 from line 9)  | 18     | -10,598 |
|            | 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     | 534,700 |
|            | 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     | 524,102 |



## 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   | 255,835               | 262,892         |
| 23 Land and buildings   | 277,772               | 260,429         |
| 24 Other assets (describe ▶ See Attached Statement)                                   | 1,093                 | 781             |
| 25 <b>Total assets</b>  | 534,700               | 524,102         |
| 26 <b>Total liabilities</b> (describe ▶ See Attached Statement)                       | 0                     | 0               |
| 27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) | 534,700               | 524,102         |

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

Form 990-EZ (2009)

(HTA)

P 18

**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> | see statement 2  |            |   |
|           | (Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/> | <b>28a</b> | 0 |
| <b>29</b> |  |            |   |
|           | (Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/> | <b>29a</b> | 0 |
| <b>30</b> |  |            |   |
|           | (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)                         | <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 |
|--|--|--|---|--|
| Bert Egging                                  | Title President  |  |   |  |
| 215 West Lincoln Avenue Goshen IN 46526-3218 | Hr/WK 5 00   | 2,295                                      | 0   | 0  |
| Lynn Loucks                                  | Title Vice President                                     |  |   |  |
| 215 West Lincoln Avenue Goshen IN 46526-3218 | Hr/WK 4 00   | 1,275                                      | 0   | 0  |
| Linda Moudy                                  | Title Secretary/Treasurer                                |  |   |  |
| 215 West Lincoln Avenue Goshen IN 46526-3218 | Hr/WK 4 00   | 935  | 0   | 0  |
| Carol Loucks                                 | Title Women's Leader                                     |  |   |  |
| 215 West Lincoln Avenue Goshen IN 46526-3218 | Hr/WK 4 00   | 830  | 0   | 0  |
| Phil Berkey                                  | Title Director   |  |   |  |
| 215 West Lincoln Avenue Goshen IN 46526-3218 | Hr/WK 1 00   | 210  | 0   | 0  |
| David Blough                                 | Title Director   |  |   |  |
| 215 West Lincoln Avenue Goshen IN 46526-3218 | Hr/WK 1 00   | 315  | 0   | 0  |
| Richard Blough                               | Title Director   |  |   |  |
| 215 West Lincoln Avenue Goshen IN 46526-3218 | Hr/WK 1 00   | 350  | 0   | 0  |
| Nick Brown                                   | Title Director   |  |   |  |
| 215 West Lincoln Avenue Goshen IN 46526-3218 | Hr/WK 1 00   | 175  | 0   | 0  |
| Ruby Bryant                                  | Title Director   |  |   |  |
| 215 West Lincoln Avenue Goshen IN 46526-3218 | Hr/WK 1 00   | 245  | 0   | 0  |
| Keith Burger                                 | Title Director   |  |   |  |
| 215 West Lincoln Avenue Goshen IN 46526-3218 | Hr/WK 1 00   | 315  | 0   | 0  |
| Thelma Burger                                | Title Director   |  |   |  |
| 215 West Lincoln Avenue Goshen IN 46526-3218 | Hr/WK 1 00   | 350  | 0   | 0  |
| Blake Doriot                                 | Title Director   |  |   |  |
| 215 West Lincoln Avenue Goshen IN 46526-3218 | Hr/WK 1 00   | 245  | 0   | 0  |
| Mike Hertsel                                 | Title Director   |  |   |  |
| 215 West Lincoln Avenue Goshen IN 46526-3218 | Hr/WK 1 00   | 245  | 0   | 0  |
| Sara Hertsel                                 | Title Director   |  |   |  |
| 215 West Lincoln Avenue Goshen IN 46526-3218 | Hr/WK 1 00   | 0  | 0   | 0  |
| Helen Koller                                 | Title Director   |  |   |  |
| 215 West Lincoln Avenue Goshen IN 46526-3218 | Hr/WK 1 00   | 280  | 0   | 0  |
| Steve Landis                                 | Title Director   |  |   |  |
| 215 West Lincoln Avenue Goshen IN 46526-3218 | Hr/WK 1 00   | 245  | 0   | 0  |
| Donna Lantis                                 | Title Director   |  |   |  |
| 215 West Lincoln Avenue Goshen IN 46526-3218 | Hr/WK 1 00   | 175  | 0   | 0  |
| Brittney Moudy                               | Title Director   |  |   |  |
| 215 West Lincoln Avenue Goshen IN 46526-3218 | Hr/WK 1 00   | 175  | 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?   |     |    |
| <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?   |     | X  |
| <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 <b>40b</b> 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>40c</b>   |     |    |
| <b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>40d</b>   |     |    |
| <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 <b>40e</b>  |     | 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><br>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)?<br>If "Yes," enter the name of the foreign country <b>42b</b>  |     | X  |
| See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .  |     |    |
| <b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S ?<br>If "Yes," enter the name of the foreign country <b>42c</b>  |     | 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"/><br>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 <b>44</b>   |     | 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 <b>45</b>  |     | 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 |
|---|----------------|----|
| <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 <u>None</u> Str _____<br>City _____ ST _____ ZIP _____    | Title _____<br>Hr/WK _____ 00                            | 0                | 0   | 0  |
| Name _____ Str _____<br>City _____ ST _____ ZIP _____          | Title _____<br>Hr/WK _____ 00                            | 0                | 0   | 0  |
| Name _____ Str _____<br>City _____ ST _____ ZIP _____          | Title _____<br>Hr/WK _____ 00                            | 0                | 0   | 0  |
| Name _____ Str _____<br>City _____ ST _____ ZIP _____          | Title _____<br>Hr/WK _____ 00                            | 0                | 0   | 0  |
| Name _____ Str _____<br>City _____ ST _____ ZIP _____          | Title _____<br>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 _____<br>City _____ ST _____ ZIP _____                  |                     |                  |
| Name _____ Str _____<br>City _____ ST _____ ZIP _____                        |                     |                  |
| Name _____ Str _____<br>City _____ ST _____ ZIP _____                        |                     |                  |
| Name _____ Str _____<br>City _____ ST _____ ZIP _____                        |                     |                  |
| Name _____ Str _____<br>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. |                   |   |
|                                 | <div style="display: flex; justify-content: space-between;"> <div> <i>Linda A Moudy</i><br/> Signature of officer </div> <div> 12-15-10<br/> Date </div> </div>   |                   |   |
| <b>Paid Preparer's Use Only</b> | <div style="display: flex; justify-content: space-between;"> <div> <i>Linda A Moudy</i><br/> Type or print name and title </div> <div> Secretary / Treasurer </div> </div>  |                   |   |
|                                 | Preparer's signature<br>Firm's name (or yours if self-employed), address, and ZIP + 4<br>Indiana Farm Bureau Inc<br>P O Box 1290, Indianapolis, IN 46206  | Date<br>12/6/2010 | Check if self-employed <input type="checkbox"/> |

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**

|    |  |           |
|----|--|-----------|
|    |  | 40,820    |
| 1  | Travel . . . . .                                 | 1 6,601   |
| 2  | Meals and entertainment . . . . .                | 2 35      |
| 3  | Fundraising . . . . .                            | 3         |
| 4  | Amortization . . . . .                           | 4 0       |
| 5  | Conferences, conventions, and meetings . . . . . | 5 3,699   |
| 6  | Depreciation . . . . .                           | 6 312     |
| 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 . . . . .                    | 13 398    |
| 14 | Ag Promotion . . . . .                           | 14 17,237 |
| 15 | District Dues . . . . .                          | 15 1,152  |
| 16 | Miscellaneous Expenses . . . . .                 | 16 1,098  |
| 17 | Building Expens for leased space . . . . .       | 17 10,288 |
| 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**

1,093

781

| Description |  | Beginning | End |
|-------------|--|-----------|-----|
| 1           | Accounts Receivable                        | 0         | 0   |
| 2           | Prepaid Expenses                           | 0         | 0   |
| 3           | Equipment, net of accumulated depreciation | 1,093     | 781 |
| 4           |  |           |     |
| 5           |  |           |     |
| 6           |  |           |     |
| 7           |  |           |     |
| 8           |  |           |     |
| 9           |  |           |     |
| 10          |  |           |     |



# 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 |
|---|--|--------------|--|--------------------------------------|
| Dwight Moudy<br>215 West Lincoln Avenue<br>Goshen IN 46526-3218     | Title Director<br>Hr/WK 1.00                         | 350          | 0  | 0                                    |
| James Moudy<br>215 West Lincoln Avenue<br>Goshen IN 46526-3218      | Title Director<br>Hr/WK 1.00                         | 140          | 0  | 0                                    |
| Robert Newcomer<br>215 West Lincoln Avenue<br>Goshen IN 46526-3218  | Title Director<br>Hr/WK 1.00                         | 245          | 0  | 0                                    |
| Judy Oesch<br>215 West Lincoln Avenue<br>Goshen IN 46526-3218       | Title Director<br>Hr/WK 1.00                         | 0            | 0  | 0                                    |
| Mike Oesch<br>215 West Lincoln Avenue<br>Goshen IN 46526-3218       | Title Director<br>Hr/WK 1.00                         | 245          | 0  | 0                                    |
| Ed Pippenger<br>215 West Lincoln Avenue<br>Goshen IN 46526-3218     | Title Director<br>Hr/WK 1.00                         | 0            | 0  | 0                                    |
| Brent Reed<br>215 West Lincoln Avenue<br>Goshen IN 46526-3218       | Title Director<br>Hr/WK 1.00                         | 245          | 0  | 0                                    |
| George Reed<br>215 West Lincoln Avenue<br>Goshen IN 46526-3218      | Title Director<br>Hr/WK 1.00                         | 245          | 0  | 0                                    |
| Dean Rink<br>215 West Lincoln Avenue<br>Goshen IN 46526-3218        | Title Director<br>Hr/WK 1.00                         | 140          | 0  | 0                                    |
| Daniel Schmucker<br>215 West Lincoln Avenue<br>Goshen IN 46526-3218 | Title Director<br>Hr/WK 1.00                         | 315          | 0  | 0                                    |
| Max Schmucker<br>215 West Lincoln Avenue<br>Goshen IN 46526-3218    | Title Director<br>Hr/WK 1.00                         | 280          | 0  | 0                                    |
| Ben Sheets<br>215 West Lincoln Avenue<br>Goshen IN 46526-3218       | Title Director<br>Hr/WK 1.00                         | 0            | 0  | 0                                    |
| Brittney Sheets<br>215 West Lincoln Avenue<br>Goshen IN 46526-3218  | Title Director<br>Hr/WK 1.00                         | 0            | 0  | 0                                    |
| Bryan Sheets<br>215 West Lincoln Avenue<br>Goshen IN 46526-3218     | Title Director<br>Hr/WK 1.00                         | 105          | 0  | 0                                    |
| Alex Wait<br>215 West Lincoln Avenue<br>Goshen IN 46526-3218        | Title Director<br>Hr/WK 1.00                         | 280          | 0  | 0                                    |
| Jim Weeber<br>215 West Lincoln Avenue<br>Goshen IN 46526-3218       | Title Director<br>Hr/WK 1.00                         | 315          | 0  | 0                                    |
| Tom Wysong<br>215 West Lincoln Avenue<br>Goshen IN 46526-3218       | Title Director<br>Hr/WK 1.00                         | 210          | 0  | 0                                    |

Elkhart County Farm Bureau, Inc.  
35-0904405

8/31/2010      year end

Statement 2

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

**Line 28** – Elkhart County Farm Bureau, Inc. promotes agricultural education and youth involvement in 4-H through various activities. Elkhart County Farm Bureau conducts an Ag in the Classroom program where volunteers visit elementary schoolchildren in their classrooms throughout the year to educate them about agriculture and food production. It also sponsors 4-H activities, recognizes 4-H leaders, and purchases animals at the 4-H livestock auction. Finally, Elkhart County Farm Bureau conducts a scholarship program for local students seeking to further their educations after high school. More than 700 people are served by these activities.

10 volunteers contributed their time to plan, coordinate, and carry out these activities.

The objective of these activities is to educate the public about agriculture in Elkhart County and throughout the State of Indiana.

Elkhart County Farm Bureau, Inc. contributed a total of \$12, 293 for the scholarships and for supplies and expenses associated with these activities.

Total contributed to achievement #1      \$12,293

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**Line 29** – Elkhart County Farm Bureau, Inc. hosted several meetings with county, state, and federal government officials. 15 meetings were held throughout the year with various government officials, including two Congressmen, one state senator, six state representatives, and approximately 10 county officials.

Approximately 15 volunteers contributed 100 – 150 hours to plan, coordinate, and carry out these meetings.

The objectives of these activities are to develop relationships with public officials and to inform them about currently relevant agricultural issues.

Elkhart County Farm Bureau, Inc. contributed \$700 for food and meeting expenses.

Total contributed to achievement #2      \$700

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Elkhart County Farm Bureau, Inc.  
35-0904405

8/31/2010 year end

Statement 2

**Line 30** – Elkhart County Farm Bureau, Inc. promotes agricultural education and awareness through various community outreach activities. Elkhart County Farm Bureau conducted a Letter to the Editor Campaign. It hosted Food Checkout Day at a local grocery store. It sponsored a visit to a local dairy farm for 225 local schoolchildren who were taught about the quality care of dairy animals. An Elkhart County Farm Bureau representative spoke about defending animal agriculture at the county fair. Elkhart County Farm Bureau setup several agricultural displays at the county fair. Finally, Elkhart County Farm Bureau partnered with seven other Indiana and Michigan County Farm Bureaus and the Indiana Farm Bureau to raise funds to purchase a grain bin rescue tube to be used by the tactical rescue unit of the area fire territory.

The objectives of these activities are to promote the Farm Bureau's activities, enhance farm safety, and educate the public about agriculture.

Elkhart County Farm Bureau, Inc. contributed \$2,100 for supplies and expenses associated with these activities.

Total contributed to achievement #3                      \$2,100

**ASSET DEPRECIATION SHORT REPORT**  
**ELKHART 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                          |                                     |             |            |             |            |                      |           |            |
| 08/01/58  | Goshen Building                     | SL/50 00    | 35,618 63  | 0 00        | 35,618 63  | 35,618 63            | 0 00      | 35,618 63  |
| 08/01/75  | Elkhart Building                    | SL/50 00    | 67,532 50  | 0 00        | 67,532 50  | 48,192 50            | 1,351 00  | 49,543 50  |
| 08/01/76  | Goshen Building addition            | SL/50 00    | 147,684 88 | 0 00        | 147,684 88 | 102,096 88           | 2,954 00  | 105,050 88 |
| 05/01/87  | Elkhart Building Addition           | MACRS/31 50 | 190,340 20 | 0 00        | 190,340 20 | 137,029 20           | 6,043.00  | 143,072 20 |
| 07/01/88  | Air conditioner                     | MSL/15 00   | 1,930 00   | 0 00        | 1,930 00   | 1,930 00             | 0 00      | 1,930 00   |
| 10/01/89  | Split rail fence                    | MSL/15 00   | 921 78     | 0 00        | 921.78     | 921 78               | 0 00      | 921 78     |
| 09/01/92  | Furnaces (5)                        | MSL/15 00   | 18,111 97  | 0 00        | 18,111 97  | 15,945 97            | 1,207 00  | 17,152 97  |
| 01/10/94  | Roof                                | MSL/20 00   | 14,000 00  | 0 00        | 14,000 00  | 10,966 00            | 700 00    | 11,666 00  |
| 10/01/95  | HVAC, reconfigure for Interior offi | MSL/20 00   | 17,197 63  | 0 00        | 17,197 63  | 8,783 63             | 860 00    | 9,643 63   |
| 01/10/99  | Boardroom remodel                   | MSL/10 00   | 2,748 09   | 0 00        | 2,748 09   | 2,748 09             | 0 00      | 2,748 09   |
| 08/01/99  | Air compressor                      | MSL/ 5 00   | 4,175 00   | 0 00        | 4,175 00   | 4,175 00             | 0 00      | 4,175 00   |
| 08/01/99  | Water & sewer lines                 | MSL/15 00   | 13,975 86  | 0 00        | 13,975 86  | 9,357 86             | 932 00    | 10,289 86  |
| 08/01/99  | Carpet                              | MSL/ 5 00   | 20,378 79  | 0 00        | 20,378 79  | 20,378 79            | 0 00      | 20,378 79  |
| 10/01/99  | Ceiling tiles                       | MSL/10 00   | 2,500 00   | 0 00        | 2,500 00   | 2,479 00             | 21 00     | 2,500 00   |
| 11/01/99  | General office remodel              | MSL/20 00   | 4,432 72   | 0 00        | 4,432 72   | 2,182 72             | 222 00    | 2,404 72   |
| 12/01/99  | Carpet                              | MSL/ 5 00   | 11,770 76  | 0 00        | 11,770 76  | 11,770 76            | 0 00      | 11,770 76  |
| 11/01/00  | Pnvate offices (6)                  | MSL/20 00   | 13,180 62  | 0 00        | 13,180 62  | 5,820 62             | 659 00    | 6,479 62   |
| 03/01/01  | Roof                                | MSL/20 00   | 15,260 00  | 0 00        | 15,260 00  | 6,486 00             | 763 00    | 7,249 00   |
| 07/01/01  | Heat Pump `                         | MSL/10 00   | 2,940 20   | 0 00        | 2,940 20   | 2,401 20             | 294 00    | 2,695 20   |
| 03/20/09  | Roof & Siding                       | MACRS/39 00 | 32,256 09  | 0 00        | 32,256 09  | 379 00               | 827 00    | 1,206 00   |
| 04/06/09  | Air Conditioner Unit                | MACRS/39 00 | 6,319 18   | 0 00        | 6,319 18   | 61 00                | 162 00    | 223 00     |
| 07/23/09  | Windows                             | MACRS/39 00 | 13,581 70  | 0 00        | 13,581 70  | 44 00                | 348 00    | 392 00     |
| 08/12/09  | Building Appraisal                  | NONE/10 00  | 1,500 00   | 0 00        | 1,500 00   | 0 00                 | 0 00      | 0 00       |
| Grand totals 1600-00 - BUILDING (23 assets)             |                                     |             | 638,356 60 | 0 00        | 638,356 60 | 429,768 63           | 17,343 00 | 447,111 63 |
| ASSET A/C#: 1610-00 - FURNITURE & EQUIPMENT             |                                     |             |            |             |            |                      |           |            |
| 02/01/60  | COMMUNITY ROOM TABLES               | MA200/ 7 00 | 476 81     | 0 00        | 476 81     | 476 81               | 0 00      | 476 81     |
| 02/01/60  | FOLDING CHAIRS (12 of 50)           | MA200/ 7 00 | 52 28      | 0 00        | 52 28      | 52 28                | 0 00      | 52 28      |
| 11/01/68  | TABLES (3)                          | MA200/ 7 00 | 202 69     | 0 00        | 202 69     | 202 69               | 0 00      | 202 69     |
| 12/01/72  | CONFERENCE TABLE                    | MA200/ 7 00 | 325 00     | 0 00        | 325 00     | 325 00               | 0 00      | 325 00     |
| 03/01/86  | TROPHY CASE                         | MA200/ 7 00 | 653 09     | 0 00        | 653 09     | 653 09               | 0 00      | 653 09     |
| 06/14/07  | 24 Leather Executive Chairs         | MA200/ 7 00 | 2,499 50   | 0 00        | 2,499 50   | 1,406 00             | 312 00    | 1,718 00   |
| Grand totals 1610-00 - FURNITURE & EQUIPMENT (6 assets) |                                     |             | 4,209 37   | 0 00        | 4,209 37   | 3,115 87             | 312 00    | 3,427 87   |
| Grand totals for all accounts` (29 assets)              |                                     |             | 642,565 97 | 0 00        | 642,565 97 | 432,884 50           | 17,655 00 | 450,539 50 |

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                                 | 642,565 97 | 0 00        | 0 00         | 642,565 97 | 432,884 50 | 17,655 00 | 450,539 50    | 192,026 47   |
| 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)                                  | 642,565 97 | 0 00        | 0 00         | 642,565 97 | 432,884 50 | 17,655 00 | 450,539 50    | 192,026 47   |
| 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         |            |            |           |               |              |