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ENVELOPE
POSTMARK DATE JUL 06 2011

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2010

**Open to Public
Inspection**

A For the 2010 calendar year, or tax year beginning <u>1/1/2010</u> , and ending <u>12/31/2010</u>	
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	C Name of organization <u>Indiana Farm Bureau</u> <u>Sullivan County Farm Bureau Inc</u> Number and street (or P O box, if mail is not delivered to street address) Room/suite <u>17 N Main Street</u> City or town state or country ZIP + 4 <u>Sullivan IN 47882-1588</u>
D Employer identification number <u>35-0870846</u>	E Telephone number <u>(317) 692-7851</u>
F Group Exemption Number <u>0963</u>	
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
I Website: ▶ <u>N/A</u>	
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (5) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000.
A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 50,642

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	6,824
	3	Membership dues and assessments	3	12,512
	4	Investment income	4	31,306
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
Expenses	6c	Less direct expenses from gaming and fundraising events	6c	
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	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 in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	50,642
	10	Grants and similar amounts paid (list in Schedule O)	10	2,151
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	1,133
Net Assets	13	Professional fees and other payments to independent contractors	13	724
	14	Occupancy, rent, utilities, and maintenance	14	7,029
	15	Printing, publications, postage, and shipping	15	26
	16	Other expenses (describe in Schedule O)	16	33,667
	17	Total expenses. Add lines 10 through 16	17	44,730
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,912
	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	117,898
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	123,810

1/14

Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	50,703	22	61,514
23 Land and buildings	68,131	23	62,296
24 Other assets (describe in Schedule O)	290	24	
25 Total assets	119,124	25	123,810
26 Total liabilities (describe in Schedule O)	1,226	26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	117,898	27	123,810

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

Check if the organization used Schedule O to respond to any question in this Part III

☒**Expenses**

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

What is the organization's primary exempt purpose? See Statement O 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

28 4-H Fair activities. Booth at fairgrounds to promote Sullivan CFB and agriculture. Milk shake proceeds are used to support 4-H in community.		
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a
29 Donated funds to Sullivan County 4-H council for building project		
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	29a
30		
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	31a
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)

Check if the organization used Schedule O to respond to any question in this 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
Deckard, Russell 17 North Main Street Sullivan IN 47882-1588	Title President Hr/WK 5.00	520		
Kincaid, Bobbi 17 North Main Street Sullivan IN 47882-1588	Title Secretary/Treasurer Hr/WK 4.00	225		
Bell, Mike 17 North Main Street Sullivan IN 47882-1588	Title Director Hr/WK 4.00	30		
Curran, Charles 17 North Main Street Sullivan IN 47882-1588	Title Director Hr/WK 1.00	130		
Horton, Curtis 17 North Main Street Sullivan IN 47882-1588	Title Director Hr/WK 1.00	50		
Jackson, Todd 17 North Main Street Sullivan IN 47882-1588	Title Director Hr/WK 1.00	0		
Mann, Jeff 17 North Main Street Sullivan IN 47882-1588	Title Director Hr/WK 1.00	40		
Page, Cullen 17 North Main Street Sullivan IN 47882-1588	Title Director Hr/WK 1.00	0		
Robbins, Jack 17 North Main Street Sullivan IN 47882-1588	Title Director Hr/WK 1.00	40		
Robbins, Ruth Ann 17 North Main Street Sullivan IN 47882-1588	Title Director Hr/WK 1.00	70		
Walters, Faye 17 North Main Street Sullivan IN 47882-1588	Title Director Hr/WK 1.00	60		
Watts, Nancy 17 North Main Street Sullivan IN 47882-1588	Title Director Hr/WK 1.00	10		
	Title Hr/WK 00	0		

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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 (see instructions)?	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		
b Did the organization file Form 1120-POL for this year?		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 tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
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 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
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		
41 List the states with which a copy of this return is filed ▶ _____		
42 a The organization's books are in care of ▶ <u>Indiana Farm Bureau Inc</u> Telephone no ▶ <u>(317) 692-7851</u> Located at ▶ <u>225 S. East Street</u> City <u>Indianapolis</u> ST <u>IN</u> ZIP + 4 ▶ <u>46202</u>		
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.		
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 ▶ _____		
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		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

- 45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- a** Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ.

	Yes	No
45		X
45a	n/a	
46		X

- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

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 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

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

	Yes	No
47	n/a	
48	n/a	
49a	n/a	
49b	n/a	

(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	Title			
City ST ZIP	Hr/WK 00			
Name None	Title			
City ST ZIP	Hr/WK 00			
Name None	Title			
City ST ZIP	Hr/WK 00			
Name None	Title			
City ST ZIP	Hr/WK 00			
Name None	Title			
City ST ZIP	Hr/WK 00			

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

- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

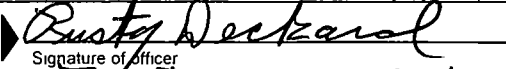
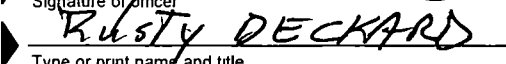
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None		
City ST ZIP		
Name None		
City ST ZIP		
Name None		
City ST ZIP		
Name None		
City ST ZIP		
Name None		
City ST ZIP		

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

- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☐ Yes ☒ No

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  **PREP** **4-6-11**
Signature of officer Date
 Type or print name and title

Print/Type preparer's name **Preparer's signature** **Date** **Check if self-employed** **PTIN**
Firm's name **Indiana Farm Bureau Inc** Firm's EIN **35-0409100**
Firm's address **PO Box 1290, Indianapolis, IN 46206** Phone no **(317) 692-7851**

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

☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Sullivan County Farm Bureau Inc

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

35-0870846

Form 990-EZ, Part I, Line 16, Other Expenses Travel 776

Form 990-EZ, Part I, Line 16, Other Expenses Ag Promotion 15,091

Form 990-EZ, Part I, Line 16, Other Expenses District Dues 298

Form 990-EZ, Part II, Line 24, Other Assets Accounts Receivable Beginning of year 0, End of

year 0

Form 990-EZ, Part II, Line 24, Other Assets Prepaid Expenses Beginning of year 0, End of

year 0

Form 990-EZ, Part II, Line 24, Other Assets Equipment, net of accumulated depreciation

Beginning of year 290, End of year 0

Form 990-EZ, Part II, Line 26, Liabilities Accounts Payable Beginning of year 0, End of

year 0

Form 990-EZ, Part II, Line 26, Liabilities Accrued Expenses Beginning of year 0, End of

year 0

Form 990-EZ, Part II, Line 26, Liabilities Payroll Tax Liability Beginning of year 0, End

of year 0

Form 990-EZ, Part II, Line 26, Liabilities Unearned Income Beginning of year 0, End of

year 0

Form 990-EZ, Part II, Line 26, Liabilities Mortgage Payable Beginning of year 1,226, End of

year 0

Form 990-EZ, Part II, Line 26, Liabilities Note Payable Beginning of year 0, End of year 0

Form 990-EZ Part Part III Organization's primary exempt purpose Represent the farmer's voice

on issues related to agriculture, educate the consumer and promote farm products, keep members

abreast of policies and new developments

Form 990-EZ Part Part V Line 35, Sullivan County Farm Bureau, Inc, generated \$96 00 of income

from ticket sales to its annual meeting and \$6 728 from commodities sales at the county fair

to promote agriculture, both of which are related to its exempt purpose

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

(HTA)

Schedule O (Form 990 or 990-EZ) (2010)

ASSET DEPRECIATION SHORT REPORT
SULLIVAN COUNTY FARM BUREAU Dec. 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								
02/13/89	BUILDING	MACRS/31 50	167,908 23	0 00	167,908 23	111,486 23	5,330 00	116,816 23
05/01/99	WALLS FOR AGENTS OFFICES	MACRS/31 50	4,615 77	0 00	4,615 77	1,552 77	147 00	1,699 77
05/01/99	CARPET	MSL/15 00	5,369 48	0 00	5,369 48	3,788 48	358 00	4,146 48
Grand totals	1600-00 - BUILDING (3 assets)		177,893 48	0 00	177,893 48	116,827 48	5,835 00	122,662 48
ASSET A/C#: 1610-00 - FURNITURE & EQUIPMENT								
01/12/89	KRUEGER STACK CHAIRS, TAN (26)	MA200/ 7 00	1,610 70	0 00	1,610 70	1,610 70	0 00	1,610 70
01/12/89	BEVIS UTILITY TABLES, 30" X 72" (5)	MA200/ 7 00	766 50	0 00	766 50	766 50	0 00	766 50
01/12/89	BEVIS UTILITY TABLE, 30" X 60" (1)	MA200/ 7 00	118 65	0 00	118 65	118 65	0 00	118.65
02/16/89	TOSHIBA TV AND SYLVANIA VCR W/ CABI	MA200/ 7 00	415 67	0 00	415 67	415 67	0 00	415 67
03/10/89	DAYTRON MICROWAVE (1)	MA200/ 7 00	73 46	0 00	73 46	73 46	0 00	73 46
03/14/89	TAPPAN RANGE (1)	MA200/ 7 00	270 77	0 00	270 77	270 77	0 00	270 77
05/11/89	FILE CABINET WITH LOCK (1)	MA200/ 7 00	315 00	0 00	315 00	315 00	0 00	315 00
06/02/89	TOA RADIO AND CASSETTE PLAYER (1)	MA200/ 7 00	405 86	0 00	405 86	405 86	0 00	405 86
05/01/03	Milk Shake machine	M*200/ 7 00	6,500 00	0 00	6,500 00	6,210 00	290 00	6,500 00
Grand totals	1610-00 - FURNITURE & EQUIPMENT (9 assets)		10,476 61	0 00	10,476 61	10,186 61	290 00	10,476 61
Grand totals for all accounts: (12 assets)			188,370 09	0 00	188,370 09	127,014 09	6,125 00	133,139 09

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	188,370 09	0 00	0 00	188,370 09	127,014 09	6,125 00	133,139 09	55,231 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)	188,370 09	0 00	0 00	188,370 09	127,014 09	6,125 00	133,139 09	55,231 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				