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Short Form Return of Organization Exempt From Income Tax

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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.

A	For the 2010 calendar year, or tax year beginning <u>1/1/2010</u> , and ending <u>12/31/2010</u>	
B	<input checked="" type="checkbox"/> 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>Vigo County Farm Bureau Inc.</u> Number and street (or P O box, if mail is not delivered to street address) Room/suite <u>P.O. Box 2156</u> City or town state or country ZIP + 4 <u>Terre Haute IN 47802-0156</u>
		D Employer identification number <u>35-6073057</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) ▶ _____ Website: ▶ <u>n/a</u> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(<u>5</u>) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

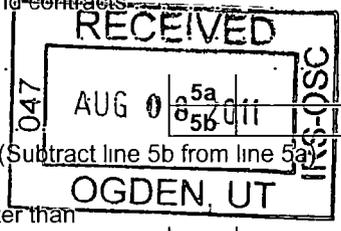
Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return,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

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. ▶ \$ 27,094

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

	1 Contributions, gifts, grants, and similar amounts received		
	2 Program service revenue including government fees and contracts		
	3 Membership dues and assessments		21,444
	4 Investment income		5,650
	5a Gross amount from sale of assets other than inventory		
	b Less cost or other basis and sales expenses		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b 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	
	c Less: direct expenses from gaming and fundraising events	6c	
	d 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	
	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 in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	27,094
	10 Grants and similar amounts paid (list in Schedule O)	10	4,315
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	4,272
	13 Professional fees and other payments to independent contractors	13	1,534
	14 Occupancy, rent, utilities, and maintenance	14	898
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	17,746
	17 Total expenses. Add lines 10 through 16	17	28,765
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,671
	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	279,546
	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	277,875



ENVELOPE AUG 04 2011
MARK DATE AUG 04 2011
SCANNED AUG 22 2011

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	256,192	227,206
23 Land and buildings	17,101	16,203
24 Other assets (describe in Schedule O)	6,253	4,466
25 Total assets	279,546	277,875
26 Total liabilities (describe in Schedule O)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	279,546	277,875

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

What is the organization's primary exempt purpose? See schedule 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

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

28 4-H Program educate the public about Farm Bureau and agriculture by supporting 4-H. VCFB supports 4-H livestock auction and award winners by giving trophies and prizes during the 7 days of the county fair. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 Matter in Motion: promote agriculture and educate the public about modern agriculture. The 1 day event lasted 6 hours and served approximately 500 parents and children. 8 volunteers donated their time. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 Children's Museum Educate children about the importance of agriculture at the Children's Museum by holding 3 sessions. (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
Burbrink, Brad P.O. Box 156 Terre Haute IN 47802-0156	Title President Hr/WK 5 00	500		
Miklozek, Frank P.O. Box 156 Terre Haute IN 47802-0156	Title Vice President Hr/WK 4 00	250		
Slater, Peggy P.O. Box 156 Terre Haute IN 47802-0156	Title Secretary/Treasurer Hr/WK 4 00	350		
Chickadaunce, Katy P.O. Box 156 Terre Haute IN 47802-0156	Title Women's Leader Hr/WK 4 00	333		
Burbrink, Amber P.O. Box 156 Terre Haute IN 47802-0156	Title Director Hr/WK 1 00	90		
Certain, Marsha P.O. Box 156 Terre Haute IN 47802-0156	Title Director Hr/WK 1 00	135		
Certain, Vera P.O. Box 156 Terre Haute IN 47802-0156	Title Director Hr/WK 1 00	30		
Elkins, Paul P.O. Box 156 Terre Haute IN 47802-0156	Title Director Hr/WK 1 00	90		
Evans, Becky P.O. Box 156 Terre Haute IN 47802-0156	Title Director Hr/WK 1.00	242		
Evans, Marty P.O. Box 156 Terre Haute IN 47802-0156	Title Director Hr/WK 1.00	120		
Garzolini, Gary P.O. Box 156 Terre Haute IN 47802-0156	Title Director Hr/WK 1 00	105		
Gormong, Beth P.O. Box 156 Terre Haute IN 47802-0156	Title Director Hr/WK 1 00	90		
Hart, Julie P.O. Box 156 Terre Haute IN 47802-0156	Title Director Hr/WK 1 00	120		

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?		
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.		
41 List the states with which a copy of this return is filed. ▶ _____		

42 a The organization's books are in care of ▶ Indiana Farm Bureau Inc. 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)?		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.?		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 and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ **43** _____

	Yes	No
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)?	45	Yes	No
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.	45a	n/a	
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.	46		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 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.	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 City ST ZIP	Title Hr/WK .00			
Name City ST ZIP	Title Hr/WK .00			
Name City ST ZIP	Title Hr/WK .00			
Name City ST ZIP	Title Hr/WK .00			
Name City ST ZIP	Title 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 City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name 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
 Signature of officer: *Brad Barbant* Date: 7-28-11
 Type or print name and title: Brad Barbant, President

Paid Preparer's Use Only
 Print/Type preparer's name: Elaine Rueff Preparer's signature: Elaine Rueff Date: 7/20/2011 Check if self-employed: PTIN: P01464784
 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)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

Vigo County Farm Bureau Inc.

Employer identification number

35-6073057

Form 990-EZ, Part I, Line 16, Other Expenses: Travel: 4,054

Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings: 1,827

Form 990-EZ, Part I, Line 16, Other Expenses: Depreciation: 1,787

Form 990-EZ, Part I, Line 16, Other Expenses: Ag Promotion: 8,789

Form 990-EZ, Part I, Line 16, Other Expenses: District Dues: 623

Form 990-EZ, Part I, Line 16, Other Expenses: Miscellaneous Expense: 666

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

Beginning of year: 6,253, End of year: 4,466

Form 990-EZ 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

ASSET DEPRECIATION SHORT REPORT
VIGO 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								
12/31/03	Fairgrounds Building	MACRS/39 00	19,503 94	0 00	19,503 94	3,000 00	500 00	3,500 00
07/15/04	Air Conditioning	M*200/ 7 00	3,290 00	0 00	3,290 00	2,827 00	309 00	3,136 00
07/15/04	Carpeting	M*200/ 7 00	953 78	0 00	953 78	820 00	89 00	909 00
Grand totals 1600-00 - BUILDING (3 assets)			23,747 72	0 00	23,747 72	6,647 00	898 00	7,545 00
ASSET A/C#: 1610-00 - FURNITURE & EQUIPMENT								
02/01/69	CHAIRS (30 of 50)	MA200/ 7 00	130 05	0 00	130 05	130 05	0 00	130 05
02/01/69	DESK (1)	MA200/ 7 00	40 00	0 00	40 00	40 00	0 00	40 00
12/01/87	KRUEGER CHAIRS (16 of 30)	MA200/ 7 00	957 60	0 00	957 60	957 60	0 00	957 60
12/01/87	KRUEGER TABLES (8)	MA200/ 7 00	848 40	0 00	848 40	848 40	0 00	848 40
01/01/88	SOUND CRAFT P A SYSTEM (1)	MA200/ 7 00	639 77	0 00	639 77	639 77	0 00	639 77
01/01/89	VISUAL BOARD (1)	MA200/ 7 00	463 05	0 00	463 05	463 05	0 00	463 05
06/01/90	COMMERCIAL POPCORN POPPER (1)	MA200/ 7 00	433 64	0 00	433 64	433 64	0 00	433 64
01/20/06	Shelf units (5 ea)	MA200/ 7 00	665 51	0 00	665 51	457 00	60 00	517 00
02/28/06	Video Closet	MA200/ 7 00	2,357 00	0 00	2,357 00	1,621 00	210 00	1,831 00
03/30/06	Tables for boardroom (16 ea)	MA200/ 7 00	7,206 40	0 00	7,206 40	4,955 00	643 00	5,598 00
03/30/06	Chairs for boardroom (24 ea)	MA200/ 7 00	9,790 80	0 00	9,790 80	6,733 00	874 00	7,607 00
Grand totals 1610-00 - FURNITURE & EQUIPMENT (11 assets)			23,532 22	0 00	23,532 22	17,278 51	1,787 00	19,065 51
Grand totals for all accounts: (14 assets)			47,279 94	0 00	47,279 94	23,925 51	2,685 00	26,610 51

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	47,279 94	0 00	0 00	47,279 94	23,925 51	2,685 00	26,610 51	20,669 43
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)	47,279 94	0 00	0 00	47,279 94	23,925 51	2,685 00	26,610 51	20,669 43
Total Bonus Depreciation Taken at 30% Rate:			0.00					
Total Bonus Depreciation Taken at 50% Rate:			0.00					
Total Bonus Depreciation Taken at 100% Rate:			0.00					
Total Bonus 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
Hults, Brent P.O. Box 156 Terre Haute IN 47802-0156	Title Director Hr/WK 1.00	60	0	0
Ring, Sally P.O. Box 156 Terre Haute IN 47802-0156	Title Director Hr/WK 1.00	135	0	0
Shew, Mark P.O. Box 156 Terre Haute IN 47802-0156	Title Director Hr/WK 1.00	90	0	0
Slater, Dean P.O. Box 156 Terre Haute IN 47802-0156	Title Director Hr/WK 1.00	120	0	0
Wright, Rita P.O. Box 156 Terre Haute IN 47802-0156	Title Director Hr/WK 1.00	90	0	0
Wright, Thomas P.O. Box 156 Terre Haute IN 47802-0156	Title Director Hr/WK 1.00	75	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