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## Open to Public Inspection

**► The organization may have to use a copy of this return to satisfy state reporting requirements**

Form **990-EZ** (2010)

Part II

Balance Sheets

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

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| (See the instructions for Part II ) |                                                                               | (A) Beginning of year | (B) End of year |         |
|-------------------------------------|-------------------------------------------------------------------------------|-----------------------|-----------------|---------|
| 22                                  | Cash, savings, and investments . . . . .                                      | 23,813                | 22              | 26,147  |
| 23                                  | Land and buildings . . . . .                                                  | 141,735               | 23              | 133,067 |
| 24                                  | Other assets (describe in Schedule O) . . . . .                               |                       | 24              |         |
| 25                                  | Total assets . . . . .                                                        | 165,548               | 25              | 159,214 |
| 26                                  | Total liabilities (describe in Schedule O) . . . . .                          | 60,787                | 26              | 44,906  |
| 27                                  | Net assets or fund balances (line 27 of column (B) must agree with line 21) . | 104,761               | 27              | 114,308 |

Part III

Statement of Program Service Accomplishments

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

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| What is the organization's primary exempt purpose?<br>See Schedule O                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                         | Expenses<br>(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others ) |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--|
| 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                                                                                                                                                                                                                                   | At Mini-Mont, we set up a station where children & their parents could learn about agriculture 200-250 attended & 6 volunteer hours were contributed<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                                        | 28a                                                                                                                           |  |
| 29                                                                                                                                                                                                                                   | We hosted a 4th grade field trip to the county fairgrounds where the children & their teachers & parents learned about different aspects of agriculture 600 people attended & 140 volunteer hours were used<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a                                                                                                                           |  |
| 30                                                                                                                                                                                                                                   | We support the local youth during the county 4-H fair by sponsoring the Little Mr and Little Miss contests, the Pet Parade, & by purchasing livestock at the 4-H auction 24 volunteer hours were needed<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>     | 30a                                                                                                                           |  |
| 31                                                                                                                                                                                                                                   | Other program services (describe in Schedule O) . . . . .<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                                                                                                                                                   | 31a                                                                                                                           |  |
| 32                                                                                                                                                                                                                                   | Total program service expenses (add lines 28a through 31a) . . . . .                                                                                                                                                                                                                                    | 32                                                                                                                            |  |

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 |
|---------------------------|----------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------|------------------------------------------|
| See Additional Data Table |                                                          |                                            |                                                                     |                                          |
|                           |                                                          |                                            |                                                                     |                                          |
|                           |                                                          |                                            |                                                                     |                                          |
|                           |                                                          |                                            |                                                                     |                                          |

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

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|     |                                                                                                                                                                                                                                                                                                                                 |     |    |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|     |                                                                                                                                                                                                                                                                                                                                 | 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 . . . . .                                                                                                                                                               |     | No |
| 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) . . . . .                                                            |     | No |
| 35  | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T . . . . .                                                                      |     |    |
| 35a | 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? <input checked="" type="checkbox"/>                                                                  | Yes |    |
| 35b | If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? (see instructions) . . . . .                                                                                                                                                                                                                            | Yes |    |
| 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 . . . . .                                                                                                                                     |     | No |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/>                                                                                                                                                                                                           | 37a |    |
| 37b | Did the organization file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                         |     | No |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?                                                                                             |     | No |
| 38b | If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .                                                                                                                                                                                                                                            | 38b |    |
| 39  | Section 501(c)(7) organizations. Enter                                                                                                                                                                                                                                                                                          |     |    |
| 39a | Initiation fees and capital contributions included on line 9 . . . . .                                                                                                                                                                                                                                                          | 39a |    |
| 39b | Gross receipts, included on line 9, for public use of club facilities . . . . .                                                                                                                                                                                                                                                 | 39b |    |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>                                                                                                    |     |    |
| 40b | 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 . . . . . |     |    |
| 40c | 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 . . . . . <input type="checkbox"/>                                                                                                              |     |    |
| 40d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . <input type="checkbox"/>                                                                                                                                                                                |     |    |
| 40e | 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 <input type="checkbox"/> IN                                                                                                                                                                                                                                           |     |    |
| 42a | The organization's books are in care of <input type="checkbox"/> Indiana Farm Bureau Inc Telephone no <input type="checkbox"/> (317) 692-7851<br>Located at <input type="checkbox"/> 225 S East Street Indianapolis, IN ZIP + 4 <input type="checkbox"/> 46202                                                                  |     |    |
| 42b | 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 <input type="checkbox"/>            | Yes | No |
| 42c | See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .<br>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 <input type="checkbox"/>     |     | No |
| 43  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input checked="" type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <input type="checkbox"/>                                                         | 43  |    |
| 44a | Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.                                                                                                                                                                                                             | Yes | No |
| 44b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ                                                                                                                                                                                       |     | No |
| 44c | Did the organization receive any payments for indoor tanning services during the year?                                                                                                                                                                                                                                          |     | No |
| 44d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O                                                                                                                                                                                             |     |    |

|     |                                                                                                                                                                                                                         |     |    |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|     |                                                                                                                                                                                                                         | Yes | No |
| 45  | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ                                 |     | No |
| 45a | 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 must be completed instead of Form990-EZ |     | No |
| 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                              |     | No |

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.

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

|     |                                                                                                   |    |
|-----|---------------------------------------------------------------------------------------------------|----|
|     | Yes                                                                                               | No |
| 47  | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II        |    |
| 48  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E |    |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization?         |    |
| 49b | 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 "

| (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 |
|----------------------------------------------------------------|----------------------------------------------------------|------------------|---------------------------------------------------------------------|------------------------------------------|
| NONE                                                           |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |

50(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 |
|------------------------------------------------------------------------------|---------------------|------------------|
| NONE                                                                         |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |

51(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                | <div><div></div><div>Signature of officer</div></div>                                                     |                                                 | <div><div>2012-04-04</div><div>Date</div></div> |                                                              |
|                          | <div><div><div></div><div>Roby Webster President</div><div>Type or print name and title</div></div></div> |                                                 |                                                 |                                                              |
| Paid Preparer's Use Only | Preparer's signature                                                                                      | <div><div></div><div>Tiffanie Ellis</div></div> | Date                                            | Preparer's taxpayer identification number (See instructions) |
|                          | Firm's name (or yours if self-employed), address, and ZIP + 4                                             |                                                 |                                                 | EIN                                                          |
|                          | 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

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public  
Inspection

|                                                                                   |                                              |
|-----------------------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>Indiana Farm Bureau Montgomery County Farm Bureau Inc | Employer identification number<br>35-0801723 |
|-----------------------------------------------------------------------------------|----------------------------------------------|

| Identifier              | Return Reference | Explanation                                                                                                                                                                                              |
|-------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990-EZ<br>Part III |                  | Organizations primary exempt purpose Represent the farmers voice on issues related to agriculture, educate the consumer and promote farm products, keep members abreast of policies and new developments |

| Identifier         | Return Reference | Explanation                                                                                                  |
|--------------------|------------------|--------------------------------------------------------------------------------------------------------------|
| Form 990-EZ Part V | 35a              | Program Service income is related to exempt organizations purpose. It promotes agriculture in the community. |

| Identifier         | Return Reference | Explanation                                                               |
|--------------------|------------------|---------------------------------------------------------------------------|
| Form 990-EZ Part V | 35b              | Form 990 was filed showing net unrelated business taxable income of 2,847 |

| Identifier | Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            |                  | Form 990-EZ, Part I, Line 10, Grants Paid Activity Donations, Grantee Other Various Not-for-Proftis, Cash Grant 311, Relationship Form 990-EZ, Part I, Line 16, Other Expenses Travel 119 Form 990-EZ, Part I, Line 16, Other Expenses Meals and entertainment 90 Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 2,530 Form 990-EZ, Part I, Line 16, Other Expenses Unrelated business income taxes 526 Form 990-EZ, Part I, Line 16, Other Expenses Ag Promotion 2,634 Form 990-EZ, Part I, Line 16, Other Expenses District Dues 239 Form 990-EZ, Part I, Line 16, Other Expenses Miscellaneous Expense 162 Form 990-EZ, Part I, Line 16, Other Expenses Building Expense for leased space 31,182 Form 990-EZ, Part I, Line 16, Other Expenses Unrelated Business Income Taxes, State 188 Form 990-EZ, Part II, Line 26, Liabilities Mortgage Payable Beginning of year 60,787, End of year 44,906 Form 990-EZ Part III Organizations primary exempt purpose Represent the farmers 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 V Line 35a Program Service income is related to exempt organizations purpose It promotes agriculture in the community Form 990-EZ Part V Line 35b Form 990 w as filed show ing net unrelated business taxable income of 2,847 |

Additional Data

Software ID: 10000149

Software Version: 2010.2.15

EIN: 35-0801723

Name: Indiana Farm Bureau Montgomery County Farm Bureau Inc

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

| (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<br>P O Box 152<br>Crawfordsville,IN 479330152    | President 005 00                                         | 800                                        |                                                                     |                                          |
| Dwayne Simpson<br>P O Box 152<br>Crawfordsville,IN 479330152  | Vice President 004 00                                    | 150                                        |                                                                     |                                          |
| Kylene Simpson<br>P O Box 152<br>Crawfordsville,IN 479330152  | Secretary 004 00                                         | 450                                        |                                                                     |                                          |
| Susan Smith<br>P O Box 152<br>Crawfordsville,IN 479330152     | Womens Leader 004 00                                     | 500                                        |                                                                     |                                          |
| Leroy Bannister<br>P O Box 152<br>Crawfordsville,IN 479330152 | Director 002 00                                          | 150                                        |                                                                     |                                          |
| Gayle Lough<br>P O Box 152<br>Crawfordsville,IN 479330152     | Director 001 00                                          | 400                                        |                                                                     |                                          |
| Carol Meadows<br>P O Box 152<br>Crawfordsville,IN 479330152   | Director 001 00                                          | 500                                        |                                                                     |                                          |
| Dallas Meadows<br>P O Box 152<br>Crawfordsville,IN 479330152  | Director 001 00                                          | 150                                        |                                                                     |                                          |
| Mark Smith<br>P O Box 152<br>Crawfordsville,IN 479330152      | Director 001 00                                          | 300                                        |                                                                     |                                          |
| Jodi Webster<br>P O Box 152<br>Crawfordsville,IN 479330152    | Director 001 00                                          | 0                                          |                                                                     |                                          |
| Debbie Lough<br>P O Box 152<br>Crawfordsville,IN 479330152    | Director 001 00                                          | 0                                          |                                                                     |                                          |
| Donna Lytle<br>P O Box 152<br>Crawfordsville,IN 479330152     | Director 001 00                                          | 0                                          |                                                                     |                                          |