efile G	SRAPHIC Pri	nt - DO NOT PROCESS   As Filed Data -		D	<u>.N: 934</u>	92097001042
		Short Form			ОМ	B No 1545-1150
9	90-EZ	Return of Organization Exempt From	m Inco	ome Tax		0040
orm		Under section 501(c), 527, or 4947(a)(1) of the Inter				2010
		<ul> <li>(except black lung benefit trust or private for</li> <li>Sponsoring organizations of donor advised funds, organizations that operate</li> </ul>	one or mo	ore hospital facilities	, and	
epartment of	f the Treasury	certain controlling organizations as defined in section 512(b)(13) must file All other organizations with gross receipts less than \$200,000 and total assets be			of the Op	en to Public
iternal Revei	nue Service	year may use this form				Inspection
Earth	e 2010 calenda	The organization may have to use a copy of this return to satisfy story year, or tax year beginning 09-01-2010 , and ending 08				
	if applicable	C Name of organization	<u>,                                    </u>	D Employer id	entificatior	n number
Address	s change	Indiana Farm Bureau Parke County Farm Bureau Inc		35-0836725		
Name	-	Number and street (or P_O_box, if mail is not delivered to street address) Ro	om/suite	E Telephone nur	nber	
Initial re Termina		PO Box 186		(317)	692-7851	
_	ated ed return	City or town, state or country, and ZIP + 4		F Group Exempt	ion	
_	tion pending	Rockville, IN 478720186		Number 🕨 09		
Accour	ntıng method	✓ Cash 🔽 Accrual Other (specify) ▶				
	e: 🕨 n/a					anızatıon ıs <b>not</b>
Tax-Exer	mpt status(check	only one)— 501(c)(3) 🔽 501(c)(5) ◄(insert no ) 🔽 4947(a)(1) or 🔽 52	7	required to at (Form 990, 9		
Check	■ If the orga	nization is not a section 509(a)(3) supporting organization <b>and</b> its	aross re			
\$50,00	0 A Form 990	-EZ or Form 990 return is not required though Form 990-N (e-pos				
<u> </u>		o file a return, be sure to file a complete return		(2) (2) (2)		
	e Form 990 instead	line 9 to determine gross receipts, If gross receipts are $200,000$ or more, or if t of Form 990-EZ	otal assets	; (Рап II, Ilne 25, со ► \$	Diumn (B) D	42,827
Part 1		, Expenses, and Changes in Net Assets or Fund Bal		(See the instruc	tions for l	
		e organization used Schedule O to respond to any question in this	Part I		· ·	ন .
1	Contribution	s, gifts, grants, and similar amounts received	• •		1	
2	Program ser	vice revenue including government fees and contracts	· ·		2	9,00
3	Membership	dues and assessments			3	13,07
4	Investment	ncome			4	20,74
5a	Gross amour	nt from sale of assets other than inventory	5a			
b	Less costo	r other basis and sales expenses	5b		7	
c	Gain or (loss	) from sale of assets other than inventory (Subtract line 5b from li	ne 5a)		5c	
6	Gaming and	fundraising events				
a	Gross income fr	om gaming (attach Schedule G if greater than \$15,000)	6a			
b		e from fundraising events (not including \$ _ of contributions from fu		a events	-	
	reported on l	ine 1) (attach Schedule G if the sum of such gross income and cor		-		
	\$15,000)	· · · · · · · ·				
C		expenses from gaming and fundraising events	6c		-	
d		or (loss) from gaming and fundraising events (Add lines 6a and 6b	1 1	ract line 6c)	6d	
7a		of inventory, less returns and allowances	7a		-	
b			7b		-	
c	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)	• •		7c	
8	Other revenu	ue (describe in Schedule O)	•		8	
9		e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	• •		9	42,82
10	Grants and s	ımılar amounts paıd (lıst ın Schedule O )		•	10	26,00
11	Benefits pair	to or for members	· ·		11	
12	Salarıes, oth	er compensation, and employee benefits			12	4,47
13	Professional	fees and other payments to independent contractors	· • ·		13	77
13 14 15	Occupancy,	rent, utilities, and maintenance			14	12,99
- 15	Printing, pub	lications, postage, and shipping			15	
16	Other expen	ses (describe in Schedule O)			16	22,87
17	Total expens	es.Add lines 10 through 16			17	67,12
18	Excess or (d	eficit) for the year (Subtract line 17 from line 9)			18	-24,30
19	Net assets o	r fund balances at beginning of year (from line 27, column (A)) (mi	ust agree	with		
18		figure reported on prior year's return)			19	172,30
20		es in net assets or fund balances (explain in Schedule O)	-		20	,, -
	-	r fund balances at end of year Combine lines 18 through 20	-		21	148,00
21	Nerassers					

Part II Balance Sheets Check if the organization used	Schedule O to respond to	anv question in t	hıs Part II		<u>.</u>
		,		_	
(See the instruct	tions for Part II )		(A) Beginning of year		(B) End of year
22 Cash, savings, and investments .			140,936	22	119,679
23 Land and buildings			25,470	23	24,157
24 Other assets (describe in Schedule O	)		5,896	24	4,164
25 Total assets			172,302	25	148,000
26 Total liabilities (describe in Schedule	0)			26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . 172,302					148,000
Part IIII Statement of Program	Service Accomplishn	nents			Expenses
Check if the organization used	I Schedule O to respond to	any question in t	hıs Part III 🛛 . 🔽	· ·	equired for section 501
What is the organization's primary exempt See Schedule O	purpose?			org	(3) and 501(c)(4) anizations and section
Describe what was achieved in carrying ou describe the services provided, the numbe program title					47 (a)(1) trusts , cional for others )
28 We support the local 4-H program with v award banquets, notifying media of events,		re used to benefit	350 4-H members	28a	
<b>29</b> O ur public relations campaign educated pictures were sent to the local papers week (Grants \$ ) If thi		ere reached usin	g 8 volunteers	29a	
<b>30</b> We conducted policy development using policy positions were proposed to 700 voti (Grants \$ ) If thi		tate & national is	sues	30a	
<b>31</b> O ther program services (describe in Sc (Grants \$ ) If thi	hedule O) s amount includes foreign (	grants, check her	e▶□	31a	
32 Total program service expenses (add lin	es 28a through 31a) .		· · · · ·	32	
Part IV List of Officers, Directors, Tru		List each one even i	f not compensated (See the ins	struction	ns for Part IV )
Check if the organization used	Schedule O to respond to	any question in t	hıs Part IV		<u>Γ</u>
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensa (If not paid enter -0)	<b>i,</b> employee benefit p	lans 8	(e) Expense account and other allowances
See Additional Data Table					

orm	990-EZ (2010)			Page <b>3</b>
Ра	rt 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			
24		33		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)	34		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			
а	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?	35a		No
Ь	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? (see instructions)	35b		No
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	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <b>F</b> 37a			
b	Did the organization file Form 1120-POL for this year?	37Ь		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?	38a		No
Ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter	1		
а	Initiation fees and capital contributions included on line 9			
Ь	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	1		
	section 4911 , section 4912 , section 4955			
С	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 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or	40Ь		
	dısqualıfıed persons durıng 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			
	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 🕨 IN	<b>B</b> (31	7) ( 0 2	
42a	The organization's books are in care of Provide Indiana Farm Bureau Inc. Telephone no 225 S East Street	• (31	7)692	-7851
	Located at Findianapolis, IN ZIP + 4	► <u>4</u> 6	202	
Ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority	[	Vaa	Na
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No
	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.			
с	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	If "Yes," enter the name of the foreign country 🕨			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041—</b> Check here and enter the amount of tax-exempt interest received or accrued during the tax year	•••	•••	▶Г
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		Yes	No
	Form 990-EZ.	44a		No
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?			
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation	44c		No
	ın Schedule O	44d		1

Form	99(	0-EZ	201 (201	0)
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Form 990-EZ (2010)			Page <b>4</b>		
				Yes	No
45		y related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If Form 990 and Schedule R must be completed instead of Form990-EZ	45		No
45a		ne organization receive any payment from or engage in any transaction with a controlled entity within the ing of section 512(b)(13)? <i>If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ</i>	45a		No
46		ne organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to dates for public office? If "Yes," complete Schedule C, Part I	46		No
Pa	rt VI	Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable true All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must 47-49b and 52.		-	estions

	47-49D allu 32.				
	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	47			
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48			
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a			
b	If "Yes," was the related organization a section 527 organization?	49Ь			

**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>b)</b> Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	<b>(e)</b> Expense account and other allowances
NONE				
	•	•	•	

(a) Name and address of each independent contractor paid more than \$100,000	0 (b) Type of service	(c) Compensation
ΝΟΝΕ		

51(d) Total number of other independent contractors each receiving over \$10
52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3)

must attach a completed Schedule A . . . . . . . . . . . .

Under penalties of perjury, I declare that I have examined this return, including acco knowledge and belief, it is true, correct, and complete. Declaration of preparer (othe knowledge.

Sign Here	Signature of officer Thomas W Asher President			
Paid	Preparer's signature Tiffanie Ellis	Date 2012-04-06		
Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4 PO Box 1290 Indianapolis, IN 46206			
May the IRS	S discuss this return with the preparer shown above? S	ee instructio		

efile GRAPHIC pri	int - DO NOT PROCESS	As Filed Data -		DLN: 93492097001042
SCHEDULE O				OMB No 1545-0047
(Form 990 or 990-EZ)	Supplementa	al Information to	o Form 990 or 990-EZ	2010
Department of the Treasury Internal Revenue Service		ide information for res 90 or to provide any ad Attach to Form 990		Open to Public Inspection
Name of the organizati Indiana Farm Bureau Parke (				er identification number
			35-083	6725

ldentifier	Return Reference	Explanation
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

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

 Return ference	Explanation			
	Form 990-EZ, Part I, Line 10, Grants Paid Activity Donation, Grantee Parke County 4-H Building Grounds Assn P O Box 146 Rockville IN 47872, Cash Grant 25,000, Relationship Form 990-EZ, Part I, Line 16, Other Expenses Travel 2,190 Form 990-EZ, Part I, Line 16, Other Expenses Meals and entertainment 206 Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 2,469 Form 990-EZ, Part I, Line 16, Other Expenses Depreciation 1,732 Form 990-EZ, Part I, Line 16, Other Expenses Ag Promotion 10,370 Form 990-EZ, Part I, Line 16, Other Expenses District Dues 234 Form 990-EZ, Part I, Line 16, Other Expenses Miscellaneous Expense 512 Form 990-EZ, Part I, Line 16, Other Expenses Building Expense for leased space 5,164 Form 990-EZ, Part II, Line 24, Other Assets Equipment, net of accumulated depreciation Beginning of year 5,896, End of year 4,164 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			

## Software ID: 10000149 Software Version: 2010.2.15 EIN: 35-0836725 Name: Indiana Farm Bureau Parke 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
Thomas Asher PO Box 186 Rockville, IN 478720186	President 005 00	90		
Albert Lucas PO Box 186 Rockville, IN 478720186	Vice President 004 00	460		
Marılyn Thomas PO Box 186 Rockville, IN 478720186	Secretary/Treasurer 004 00	420		
Treva Smith PO Box 186 Rockville, IN 478720186	Womens Leader 004 00	210		
Andrew Brown PO Box 186 Rockville, IN 478720186	Director 001 00	60		
Brenda Cox PO Box 186 Rockville, IN 478720186	Director 001 00	120		
Kevin Cox PO Box 186 Rockville, IN 478720186	Director 001 00	990		
Pat Dickey PO Box 186 Rockville, IN 478720186	Director 001 00	30		
Marvis Loveall PO Box 186 Rockville, IN 478720186	Director 001 00	120		
Everett Smith PO Box 186 Rockville, IN 478720186	Director 001 00	150		
Pat Smith PO Box 186 Rockville, IN 478720186	Director 001 00	150		
Robert Hale PO Box 186 Rockville, IN 478720186	Director 001 00	0		
Tom Pugh PO Box 186 Rockville, IN 478720186	Director 001 00	0		