

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	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 O)		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	172,302	27	148,000

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? See Schedule O		Expenses (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	We support the local 4-H program with various activities such as serving on the 4-H advisory board, hosting award banquets, notifying media of events, etc 48 volunteer hours were used to benefit 350 4-H members (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29	Our public relations campaign educated county citizens about agriculture & Farm Bureau Media releases with pictures were sent to the local papers weekly Thousands of readers were reached using 8 volunteers (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	We conducted policy development using a mailing to get members' input & meetings to discuss policy 12 policy positions were proposed to 700 voting members about local, state & national issues (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	

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















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(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 ☒

		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	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 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?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T 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  37a <div></div>		
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	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?	38a	No
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	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911  , section 4912  , section 4955  <div></div>		
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	40b	
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 . . .  <div></div>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  <div></div>		
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  IN		
42a	The organization's books are in care of  Indiana Farm Bureau Inc Telephone no  (317) 692-7851 Located at  225 S East Street Indianapolis, IN ZIP + 4  46202		
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  <div></div> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
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  <div></div>	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input checked="" type="checkbox"/> <div></div> and enter the amount of tax-exempt interest received or accrued during the tax year . . .  43 <div></div>		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of 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 Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	44d	

		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 must attach a completed Schedule A

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 information and documents furnished by the taxpayer. Any preparer who is not a duly licensed practitioner under the applicable State law is prohibited from preparing any federal income tax return (including any Schedule or statement) for another person unless such preparer has been specifically authorized by the taxpayer to prepare and sign such return.

Sign Here	<div>Signature of officer</div> <div>Thomas W Asher President</div> <div>Type or print name and title</div>	
Paid Preparer's Use Only	Preparer's signature	Date
	Tiffanie Ellis	2012-04-06
	Firm's name (or yours if self-employed), address, and ZIP + 4	
Indiana Farm Bureau Inc		
PO Box 1290		
Indianapolis, IN 46206		

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

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 Indiana Farm Bureau Parke County Farm Bureau Inc	Employer identification number 35-0836725
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Identifier	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

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 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

Additional Data

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		
Marilyn 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		