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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

ENVELOPE POSTMARK DATE AUG 04 2011

A For the 2010 calendar year, or tax year beginning 1/1/2010 , and ending 12/31/2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Indiana Farm Bureau
Kosciusko County Farm Bureau Inc.

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
P.O Box 1116

City or town | state or country | ZIP + 4
Warsaw | IN | 46581-1116

D Employer identification number
35-0817690

E Telephone number
(317) 692-7851

F Group Exemption Number ▶ 0963

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶

I **Website:** ▶ n/a

J **Tax-exempt status** (check only one) — ☐ 501(c)(3) ☒ 501(c)(5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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 ▶ $ 78,256

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	335
	3	Membership dues and assessments	3	31,295
	4	Investment income	4	46,626
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less: cost or other basis and sales expenses 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	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	78,256
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	5,430
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	11,421
	13	Professional fees and other payments to independent contractors	13	2,356
	14	Occupancy, rent, utilities, and maintenance	14	2,650
	15	Printing, publications, postage, and shipping	15	98
	16	Other expenses (describe in Schedule O)	16	52,984
	17	**Total expenses.** Add lines 10 through 16 ▶	17	74,939
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,317
	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	196,893
	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	200,210

RECEIVED
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SCANNED AUG 22 2011

For Paperwork Reduction Act Notice, see the separate instructions.
(HTA)

Form **990-EZ** (2010)

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	63,019	22	71,898
23	Land and buildings	133,874	23	128,312
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	196,893	25	200,210
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	196,893	27	200,210

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 [X]

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 schedule O

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 Ag Day sponsorship: Inform county residents of commodities grown, farming practices and offer samples of food grown in Kosciusko county Educate 1200 4th graders and adults from county over 2 days 6 volunteers donated time.
(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a

29 4-H Program sponsor: reward 4-H participants that responsibly care for animals and learn life skills, support 3-4 day trips and participate in 4-H auction during county fair
(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30 Scholarships: encourage students to be active in Farm Bureau as Junior Board members and provide a member benefit by awarding scholarships
(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (describe in Schedule O)
(Grants $) If this amount includes foreign grants, check here ▶ ☐ 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
Jon Goon P.O Box 1116 Warsaw IN 46581-1116	Title President Hr/WK 5 00	1,340		
Robert Bishop P O. Box 1116 Warsaw IN 46581-1116	Title Vice President Hr/WK 4.00	750		
Paula Kaiser P O Box 1116 Warsaw IN 46581-1116	Title Secretary Hr/WK 4.00	750		
Lenore Lewis P.O. Box 1116 Warsaw IN 46581-1116	Title Women's Leader Hr/WK 4 00	1,065		
Waneta Bishop P O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1 00	385		
Dennis Darr P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1 00	350		
Leslie Darr P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1 00	350		
Lana Deatsman P.O Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1 00	245		
Ross Deatsman P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1 00	315		
Ray Fisher P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1 00	385		
Kimber Goshert P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1.00	420		
Orville Haney P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1.00	315		
Greg Kaiser P.O Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1 00	35		

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 X

			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		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)	34		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?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?	35b		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	36		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?	37b		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?	38a		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	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 ▶ ____			
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 ▶ 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)? 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.**	42b		X
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. ▶ ____	42c		X

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	44a		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	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		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	44d		

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		X
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 ☐

			Yes	No
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 Str City ST ZIP	Title Hr/WK .00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str 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 Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str 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 Jonathon Goon
Type or print name and title President
Date 7-22-11

Paid Preparer's Use Only
Print/Type preparer's name Elaine Rueff | Preparer's signature Elaine Rueff | Date 7/12/2011 | Check if self-employed ☐ | PTIN P0146784
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

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

Name of the organization	Employer identification number
Kosciusko County Farm Bureau Inc.	35-0817690

Form 990-EZ, Part I, Line 16, Other Expenses: Travel: 3,726

Form 990-EZ, Part I, Line 16, Other Expenses: Meals and entertainment: 13

Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings: 3,286

Form 990-EZ, Part I, Line 16, Other Expenses: Ag Promotion: 9,262

Form 990-EZ, Part I, Line 16, Other Expenses: District Dues: 730

Form 990-EZ, Part I, Line 16, Other Expenses: Miscellaneous Expense: 63

Form 990-EZ, Part I, Line 16, Other Expenses: Building Expense for leased space: 35,904

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.

Form 990-EZ Part V Line 35A Program Service income is related to exempt organizations purpose. It is revenue from annual meeting ticket sales

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
Craig Latham P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1 00	350	0	0
Julene Latham P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1 00	420	0	0
Steve Lewis P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1 00	140	0	0
Chris Lozier P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1 00	385	0	0
Deb Lozier P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1.00	790	0	0
Cheryl McIntosh P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1 00	280	0	0
Ken McIntosh P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1 00	245	0	0
Leesa Metzger P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1.00	105	0	0
Steve Metzger P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1 00	140	0	0
Janet Moore P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1 00	350	0	0
Tim Moore P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1 00	280	0	0
Brian Romine P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1 00	0	0	0
Pamela Romine P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1 00	0	0	0
Roger Studebaker P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1.00	350	0	0
Sue Studebaker P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1 00	490	0	0
Joanne Stump P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1 00	0	0	0
William Stump P.O. Box 1116 Warsaw IN 46581-1116	Title Director Hr/WK 1 00	315	0	0

ASSET DEPRECIATION SHORT REPORT
KOSCIUSKO COUNTY FARM BUREAU Dec. 31, 2010

Sorted ASSET A/C# and Location
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								
Location: SYRACUSE								
09/30/83	Syracuse Building	MSL/35 00	35,655 67	0 00	35,655 67	24,795 67	1,019 00	25,814 67
01/31/98	Syracuse Agent Offices	MSL/20 00	8,085 80	0 00	8,085 80	4,814 80	404 00	5,218 80
04/30/98	Syracuse carpet	MSL/ 5 00	2,073 43	0 00	2,073 43	2,073 43	0 00	2,073 43
Grand totals: SYRACUSE - (3 assets)			45,814 90	0 00	45,814 90	31,683 90	1,423 00	33,106 90
Location: WARSAW								
12/31/79	BUILDING - Warsaw	SLP/50 00	132,069 94	0 00	132,069 94	79,032 94	2,641 00	81,673 94
11/21/89	REPLACE ROOF - Warsaw	MSL/20 00	4,325 00	0 00	4,325 00	3,804 00	216 00	4,020 00
12/24/97	AGENT OFFICES - Warsaw	MSL/20 00	10,369 08	0 00	10,369 08	5,865 08	518 00	6,383 08
02/06/98	REPLACE CARPET - Warsaw	MSL/ 5 00	8,408 81	0 00	8,408 81	8,408 81	0 00	8,408 81
12/31/98	OFFICE REMODELING - Warsaw	MSL/20 00	15,288 36	0 00	15,288 36	8,610 36	764 00	9,374 36
Grand totals: WARSAW - (5 assets)			170,461 19	0 00	170,461 19	105,721 19	4,139 00	109,860 19
Grand totals 1600-00 - BUILDING (8 assets)			216,276 09	0 00	216,276 09	137,405 09	5,562 00	142,967 09
ASSET A/C#: 1610-00 - FURNITURE & EQUIPMENT								
Location:								
06/01/79	KRUEGER FOLDING TABLES (8)	MA200/ 7 00	992 41	0 00	992 41	992 41	0 00	992 41
12/01/83	MICROWAVE OVEN (WARSAW) (1)	MA200/ 7 00	153 00	0 00	153 00	153 00	0 00	153 00
03/01/87	MICROWAVE OVEN (SYRACUSE) (1)	MA200/ 7 00	89 94	0 00	89 94	89 94	0 00	89 94
05/01/87	TELEVISION CART (1)	MA200/ 7 00	111 42	0 00	111 42	111 42	0 00	111 42
08/01/94	POLE SIGN (1)	MA200/ 7 00	900 79	0 00	900 79	900 79	0 00	900 79
Grand totals: - (5 assets)			2,247 56	0 00	2,247 56	2,247 56	0 00	2,247 56
Grand totals 1610-00 - FURNITURE & EQUIPMENT (5 assets)			2,247 56	0 00	2,247 56	2,247 56	0 00	2,247 56
Grand totals for all accounts: (13 assets)			218,523 65	0 00	218,523 65	139,652 65	5,562 00	145,214 65

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	218,523 65	0 00	0 00	218,523 65	139,652 65	5,562 00	145,214 65	73,309 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)	218,523 65	0 00	0 00	218,523 65	139,652 65	5,562 00	145,214 65	73,309 00

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