See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

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

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
Putnam County Farm Bureau Inc

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
1001 N Jackson Street

City or town | state or country | ZIP + 4
Greencastle | IN | 46135

D Employer identification number
35-0886084

E Telephone number
(317) 692-7851

F Group Exemption Number ▶ 0963

G Accounting Method [X] Cash [ ] Accrual Other (specify) ▶

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

I **Website:** ▶ N/A

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

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 ▶ $ 47,907

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 . . . [X]

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	2,907
	3	Membership dues and assessments	3	15,511
	4	Investment income	4	29,489
	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	47,907
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	2,383
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	5,253
	13	Professional fees and other payments to independent contractors	13	948
	14	Occupancy, rent, utilities, and maintenance	14	7,452
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	33,720
	17	**Total expenses.** Add lines 10 through 16 ▶	17	49,756
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,849
	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	117,191
	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	115,342

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 X

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	34,741	22	37,083
23	Land and buildings	113,580	23	109,383
24	Other assets (describe in Schedule O)	1,464	24	878
25	**Total assets**	149,785	25	147,344
26	**Total liabilities** (describe in Schedule O)	32,594	26	32,002
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	117,191	27	115,342

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 Statement 1 attached

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28	Commodity Outlook Meeting helps members be better prepared to market their products such as grain and livestock 3 volunteers spent a total of 6 hours planning the meeting and 45 members attended (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	
29	Ag Day teaches children about agriculture and where their food comes from during a one-day session 8 volunteers contributed a total of 24 hours planning this session and 200 children attended (Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30	Legislative Breakfast: meetings where members met with state representatives and state senators 100 members were able to attend one of the 3 sessions and learn about state legislation and have their concerns heard by legislators. (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
Mann, Joseph 1001 North Jackson Street Greencastle IN 46135-1004	Title President Hr/WK 5 00	75		
Cash, Steve 1001 North Jackson Street Greencastle IN 46135-1004	Title Vice President Hr/WK 4 00	830		
Cash, Patti 1001 North Jackson Street Greencastle IN 46135-1004	Title Secretary Hr/WK 4.00	680		
Greenburg, David 1001 North Jackson Street Greencastle IN 46135-1004	Title Treasurer Hr/WK 4.00	585		
Evans, Elizabeth 1001 North Jackson Street Greencastle IN 46135-1004	Title Women's Leader Hr/WK 4 00	765		
Ames, Bradly 1001 North Jackson Street Greencastle IN 46135-1004	Title Director Hr/WK 1 00	0		
Ames, Kim 1001 North Jackson Street Greencastle IN 46135-1004	Title Director Hr/WK 1 00	90		
Arnold, Loretta 1001 North Jackson Street Greencastle IN 46135-1004	Title Director Hr/WK 1 00	0		
Arnold, Virgil 1001 North Jackson Street Greencastle IN 46135-1004	Title Director Hr/WK 1.00	305		
Berry, Brian 1001 North Jackson Street Greencastle IN 46135-1004	Title Director Hr/WK 1 00	105		
Fordice, Dennis 1001 North Jackson Street Greencastle IN 46135-1004	Title Director Hr/WK 1 00	45		
Gough, Byron 1001 North Jackson Street Greencastle IN 46135-1004	Title Director Hr/WK 1.00	60		
Hacker, Gyspy 1001 North Jackson Street Greencastle IN 46135-1004	Title Director Hr/WK 1 00	0		

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		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		
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			
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)?	42b		X
	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	If "Yes," enter the name of the foreign country ▶ _____			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	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

David Greenburg — Signature of officer — Date 7-29-11

David Greenburg, Treas. — Type or print name and title

Paid Preparer's Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
Elaine Rueff	Elaine Rueff	7/27/2011	☐	P01464784

Firm's name ▶ Indiana Farm Bureau Inc. Firm's EIN ▶ 35-0409100

Firm's address ▶ PO Box 1290, Indianapolis, IN 46206 Phone no (317) 692-7851

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

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

Putnam County Farm Bureau Inc

Employer identification number

35-0886084

Form 990-EZ, Part I, Line 16, Other Expenses Travel 922

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings: 2,511

Form 990-EZ, Part I, Line 16, Other Expenses: Depreciation: 586

Form 990-EZ, Part I, Line 16, Other Expenses: Unrelated business income taxes 43

Form 990-EZ, Part I, Line 16, Other Expenses Ag Promotion: 6,648

Form 990-EZ, Part I, Line 16, Other Expenses District Dues. 286

Form 990-EZ, Part I, Line 16, Other Expenses: Miscellaneous Expense: 634

Form 990-EZ, Part I, Line 16, Other Expenses Building Expense for leased space. 22,050

Form 990-EZ, Part I, Line 16, Other Expenses: Unrelated Business Income Taxes, State 40

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

Beginning of year 1,464, End of year 878

Form 990-EZ, Part II, Line 26, Liabilities Mortgage Payable Beginning of year: 32,594, End

of year 32,002

Form 990-EZ Part III Organization's primary exempt purpose: Represent the farmer's voice on

issues related to agriculture, educate the consumer and promote farm products, keep members

abreast of policies and new developments

ASSET DEPRECIATION SHORT REPORT

PUTNAM COUNTY FARM BUREAU Dec. 31, 2010

Sorted ASSET A/C#
Method 1-FEDERAL-Std Conv Applied

Range 1600 - 1610
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 - BUILDING								
07/01/65	Building	SLP/50 00	44,949 06	0 00	44,949 06	30,608 06	899 00	31,507 06
12/17/91	Handicap ramps and rails	MSL/20 00	4,000 00	0 00	4,000 00	3,608 00	200 00	3,808 00
05/26/92	Windows and exterior trim repaired	MSL/10 00	1,583 57	0 00	1,583 57	1,583 57	0 00	1,583 57
03/11/96	Air condition and ductwork repairs	MSL/ 5 00	3,488 00	0 00	3,488 00	3,488 00	0 00	3,488 00
03/15/96	Carpet and Vinyl base	MSL/ 5 00	2,446 63	0 00	2,446 63	2,446 63	0 00	2,446 63
03/31/96	Cabinets and shelves	MSL/10 00	1,290 00	0 00	1,290 00	1,290 00	0 00	1,290 00
08/29/01	Roof replacement	MSL/20 00	3,242 73	0 00	3,242 73	2,973 73	162 00	3,135 73
04/01/02	Building addition	MACRS/39 00	95,885 55	0 00	95,885 55	19,025 55	2,459 00	21,484 55
06/30/03	Parking lot paved	MSL/15 00	7,148 00	0 00	7,148 00	3,100 00	477 00	3,577 00
Grand totals	1600 - BUILDING (9 assets)		164,033 54	0 00	164,033 54	68,123 54	4,197 00	72,320 54
ASSET A/C# 1610 - FURNITURE AND EQUIPMENT								
07/01/65	Chairs, 80 ea "Adirondack"	MA200/ 7 00	334 87	0 00	334 87	334 87	0 00	334 87
07/01/65	Tables, 4 ea "Adirondack"	MA200/ 7 00	116 46	0 00	116 46	116 46	0 00	116 46
07/01/65	Tables, 2 ea "Kruger"	MA200/ 7 00	119 08	0 00	119 08	119 08	0 00	119 08
07/01/83	Coat rack	MA200/ 7 00	99 95	0 00	99 95	99 95	0 00	99 95
12/11/87	Cabinet	MA200/ 7 00	516 48	0 00	516 48	516 48	0 00	516 48
05/08/90	Television, Sharp 19" color	MA200/ 7 00	124 99	0 00	124 99	124 99	0 00	124 99
05/08/90	VCR, Symphonic	MA200/ 7 00	124 99	0 00	124 99	124 99	0 00	124 99
01/31/96	Microwave oven, Emerson MW8675W	MA200/ 7 00	102 89	0 00	102 89	102 89	0 00	102 89
07/21/99	Monitor, IBM 15" SVGA color	MSL/ 5 00	249 00	0 00	249 00	249 00	0 00	249 00
12/31/01	Refrigerator and range	MSL/ 7 00	827 00	0 00	827 00	827 00	0 00	827 00
04/26/04	Laser printer	M*200/ 5 00	948 00	0 00	948 00	948 00	0 00	948 00
06/30/04	Imaging Unit	M*200/ 5 00	894 00	0 00	894 00	894 00	0 00	894 00
10/31/04	Xerox Phaser 7300 color printer	M*200/ 5 00	2,600 00	0 00	2,600 00	2,600 00	0 00	2,600 00
12/04/09	Laptop & Projector	MA200/ 5 00	1,830 38	0 00	1,830 38	366 00	586 00	952 00
Grand totals	1610 - FURNITURE AND EQUIPMENT (14 assets)		8,888 09	0 00	8,888 09	7,423 71	586 00	8,009 71
Grand totals for all accounts (23 assets)			172,921 63	0 00	172,921 63	75,547 25	4,783 00	80,330 25

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	172,921 63	0 00	0 00	172,921 63	75,547 25	4,783 00	80,330 25	92,591 38
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)	172,921 63	0 00	0 00	172,921 63	75,547 25	4,783 00	80,330 25	92,591 38

Total Bonus Depreciation Taken at 30% Rate:	***0.00***
Total Bonus Depreciation Taken at 50% Rate:	***0.00***
Total Bonus Depreciation Taken at 100% Rate:	***0.00***
Total Bonus Depreciation Taken:	***0 00***

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

Name and address	Title and average hours per week devoted to position	Compensation	Contributions to emp benefit plans & deferred compensation	Expense account and other allowances
Hacker, Myron 1001 North Jackson Street Greencastle IN 46135-1004	Title Director Hr/WK 1.00	135	0	0
Legan, Mark 1001 North Jackson Street Greencastle IN 46135-1004	Title Director Hr/WK 1 00	75	0	0
Mann, Christopher 1001 North Jackson Street Greencastle IN 46135-1004	Title Immediate Past Presi Hr/WK 1 00	885	0	0
Mann, Jennifer 1001 North Jackson Street Greencastle IN 46135-1004	Title Director Hr/WK 1 00	0	0	0
McCammack, Clayton 1001 North Jackson Street Greencastle IN 46135-1004	Title Director Hr/WK 1.00	60	0	0
Poynter, Ray 1001 North Jackson Street Greencastle IN 46135-1004	Title Director Hr/WK 1 00	105	0	0
Rowings, David 1001 North Jackson Street Greencastle IN 46135-1004	Title Director Hr/WK 1 00	45	0	0
Summers, Eugene 1001 North Jackson Street Greencastle IN 46135-1004	Title Director Hr/WK 1 00	75	0	0
Sutherlin, Ron 1001 North Jackson Street Greencastle IN 46135-1004	Title Director Hr/WK 1 00	120	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0