



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



2010

Open to Public Inspection

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

A For the 2010 calendar year, or tax year beginning 09-01-2010, and ending 08-31-2011

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization

Indiana Farm Bureau Jefferson County Farm Bureau Inc

Number and street (or P O box, if mail is not delivered to street address)
1433 Clifty Drive

Room/suite

City or town, state or country, and ZIP + 4
Madison, IN 472501653

D Employer identification number

35-0848802

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 ▶ \$ 84,637

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	150
	2	Program service revenue including government fees and contracts	2	4,217
	3	Membership dues and assessments	3	24,140
	4	Investment income	4	55,631
	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	
	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 exceed \$15,000)		
	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	
	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	
	8	Other revenue (describe in Schedule O)	8	499
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	84,637
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	789
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	2,300
	13	Professional fees and other payments to independent contractors	13	1,708
	14	Occupancy, rent, utilities, and maintenance	14	13,874
	15	Printing, publications, postage, and shipping	15	261
	16	Other expenses (describe in Schedule O)	16	60,056
	17	Total expenses. Add lines 10 through 16	17	78,988
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,649
	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	130,618
	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	136,267

Part II

Balance Sheets

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

☒

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	94,540	22	103,404
23	Land and buildings	385,132	23	375,962
24	Other assets (describe in Schedule O)		24	1,292
25	Total assets	479,672	25	480,658
26	Total liabilities (describe in Schedule O)	349,054	26	344,391
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	130,618	27	136,267

Part III

Statement of Program Service Accomplishments

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

☒

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 educate approximately 600 3rd grade children from around the county about agriculture at Ag Day There are 20 demonstrations about various ag topics 40 volunteers contribute about 240 hours to this event (Grants \$) If this amount includes foreign grants, check here ☐	28a	
29	A meeting is held with our area legislators to allow Farm Bureau members to talk to their elected officials about topics concerning them 40 volunteers helped with this event (Grants \$) If this amount includes foreign grants, check here ☐	29a	
30	We hold a meeting to discuss & develop policy Approximately 35 Farm Bureau members participate in this 4 hour meeting (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	

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 ☒

		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	Yes
b	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	35b	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	36	No
37a	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	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 ☐ _____		
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 ☐ IN		
42a	The organization's books are in care of ☐ Indiana Farm Bureau Inc Telephone no ☐ (317) 692-7851 225 S East Street Located at ☐ 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 ☐ _____ 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 ☐ _____	42c	No
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 _____		
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 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		2012-04-04 Date		
	Sharon Schafer Womens Leader Type or print name and title				
Paid Preparer's Use Only	Preparer's signature Tiffanie Ellis		Date 2012-04-04	Check if self-employed ☒	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 Indiana Farm Bureau Inc PO Box 1290 Indianapolis, IN 46206				EIN
					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 Indiana Farm Bureau Jefferson County Farm Bureau Inc	Employer identification number 35-0848802
--	--

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 V	35b	Form 990-T was filed showing 1,296 in net unrelated business taxable income

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 8, Other Revenue Unrelated Business Income Tax Refund from Overpayment in Previous Fiscal Year 351 Form 990-EZ, Part I, Line 8, Other Revenue State Unrelated Business Income Tax Refund from Overpayment in Previous Fiscal Year 148 Form 990-EZ, Part I, Line 10, Grants Paid Activity Donations, Grantee Various Other Not-for-Profits, Cash Grant 789, Relationship Form 990-EZ, Part I, Line 16, Other Expenses Travel 1,446 Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 2,243 Form 990-EZ, Part I, Line 16, Other Expenses Depreciation 216 Form 990-EZ, Part I, Line 16, Other Expenses Ag Promotion 8,238 Form 990-EZ, Part I, Line 16, Other Expenses District Dues 869 Form 990-EZ, Part I, Line 16, Other Expenses Miscellaneous Expense 1,123 Form 990-EZ, Part I, Line 16, Other Expenses Building Expense for leased space 45,921 Form 990-EZ, Part II, Line 24, Other Assets Equipment, net of accumulated depreciation Beginning of year 0, End of year 1,292 Form 990-EZ, Part II, Line 26, Liabilities Mortgage Payable Beginning of year 349,054, End of year 344,391 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-T was filed showing 1,296 in net unrelated business taxable income

Additional Data

Software ID: 10000149

Software Version: 2010.2.15

EIN: 35-0848802

Name: Indiana Farm Bureau Jefferson 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
Keith Allen 1433 Clifty Drive Madison,IN 472501653	Vice President 004 00	105		
Carol Kuppler 1433 Clifty Drive Madison,IN 472501653	Secretary 004 00	300		
Sharon Schafer 1433 Clifty Drive Madison,IN 472501653	Womens Leader 004 00	150		
Gregory Brawner 1433 Clifty Drive Madison,IN 472501653	Director 001 00	45		
Amanda Briggs 1433 Clifty Drive Madison,IN 472501653	Director 001 00	105		
Penny Brim 1433 Clifty Drive Madison,IN 472501653	Director 001 00	75		
Jessica Cain 1433 Clifty Drive Madison,IN 472501653	Director 001 00	120		
Virginia Facemire 1433 Clifty Drive Madison,IN 472501653	Director 001 00	135		
David Ferguson 1433 Clifty Drive Madison,IN 472501653	Director 001 00	150		
Gale Ferris 1433 Clifty Drive Madison,IN 472501653	Director 001 00	120		
Charles Gilles 1433 Clifty Drive Madison,IN 472501653	Director 001 00	45		
Doug Harrell 1433 Clifty Drive Madison,IN 472501653	Director 001 00	15		
Helen Keller 1433 Clifty Drive Madison,IN 472501653	Director 001 00	135		
Robert Kirkpatrick 1433 Clifty Drive Madison,IN 472501653	Director 001 00	30		
Martha Renschler 1433 Clifty Drive Madison,IN 472501653	Director 001 00	105		

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
Steve Riley 1433 Clifty Drive Madison, IN 472501653	Director 001 00	90		
Norbert Schafer 1433 Clifty Drive Madison, IN 472501653	Director 001 00	105		
John Shelton 1433 Clifty Drive Madison, IN 472501653	Director 001 00	15		
Judy Smith 1433 Clifty Drive Madison, IN 472501653	Director 001 00	150		
Charles Stiver 1433 Clifty Drive Madison, IN 472501653	Director 001 00	135		
Frances Wilkerson 1433 Clifty Drive Madison, IN 472501653	Director 001 00	135		
Robert Kuppler 1433 Clifty Drive Madison, IN 472501653	President 005 00	0		
Jerry Ferguson 1433 Clifty Drive Madison, IN 472501653	Director 001 00	0		
Kyle Gray 1433 Clifty Drive Madison, IN 472501653	Director 001 00	0		
Michael Lichlyter 1433 Clifty Drive Madison, IN 472501653	Director 001 00	0		