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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011

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 PO Box 1116 City or town, state or country, and ZIP + 4 Warsaw, IN 465811116	D Employer identification number 35-0817690 E Telephone number (317) 692-7851 F Group Exemption Number ▶ 0963
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G Accounting method ☒ Cash ☐ Accrual Other (specify) ▶ _____	H Check ☒ 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) ☒ 501(c)(5) ◀(insert no) ☐ 4947(a)(1) or ☐ 527	

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 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 ▶ \$ 86,272

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	750
	2	Program service revenue including government fees and contracts	2	1,105
	3	Membership dues and assessments	3	34,300
	4	Investment income	4	50,117
	5a	Gross amount from sale of assets other than inventory	5c	
	5b	Less cost or other basis and sales expenses		
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6d	
	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)		
	6c	Less direct expenses from gaming and fundraising events		
Expenses	7a	Gross sales of inventory, less returns and allowances	7c	
	7b	Less cost of goods sold		
	8	Other revenue (describe in Schedule O)		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	86,272
	10	Grants and similar amounts paid (list in Schedule O)	10	6,563
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	10,370
	13	Professional fees and other payments to independent contractors	13	2,596
	14	Occupancy, rent, utilities, and maintenance	14	27,522
	15	Printing, publications, postage, and shipping	15	86
Net Assets	16	Other expenses (describe in Schedule O)	16	32,373
	17	Total expenses. Add lines 10 through 16	17	79,510
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,762
	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	200,210
	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	206,972

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	71,898	22	84,222
23	Land and buildings	128,312	23	122,750
24	Other assets (describe in Schedule O)		24	
25	Total assets	200,210	25	206,972
26	Total liabilities (describe in Schedule O)		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	200,210	27	206,972

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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28	During Food Check-Out Week, we ran radio ads on local radio stations to educate consumers about the cost of food & the high standards set by production agriculture 10 volunteers hour were used for this activity (Grants \$) If this amount includes foreign grants, check here	28a	
29	We host a Third House Meeting, inviting state legislators & the general public to discuss issues of concern We emphasize agricultural issues 45 people & 6 legislators attended 25 volunteer hours were used (Grants \$) If this amount includes foreign grants, check here	29a	
30	In order to halt proposed county-wide anti-agriculture ordinances, we ran newspaper ads, attended planning commission hearings with expert speakers, & held meetings Approx 300 volunteer hours were used (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

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		Yes	No
33	Did the organization engage in any significant 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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	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	
b	Did the organization file Form 1120-POL for this year?	37b	
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	No
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	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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 (see instructions)	45b	No

		Yes	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 or have a section 501(h) election in effect during the tax year? 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				

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		

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		2012-11-14	
	Signature of officer	Date	
Paid Preparer's Use Only			
	Type or print name and title		
	Preparer's signature	Date	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN
Indianapolis, IN 46206		Phone no (317) 692-7851	
May the IRS discuss this return with the preparer shown above? See instructions			
☒ Yes ☐ No			

Additional Data

Software ID: 11000218

Software Version: 2011.0.0

EIN: 35-0817690

Name: Indiana Farm Bureau Kosciusko County Farm Bureau Inc

Form 990-EZ, Special Condition Description:

Special Condition Description

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
Waneta Bishop PO Box 1116 Warsaw, IN 465811116	Director 001 00	385		
Harley Chalk PO Box 1116 Warsaw, IN 465811116	Director 001 00	0		
Dennis Darr PO Box 1116 Warsaw, IN 465811116	Director 001 00	350		
Leslie Darr PO Box 1116 Warsaw, IN 465811116	Director 001 00	350		
Lana Deatsman PO Box 1116 Warsaw, IN 465811116	Director 001 00	280		
Ross Deatsman PO Box 1116 Warsaw, IN 465811116	Director 001 00	385		
Emily Deneve PO Box 1116 Warsaw, IN 465811116	Director 001 00	0		
Tim Deneve PO Box 1116 Warsaw, IN 465811116	Director 001 00	0		
Ray Fisher PO Box 1116 Warsaw, IN 465811116	Director 001 00	210		
Kim Goshert PO Box 1116 Warsaw, IN 465811116	Director 001 00	280		
Orville Haney PO Box 1116 Warsaw, IN 465811116	Director 001 00	385		
Jack Hyden PO Box 1116 Warsaw, IN 465811116	Director 001 00	245		
Greg Kaiser PO Box 1116 Warsaw, IN 465811116	Director 001 00	70		
Craig Latham PO Box 1116 Warsaw, IN 465811116	Director 001 00	245		
Julene Latham PO Box 1116 Warsaw, IN 465811116	Director 001 00	280		

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
Lenore Lewis PO Box 1116 Warsaw, IN 465811116	Director 001 00	747		
Chris Lozier PO Box 1116 Warsaw, IN 465811116	Director 001 00	385		
Deb Lozier PO Box 1116 Warsaw, IN 465811116	Director 001 00	385		
Steve Metzger PO Box 1116 Warsaw, IN 465811116	Director 001 00	70		
Janet Moore PO Box 1116 Warsaw, IN 465811116	Director 001 00	350		
Tim Moore PO Box 1116 Warsaw, IN 465811116	Director 001 00	245		
Brian Romine PO Box 1116 Warsaw, IN 465811116	Director 001 00	175		
Pamela Romine PO Box 1116 Warsaw, IN 465811116	Director 001 00	35		
Devan Sands PO Box 1116 Warsaw, IN 465811116	Director 001 00	0		
Ryan Sands PO Box 1116 Warsaw, IN 465811116	Director 001 00	0		
Roger Studebaker PO Box 1116 Warsaw, IN 465811116	Director 001 00	385		
Sue Studebaker PO Box 1116 Warsaw, IN 465811116	Director 001 00	385		
Joanne Stump PO Box 1116 Warsaw, IN 465811116	Director 001 00	105		
William Stump PO Box 1116 Warsaw, IN 465811116	Director 001 00	245		
Dan Wiseley PO Box 1116 Warsaw, IN 465811116	Director 001 00	0		

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
Jon Goon PO Box 1116 Warsaw, IN 465811116	President 005 00	1,595		
Robert Bishop PO Box 1116 Warsaw, IN 465811116	Vice President 004 00	600		
Paula Kaiser PO Box 1116 Warsaw, IN 465811116	Secretary 004 00	600		
Rosalind Yeiter PO Box 1116 Warsaw, IN 465811116	Womens Leader 004 00	335		

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

2011**Open to Public
Inspection**Name of the organization
Indiana Farm Bureau Kosciusko County Farm Bureau Inc**Employer identification number**

35-0817690

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
Form 990-EZ Part V	35a	Program service revenue listed in Part I, Line 2 is not unrelated business income because it is related to the organizations exempt purpose
		Form 990-EZ, Part I, Line 10, Grants Paid Activity Donations, Grantee Various Organizations, Cash Grant 4,563, Relationship None Form 990-EZ, Part I, Line 10, Grants Paid Activity Scholarships, Grantee Local Youth, Cash Grant 2,000, Relationship None Form 990-EZ, Part I, Line 16, Other Expenses Travel 4,670 Form 990-EZ, Part I, Line 16, Other Expenses Meals and entertainment 69 Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 2,626 Form 990-EZ, Part I, Line 16, Other Expenses Ag Promotion 9,360 Form 990-EZ, Part I, Line 16, Other Expenses District Dues 722 Form 990-EZ, Part I, Line 16, Other Expenses Miscellaneous Expense 294 Form 990-EZ, Part I, Line 16, Other Expenses Building Expense for leased space 14,632 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 revenue listed in Part I, Line 2 is not unrelated business income because it is related to the organizations exempt purpose