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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

☐ 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, and 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

☒ 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 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 ▶ \$ 54,257

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	1,238
	2	Program service revenue including government fees and contracts	2	2,619
	3	Membership dues and assessments	3	15,737
	4	Investment income	4	34,663
	5a	Gross amount from sale of assets other than inventory	5c	
	5b	Less cost or other basis and sales expenses		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
	6	Gaming and fundraising events	6d	
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)		
	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)		
Expenses	6b			
	6c	Less direct expenses from gaming and fundraising events		
	6d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)		
	7a	Gross sales of inventory, less returns and allowances	7c	
	7b	Less cost of goods sold		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	54,257
	10	Grants and similar amounts paid (list in Schedule O)	10	2,883
	11	Benefits paid to or for members	11	
Net Assets	12	Salaries, other compensation, and employee benefits	12	1,587
	13	Professional fees and other payments to independent contractors	13	949
	14	Occupancy, rent, utilities, and maintenance	14	8,130
	15	Printing, publications, postage, and shipping	15	1
	16	Other expenses (describe in Schedule O)	16	40,121
	17	Total expenses. Add lines 10 through 16	17	53,671
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	586
Net Assets	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	115,341
	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	115,927

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	37,082	22	41,516
23	Land and buildings	109,383	23	105,249
24	Other assets (describe in Schedule O)	878	24	527
25	Total assets	147,343	25	147,292
26	Total liabilities (describe in Schedule O)	32,002	26	31,365
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	115,341	27	115,927

Part IIIStatement 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

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

Approx 500 local citizens attended Ag Day, where we showcased the county's agricultural industry, educated the public about ag issues, & recognized individuals for their contributions to ag 20 volunteers helped (Grants \$)
If this amount includes foreign grants, check here

28a

29

We held 3 Legislative Breakfasts where our members & the general public could discuss issues important to them with their state lawmakers Over 100 people attended & 12 volunteer hours were used (Grants \$)
If this amount includes foreign grants, check here

29a

30

We hold an annual policy development meeting for our members to craft, debate, & choose policies to be pursued for the betterment of our members & agriculture 50 people attended & 25 volunteers helped (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

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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

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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		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)		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		
35a	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)?	Yes	
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	Yes	
35c	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		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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ☐ 37a		
37b	Did the organization file Form 1120-POL for this year?		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?		No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter		
39a	Initiation fees and capital contributions included on line 9		
39b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ☐ _____, section 4912 ☐ _____, section 4955 ☐ _____		
40b	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		
40c	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 . . . ☐ _____		
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ☐ _____		
40e	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		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		
42b	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 .	Yes	No
42c	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 ☐ _____		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.	Yes	No
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
44c	Did the organization receive any payments for indoor tanning services during the year?		No
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)		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	Signature of officer	2012-05-09 Date		
	David Greenburg Treasurer Type or print name and title			
Paid Preparer's Use Only	Preparer's signature Tiffanie Ellis	Date 2012-05-09	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

2011

**Open to Public
Inspection**

Name of the organization
Indiana Farm Bureau Putnam County Farm Bureau Inc

Employer identification number

35-0886084

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 V	35b	A Form 990-T was filed because the organization had more than 1,000 in unrelated business income from debt-financed property
		Form 990-EZ, Part I, Line 10, Grants Paid Activity Donations, Grantee Various Organizations, Cash Grant 1,633, Relationship None Form 990-EZ, Part I, Line 10, Grants Paid Activity Scholarships, Grantee Local Youth, Cash Grant 1,200, Relationship None Form 990-EZ, Part I, Line 10, Grants Paid Activity Youth Essay/Contest Awards, Grantee Local Youth, Cash Grant 50, Relationship None Form 990-EZ, Part I, Line 16, Other Expenses Travel 3,028 Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 1,397 Form 990-EZ, Part I, Line 16, Other Expenses Depreciation 351 Form 990-EZ, Part I, Line 16, Other Expenses Unrelated business income taxes 34 Form 990-EZ, Part I, Line 16, Other Expenses Membership services 65 Form 990-EZ, Part I, Line 16, Other Expenses Ag Promotion 7,224 Form 990-EZ, Part I, Line 16, Other Expenses District Dues 287 Form 990-EZ, Part I, Line 16, Other Expenses Miscellaneous Expense 743 Form 990-EZ, Part I, Line 16, Other Expenses Building Expense for leased space 26,960 Form 990-EZ, Part I, Line 16, Other Expenses Unrelated Business Income Taxes, State 32 Form 990-EZ, Part II, Line 26, Liabilities Mortgage Payable Beginning of year 32,002, End of year 31,365 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 Form 990-EZ Part V Line 35b A Form 990-T was filed because the organization had more than 1,000 in unrelated business income from debt-financed property

Additional Data

Software ID: 11000218

Software Version: 2011.0.0

EIN: 35-0886084

Name: Indiana Farm Bureau Putnam 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
Ames Kim 1001 North Jackson Street Greencastle,IN 461351004	Director 001 00	0		
Arnold Loretta 1001 North Jackson Street Greencastle,IN 461351004	Director 001 00	0		
Arnold Virgil 1001 North Jackson Street Greencastle,IN 461351004	Director 001 00	0		
Berry Brian 1001 North Jackson Street Greencastle,IN 461351004	Director 001 00	0		
Fordice Dennis 1001 North Jackson Street Greencastle,IN 461351004	Director 001 00	0		
Gough Byron 1001 North Jackson Street Greencastle,IN 461351004	Director 001 00	0		
Hacker Gypsy 1001 North Jackson Street Greencastle,IN 461351004	Director 001 00	0		
Hacker Myron 1001 North Jackson Street Greencastle,IN 461351004	Director 001 00	0		
Legan Mark 1001 North Jackson Street Greencastle,IN 461351004	Director 001 00	0		
Mann Christopher 1001 North Jackson Street Greencastle,IN 461351004	Director 001 00	0		
Mann Jennifer 1001 North Jackson Street Greencastle,IN 461351004	Director 001 00	0		
Martin Jerry 1001 North Jackson Street Greencastle,IN 461351004	Director 001 00	0		
McCammack Clayton 1001 North Jackson Street Greencastle,IN 461351004	Director 001 00	0		
Poynter Ray 1001 North Jackson Street Greencastle,IN 461351004	Director 001 00	0		
Rowings David 1001 North Jackson Street Greencastle,IN 461351004	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
Summers Eugene 1001 North Jackson Street Greencastle,IN 461351004	Director 001 00	0		
Sutherlin Ron 1001 North Jackson Street Greencastle,IN 461351004	Director 001 00	0		
Tharp Nick 1001 North Jackson Street Greencastle,IN 461351004	Director 001 00	0		
Wilson Ryan 1001 North Jackson Street Greencastle,IN 461351004	Director 001 00	0		
Evans Elizabeth 1001 North Jackson Street Greencastle,IN 461351004	Former Womens Leader Director 001 00	333		
Mann Joseph 1001 North Jackson Street Greencastle,IN 461351004	President Director 005 00	500		
Cash Steve 1001 North Jackson Street Greencastle,IN 461351004	Vice President Director 004 00	167		
Cash Patti 1001 North Jackson Street Greencastle,IN 461351004	Secretary Director 004 00	167		
Greenburg David 1001 North Jackson Street Greencastle,IN 461351004	Treasurer Director 004 00	167		
Legan Phyllis 1001 North Jackson Street Greencastle,IN 461351004	Womens Leader Director 004 00	0		