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Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning September 1, 2013, and ending August 31, 20 14

B Check if applicable:

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
Smithville Diamonds, Inc

D Employer identification number
20-0404333

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
P.O Box 13

E Telephone number
812-320-8450

City or town, state or province, country, and ZIP or foreign postal code
Smithville, IN 47458

F Group Exemption Number ▶

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: ▶

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

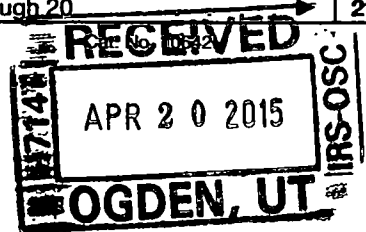
Check if the organization used Schedule O to respond to any question in this Part I

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	6968	10		18	11230
2	Program service revenue including government fees and contracts	2	51737	11		19	20474
3	Membership dues and assessments	3		12		20	
4	Investment income	4	2	13		21	31704
5a	Gross amount from sale of assets other than inventory	5a		14	20685		
b	Less: cost or other basis and sales expenses	5b		15	166		
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		16	51317		
6	Gaming and fundraising events			17	72168		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a					
b	Gross income from fundraising events (not including \$ 8570 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	8570				
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	8570				
7a	Gross sales of inventory, less returns and allowances	7a	38008				
b	Less: cost of goods sold	7b	21887				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	16121				
8	Other revenue (describe in Schedule O)	8					
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	83398				
10	Grants and similar amounts paid (list in Schedule O)	10					
11	Benefits paid to or for members	11					
12	Salaries, other compensation, and employee benefits	12					
13	Professional fees and other payments to independent contractors	13					
14	Occupancy, rent, utilities, and maintenance	14	20685				
15	Printing, publications, postage, and shipping	15	166				
16	Other expenses (describe in Schedule O)	16	51317				
17	Total expenses. Add lines 10 through 16 ▶	17	72168				
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11230				
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	20474				
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	31704				

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

SCANNED MAY 19 2015



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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	20474	31704
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	20474	31704
26 Total liabilities (describe in Schedule O)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	20474	31704

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

What is the organization's primary exempt purpose? _____

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.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others)

28 _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Michael W Baran, III, President PO Box 13, Smithville, IN 47458	10	0	0	0
Kevin Todd, Treasurer PO Box 13, Smithville, IN 47458	10	0	0	0
Steven Webb, Vice President PO Box 13, Smithville, IN 47458	10	0	0	0
Carl Kerns, Secretary PO Box 13, Smithville, IN 47458	5	0	0	0
Tracy Waldon, Director PO Box 13, Smithville, IN 47458	5	0	0	0
Ryan Blevins, Director PO Box 13, Smithville, IN 47458	5	0	0	0
J.T. Bellush, Director PO Box 13, Smithville, IN 47458	5	0	0	0
Scott Miller, Director PO Box 13, Smithville, IN 47458	5	0	0	0
Donald Eads, Director PO Box 13, Smithville, IN 47458	5	0	0	0
Mike Brinson, Director PO Box 13, Smithville, IN 47458	5	0	0	0
Levi Elkins, Director PO Box 13, Smithville, IN 47458	5	0	0	0
Mike Napier, Director PO Box 13, Smithville, IN 47458	5	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No checkboxes. Rows include questions 33 through 45b regarding significant activities, changes, income, expenditures, loans, tax shelter transactions, and controlled entities.

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	Yes	No
		46	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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

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	Yes	No
		47	<input checked="" type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?		<input checked="" type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization?		<input checked="" type="checkbox"/>

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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 ▶ 0


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 business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ▶ None

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		Date <u>4/18/15</u>
	Kevin L. Todd, Treasurer	Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

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

