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**

Short Form
Return of Organization Exempt From Income Tax

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

▶ 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.*

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2013

Open to Public Inspection

ENVELOPE POSTMARK DATE JUL 15 2015

SCANNED AUG 19 2015

A For the 2013 calendar year, or tax year beginning 10/1/2013 , and ending 9/30/2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Indiana Farm Bureau Delaware County Farm Bureau, Inc

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
6100 State Rd 67 N

City or town | State | ZIP code
Muncie | IN | 47303-9227

Foreign country name | Foreign province/state/county | Foreign postal code

D Employer identification number
35-0789885

E Telephone number
(317) 692-7851

F Group Exemption Number ▶ 0963

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 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 ▶ $ 93,211

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 . . ☒

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OGDEN, UT
2262

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	29,503
	4	Investment income	4	62,095
	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	1,613
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	93,211
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	6,018
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	3,581
	13	Professional fees and other payments to independent contractors	13	2,269
	14	Occupancy, rent, utilities, and maintenance	14	49,732
	15	Printing, publications, postage, and shipping	15	2,278
	16	Other expenses (describe in Schedule O)	16	24,735
	17	**Total expenses.** Add lines 10 through 16 ▶	17	88,613
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,598
	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	273,410
	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	278,008

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	186,512	22	198,538
23	Land and buildings	80,399	23	73,080
24	Other assets (describe in Schedule O)	6,514	24	6,441
25	**Total assets**	273,425	25	278,059
26	**Total liabilities** (describe in Schedule O)	15	26	51
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	273,410	27	278,008

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 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	To educate local youth on agriculture, we support the local 4-H members with their projects & host Ag Days The 5 Ag Day sessions teach elementary children about agriculture production 10 volunteers helped (Grants $) If this amount includes foreign grants, check here ▶ [ ]	28a	
29	To promotoe 4-H in our county, we sponsor summer 4-H interns, program booklets, 4-H project sale, & 4-H Fun Night More than 16 volunteers helped with these activities Over 1,500 4-H members & their families were able to (Grants $) If this amount includes foreign grants, check here ▶ [ ]	29a	
30	Our public relations program includes a website with agricultural information provided for everyone Our policy development project was aimed at one particular public issue iniative 10 volunteers contributed their time (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 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
Kevin Adams Director	Hr/WK 1 00	0		
Katherine Bothel Director	Hr/WK 1 00	80		
David Coffman Director	Hr/WK 1 00	0		
FloraMae Cutforth Director	Hr/WK 1 00	80		
Loyal Cutforth Director	Hr/WK 1 00	120		
Erik Fisher Director	Hr/WK 1 00	0		
Donald Harris Director	Hr/WK 1 00	0		
Daniel Hiatt Director	Hr/WK 1 00	0		
Lee Miller Director	Hr/WK 1 00	70		
Larry Mitchell Director	Hr/WK 1 00	0		
John Nagel Director	Hr/WK 1 00	0		
Melissa Nagel Director	Hr/WK 1 00	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 ☐

			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		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 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		X
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		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		X
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 ► IN

42 a The organization's books are in care of ► Indiana Farm Bureau, Inc Telephone no ► (317) 692-7851

Located at ► 225 S East St City Indianapolis ST IN ZIP + 4 ► 46202

			Yes	No
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		X
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ► _____	42c		X

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		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45 b	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		X

		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 . . . 46		X

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 . . . ☐

		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. 47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . 48		
49 a	Did the organization make any transfers to an exempt non-charitable related organization? . . . 49a		
b	If "Yes," was the related organization a section 527 organization? . . . 49b		

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
Name None Title	Hr/Wk 00			
Name Title	Hr/Wk 00			
Name Title	Hr/Wk 00			
Name Title	Hr/Wk .00			
Name 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 business address of each independent contractor	(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

Jana Adams

Signature of officer Jana D. Adams Secretary Date 7-9-15

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Tiffanie Ellis	Tiffanie Ellis	7/2/15		P01602996

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.**

▶ **Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www irs gov/form990.***

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
Indiana Farm Bureau Delaware County Farm Bureau, Inc	35-0789885

Form 990-EZ, Part I, Line 8, Other Revenue Constructive Income for Postage 1,613

Form 990-EZ, Part I, Line 16, Other Expenses Travel 329

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 5,441

Form 990-EZ, Part I, Line 16, Other Expenses Depletion 101

Form 990-EZ, Part I, Line 16, Other Expenses Unrelated business income taxes 893

Form 990-EZ, Part I, Line 16, Other Expenses Membership Services 398

Form 990-EZ, Part I, Line 16, Other Expenses Ag Promotion 10,645

Form 990-EZ, Part I, Line 16, Other Expenses Miscellaneous Expense 302

Form 990-EZ, Part I, Line 16, Other Expenses Building Expense for Leased Space 6,425

Form 990-EZ, Part I, Line 16, Other Expenses Unrelated Business Income Taxes, State 201

Form 990-EZ, Part II, Line 24, Other Assets Furniture & Equipment, Net Beginning of year 135, End of year 34

Form 990-EZ, Part II, Line 24, Other Assets Accounts Receivable Beginning of year 6,379, End of year 6,407

Form 990-EZ, Part II, Line 26, Liabilities Accounts Payable Beginning of year 15, End of year 51

Form 990-EZ, Part III, Line 1 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

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

Name of Organization: Indiana Farm Bureau Delaware County Farm Bureau, Inc

Employer identification number: 35-0789885

Name and title	Average hours per week devoted to position	Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	Health benefits contributions to employee benefit plans, and deferred compensation	Estimated amount of other compensation
Ron Orebaugh Director	Hr/WK 1 00	0		
John Parsons Director	Hr/WK 1 00	130		
Jean Pursifull Director	Hr/WK 1 00	100		
Larry Pursifull Director	Hr/WK 1 00	70		
Dale Rinker Director	Hr/WK 1 00	0		
Diane Scholer Director	Hr/WK 1 00	0		
Doug Scholer Director	Hr/WK 1 00	0		
Adam Steen Director	Hr/WK 1 00	0		
Gene Whitehead Director	Hr/WK 1 00	50		
Lucus Wright Director	Hr/WK 1 00	0		
Kaye Whitehead President and Director	Hr/WK 5 00	870		
Joseph Russell Vice President and Director	Hr/WK 3 00	290		
Jana Adams Secretary/Treasurer and Director	Hr/WK 4 00	510		
Vickie Mitchell Women's Leader and Director	Hr/WK 4 00	1,100		
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			

Date Acq		Description	Meth/Life	Cost	Section 179	Depr Basis	Includes Section 179 Beg A/Depr	Curr Depr	End A/Depr
Asset A/C#· 1600-00 - BUILDING									
09/10/73		Building	ASL / 50	284,965 53	0 00	284,965 53	222,258 53	5,699 00	227,957 53
10/20/86		HVAC system	MACRS / 31 5	10,210 00	0 00	10,210 00	8,424 00	324 00	8,748 00
05/31/88		Roof, Valleys Bay Door	MSL / 31 5	3,953 00	0 00	3,953 00	2,677 00	125 00	2,802 00
09/27/89		Roof, new	MSL / 20	6,539 43	0 00	6,539 43	6,539 43	0 00	6,539 43
09/27/89		Flashing & gutters	MSL / 15	2,100 00	0 00	2,100 00	2,100 00	0 00	2,100 00
11/15/90		HVAC in NE section	ASL / 50	7,079 00	0 00	7,079 00	3,254 00	142 00	3,396 00
10/10/91		Brick work in rear	MSL / 20	2,444 00	0 00	2,444 00	2,444 00	0 00	2,444 00
11/22/91		Gutter and Repair (for ice damage)	MSL / 20	27,939 00	0 00	27,939 00	27 939 00	0 00	27,939 00
02/20/92		Hall & Boardroom Ceiling	MSL / 10	7,389 00	0 00	7,389 00	7,389 00	0 00	7,389 00
11/30/95		Well Pump	MSL / 15	726 05	0 00	726 05	726 05	0 00	726 05
04/09/96		Carpet front office	MSL / 10	4,669 94	0 00	4,669 94	4,669 94	0 00	4,669 94
11/19/97		Emergency lighting	MSL / 15	1,330 00	0 00	1,330 00	1,330 00	0 00	1,330 00
03/05/98		Kitchen remodel	MSL / 15	3,810 32	0 00	3,810 32	3,810 32	0 00	3,810 32
05/21/98		Parking lot, repaved	MSL / 10	20,200 00	0 00	20,200 00	20,200 00	0 00	20,200 00
05/04/99		Front Doors	MSL / 15	3,119 50	0 00	3,119 50	2,981 50	138 00	3,119 50
05/04/99		Roof repairs	MSL / 20	12,337 30	0 00	12,337 30	8,946 30	617 00	9,563 30
09/30/00		Roof repairs	MSL / 20	5,488 00	0 00	5,488 00	3,562 00	274 00	3,836 00
Totals: 1600-00 - BUILDING (17 assets)				404,300 07	0 00	404,300 07	329,251 07	7,319 00	336,570 07
Asset A/C# 1610-00 - FURNITURE & EQUIPMENT									
09/16/66		Chairs	MA200 / 7	84 00	0 00	84 00	84 00	0 00	84 00
04/01/73		Garment Racks & Hangers	MA200 / 7	230 43	0 00	230 43	230 43	0 00	230 43
09/01/73		Chairs, stack (25 ea)	MA200 / 7	110 00	0 00	110 00	110 00	0 00	110 00
09/01/73		Chair caddy	MA200 / 7	36 70	0 00	36 70	36 70	0 00	36 70
09/01/73		Table caddy	MA200 / 7	38 00	0 00	38 00	38 00	0 00	38 00
11/01/74		Chairs, Krueger (40 ea)	MA200 / 7	259 00	0 00	259 00	259 00	0 00	259 00
05/01/76	D	P A System	MA200 / 7	200 00	0 00	200 00	200 00	0 00	200 00
06/01/77		Tables (8 ea)	MA200 / 7	399 60	0 00	399 60	399 60	0 00	399 60
04/01/79		Chairs, Krueger (48 ea)	MA200 / 7	328 47	0 00	328 47	328 47	0 00	328 47
11/01/86		Television, Sharp 25"	MA200 / 7	219 46	0 00	219 46	219 46	0 00	219 46
02/01/97		Crate Sound System	MSL / 10	799 90	0 00	799 90	799 90	0 00	799 90
03/27/06		Sound System	MA200 / 7	594 00	0 00	594 00	594 00	0 00	594 00
04/10/07		LCD Projector	MA200 / 7	709 97	0 00	709 97	678 00	31 97	709 97
07/24/08		10 Long Tables	MA200 / 7	770 08	0 00	770 08	667 00	69 00	736 00
Totals 1610-00 - FURNITURE & EQUIPMENT (14 assets)				4,779 61	0 00	4,779 61	4,644 56	100 97	4,745 53
Less: 1 Disposed assets (Current Depreciation $0.00)				200 00	0 00	200 00	200 00		200 00
Net totals. 1610-00 - FURNITURE & EQUIPMENT (13 assets)				4,579 61	0 00	4,579 61	4,444 56	100 97	4,545 53
Grand totals for all accounts: (31 assets)				409,079 68	0 00	409,079 68	333,895 63	7,419 97	341,315 60
Less: 1 Disposed assets (Current Depreciation: $0.00)				200 00	0 00	200 00	200 00		200 00
Net totals for all accounts. (30 assets)				408,879 68	0 00	408,879 68	333,695 63	7,419 97	341,115 60

Codes that may appear next to the date acquired include: A - Addition, D - Disposal, T - Traded, I - Inactive, C - Construction In Progress, MQ - Mid Quarter Applied

Additional Summary Statistics	Cost	Curr Yr 179	Prior Yr 179	Depr Basis	Beg A/Depr	Curr A/Depr	End A/Depr	Net Book Val
Grand Totals for All Assets	409,079 68	0 00	0 00	409,079 68	333,895 63	7,419 97	341,315 60	67,764 08
Inactive Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Less Disposed Assets	200 00	0 00	0 00	200 00	200 00	0 00	200 00	0 00
Less Traded Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Net Totals (Active & Inactive Assets)	408,879 68	0 00	0 00	408,879 68	333,695 63	7,419 97	341,115 60	67,764 08

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