



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

OMB No 1545-1150

2013**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

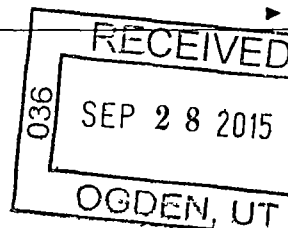
Do not enter Social Security numbers on this form as it may be made public.

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

A For the 2013 calendar year, or tax year beginning 11/1/2013, and ending 10/31/2014	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Indiana Farm Bureau Randolph County Farm Bureau, Inc Number and street (or P O box, if mail is not delivered to street address) Room/suite P O Box 467 City or town State ZIP code Winchester IN 47394-0467 Foreign country name Foreign province/state/country Foreign postal code
D Employer identification number 35-0827613	
E Telephone number (317) 692-7851	
F Group Exemption Number 0963	
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____	
I Website: N/A	
H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (5) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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. \$ 34,217	

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	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	11,775
	4	Investment income	4	21,276
	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	1,166
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	34,217
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	2,485
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	1,098
	13	Professional fees and other payments to independent contractors	13	676
	14	Occupancy, rent, utilities, and maintenance	14	16,669
	15	Printing, publications, postage, and shipping	15	1,166
	16	Other expenses (describe in Schedule O)	16	12,056
	17	Total expenses. Add lines 10 through 16	17	34,150
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	67
	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	122,480
	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	122,547



For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

HTA

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	99,985	22	101,258
23 Land and buildings	22,495	23	21,289
24 Other assets (describe in Schedule O)		24	
25 Total assets	122,480	25	122,547
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).	122,480	27	122,547

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? 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.

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

28 At the local county 4-H fair, we were able to interact with members of the public, educating them about agriculture & Farm Bureau. We handed out popcorn at our booth to attract visitors. 30 volunteers each contributed 2 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 At Ag Day, we educated over 700 local students about nutrition, agriculture, & where their food comes from. 25 volunteers each contributed 2 hours to making this event a success (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	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
Kim Burge Director	Hr/WK 1 00	0		
Donald Calhoun Director	Hr/WK 1 00	0		
Aaron Chalfant Director	Hr/WK 1 00	0		
Thomas Chalfant Director	Hr/WK 1 00	0		
Jessica Cheesman Director	Hr/WK 1 00	0		
Rita Frank Director	Hr/WK 1 00	0		
Alfred Groth Director	Hr/WK 1 00	0		
Jay Harris Director	Hr/WK 1 00	0		
Kurt Prescott Director	Hr/WK 1 00	0		
Gregory Sickels Director	Hr/WK 1 00	0		
Brian Snyder Director	Hr/WK 1 00	0		
Keith Snyder 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.		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).		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)?		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		
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		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		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?		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?		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 40a , section 4912 40b , section 4955 40c		
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		
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 40c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d		
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		X
41 List the states with which a copy of this return is filed 41		
42 a The organization's books are in care of 42a Indiana Farm Bureau, Inc Telephone no 42a (317) 692-7851		
Located at 42a 225 S. East St City Indianapolis ST IN ZIP + 4 42a 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 42b		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
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 43 and enter the amount of tax-exempt interest received or accrued during the tax year		
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
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

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		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 ☐

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		

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		
City	ST	ZIP
Name		
City	ST	ZIP
Name		
City	ST	ZIP
Name		
City	ST	ZIP
Name		
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 Claudia R. Thornburg Signature of officer Date 9-14-15
Claudia R. Thornburg Co Outreach Coordinator Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Tiffanie Ellis Preparer's signature Tiffanie Ellis Date 9/9/15 Check ☐ if self-employed PTIN 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

Indiana Farm Bureau Randolph County Farm Bureau, Inc

Employer identification number

35-0827613

Form 990-EZ, Part I, Line 8, Other Revenue Constructive Income for Postage 1,166

Form 990-EZ, Part I, Line 16, Other Expenses Meals and entertainment 64

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 3,315

Form 990-EZ, Part I, Line 16, Other Expenses Unrelated business income taxes 140

Form 990-EZ, Part I, Line 16, Other Expenses Membership Services 90

Form 990-EZ, Part I, Line 16, Other Expenses Ag Promotion 6,712

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

Form 990-EZ, Part I, Line 16, Other Expenses Building Expense for Leased Space 1,375

Form 990-EZ, Part I, Line 16, Other Expenses Unrelated Business Income Taxes, State 31

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

Page 1 of 1 of Part IV

Employer identification number

35-0827613

[illegible]

ASSET DEPRECIATION SHORT REPORT
 RANDOLPH COUNTY FARM BUREAU - Oct 31, 2014

Assets 11 of 11 Included
 Include All Assets
 Method FEDERAL - Std Conventions Applied

Sort #1 Asset A/C#

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								
10/31/70	BUILDING	SLP / 50	52 669 87	0 00	52 669 87	41 065 87	1 053 00	42 118 87
10/31/89	REPLACE WATER HEATER	MA200 / 7	327 82	0 00	327 82	327 82	0 00	327 82
01/31/93	REPLACE LIGHT FIXTURES	MSL / 15	1 552 30	0 00	1 552 30	1 552 30	0 00	1 552 30
02/10/97	REPLACE CARPET	MSL / 5	3 333 47	0 00	3 333 47	3 333 47	0 00	3 333 47
02/17/97	INSTALL WALLPAPER	MSL / 10	1 406 27	0 00	1 406 27	1 406 27	0 00	1 406 27
11/12/97	NEW FURNACE & AIR CONDITIONER	MSL / 15	3,780 00	0 00	3 780 00	3 780 00	0 00	3,780 00
08/11/00	REPLACED ROOF	MSL / 20	3,050 00	0 00	3 050 00	2 027 00	153 00	2 180 00
Totals 1600-00 - BUILDING (7 assets)			66 119 73	0 00	66 119 73	53,492 73	1,206 00	54 698 73

Asset A/C# 1610-00 - FURNITURE & EQUIPMENT

11/01/70	TABLES 96" (4)	MA200 / 7	260 52	0 00	260 52	260 52	0 00	260 52
11/01/70	CHAIRS (16 of 40)	MA200 / 7	22 75	0 00	22 75	22 75	0 00	22 75
11/01/70	CREDENZA (1)	MA200 / 7	107 06	0 00	107 06	107 06	0 00	107 06
01/01/86	MICROWAVE OVEN (1)	MA200 / 7	176 40	0 00	176 40	176 40	0 00	176 40
Totals 1610-00 - FURNITURE & EQUIPMENT (4 assets)			566 73	0 00	566 73	566 73	0 00	566 73
Grand totals for all accounts (11 assets)			66 686 46	0 00	66,686 46	54,059 46	1,206 00	55,265 46

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	66,686 46	0 00	0 00	66 686 46	54 059 46	1 206 00	55,265 46	11,421 00
Inactive Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Less Disposed Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 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)	66 686 46	0 00	0 00	66 686 46	54 059 46	1,206 00	55 265 46	11 421 00
<i>Total Bonus Depreciation Taken at 30% Rate</i>		<i>0 00</i>						
<i>Total Bonus Depreciation Taken at 50% Rate</i>		<i>0 00</i>						
<i>Total Bonus Depreciation Taken at 100% Rate</i>		<i>0 00</i>						
<i>Total Bonus Depreciation Taken</i>		<i>0 00</i>						