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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 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](http://www.irs.gov/form990).

OMB No 1545-1150

2015

Open to Public Inspection

**A** For the 2015 calendar year, or tax year beginning 10-01-2015, and ending 09-30-2016

**B** Check if applicable  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
Indiana Farm Bureau Wells County Farm Bureau Inc  

Number and street (or P O box, if mail is not delivered to street address)Room/suite  
PO Box 353

City or town, state or province, country, and ZIP or foreign postal code  
Bluffton, IN 467140353

**D** Employer identification number  
35-0905026  
**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 ▶ \$ 72,261

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 <input checked="" type="checkbox"/>			
Revenue	1	Contributions, gifts, grants, and similar amounts received	8
	2	Program service revenue including government fees and contracts	1,875
	3	Membership dues and assessments	20,567
	4	Investment income	46,893
	5a	Gross amount from sale of assets other than inventory	
	5b	Less cost or other basis and sales expenses	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	6	Gaming and fundraising events	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
	6b	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	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	
	7b	Less cost of goods sold	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
	8	Other revenue (describe in Schedule O)	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	
	10	Grants and similar amounts paid (list in Schedule O)	5,470
	11	Benefits paid to or for members	
	12	Salaries, other compensation, and employee benefits	850
Net Assets	13	Professional fees and other payments to independent contractors	1,441
	14	Occupancy, rent, utilities, and maintenance	40,268
	15	Printing, publications, postage, and shipping	2,932
	16	Other expenses (describe in Schedule O)	24,299
	17	Total expenses. Add lines 10 through 16 ▶	75,260
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	-2,999
	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)	146,858
	20	Other changes in net assets or fund balances (explain in Schedule O)	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	143,859

**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	
<b>22</b> Cash, savings, and investments . . . . .	126,598	<b>22</b>	124,964
<b>23</b> Land and buildings . . . . .	20,260	<b>23</b>	18,895
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>	
<b>25 Total assets</b> . . . . .	146,858	<b>25</b>	143,859
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .		<b>26</b>	
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	146,858	<b>27</b>	143,859

### 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.

**28**  
See Additional Data Table

(Grants \$ ) If this amount includes foreign grants, check here . . . ► ☐

29

(Grants \$ ) If this amount includes foreign grants, check here . . . ▶ ☐

30

(Grants \$ ) If this amount includes foreign grants, check here . . . ▶ ☐

**31** Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here . . . ► ☐

**32 Total program service expenses** (add lines 28a through 31a) . . . . . ▶

**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. . . . . ☐

[illegible]

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

		Yes	No
<b>33</b>	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 . . . . .	<b>33</b>	No
<b>34</b>	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) . . . . .	<b>34</b>	No
<b>35a</b>	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)? . . . . .	<b>35a</b>	No
<b>b</b>	If "Yes," to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .	<b>35b</b>	
<b>c</b>	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 . . . . .	<b>35c</b>	No
<b>36</b>	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 . . . . .	<b>36</b>	No
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b>		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	No
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .	<b>38a</b>	No
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b>	Section 501(c)(7) organizations Enter . . . . .		
<b>a</b>	Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40a</b>	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
<b>b</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 . . . . .	<b>40b</b>	
<b>c</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
<b>d</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
<b>e</b>	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 . . . . .	<b>40e</b>	No
<b>41</b>	List the states with which a copy of this return is filed ▶ <u>IN</u>		
<b>42a</b>	The organization's books are in care of ▶ <u>Indiana Farm Bureau Inc</u> Telephone no ▶ <u>(317) 692-7851</u> Located at ▶ <u>225 S East St Indianapolis, IN</u> ZIP + 4 ▶ <u>46202</u>		
<b>b</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 ▶ _____	<b>42b</b>	No
	See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b>		
<b>c</b>	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 ▶ _____	<b>42c</b>	No
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
<b>44a</b>	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	No
<b>b</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 . . . . .	<b>44b</b>	No
<b>c</b>	Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	No
<b>d</b>	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	
<b>45a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	No
<b>45b</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) . . . . .	<b>45b</b>	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 . . . . .	46	No

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	
49a	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
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 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. . . . . ►		

52	Did the organization complete Schedule A? <b>NOTE.</b> All Section 501(c)(3) organizations must attach a completed Schedule A . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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		2017-08-15				
	Charles N Captain Treasurer		Date				
Paid Preparer Use Only	Print/Type preparer's name Tiffanie Ellis		Preparer's signature		Date 2017-08-15	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ► Indiana Farm Bureau Inc					Firm's EIN ►	
	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 . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						

## Additional Data

**Software ID:** 15000290

**Software Version:** 15.3.0.0

**EIN:** 35-0905026

**Name:** Indiana Farm Bureau Wells County Farm Bureau Inc

### Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. 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 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
<p>At our 1st Grade Health Fair, students were taught about health safety topics such as healthy foods, dental care, bicycle safety, 911 Over 350 students, 25 teachers, 50 chaperones attended Approx 20 <b>28</b> volunteers helped</p> <p>(Grants \$ )</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<b>28a</b>	

**Form 990EZ, Part III - Statement of Program Service Accomplishments**

<b>Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</b>	<b>Expenses</b> <b>(Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)</b>	
<b>29</b> During the 4th Grade Ag Tour in the Park, approx 350 students 75 adults are educated about ag-related topics at 6 different stations 8 volunteers contributed their time to this program (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>29a</b>	

Form 990EZ, Part III - Statement of Program Service Accomplishments

<p>Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</p>	<p>Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)</p>	
<p><b>30</b> Policy development implentmentation for ag-related policy is accomplished with a tool shed meeting with elected officials a policy development meeting with members 25 volunteer hours are used (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p><b>30a</b></p>	



**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

<b>(a) Name and title</b>	<b>(b) Average hours per week devoted to position</b>	<b>(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)</b>	<b>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</b>	<b>(e) Estimated amount of other compensation</b>
Luster Bales Director	001 00	0		
Ryan Baker Director	001 00	0		
Will Banter Director	001 00	0		
Mark Fiechter Director	001 00	0		
Jarrold Hahn Director	001 00	0		
Twillia Herr Director	001 00	0		
Sherry Johnson Director	001 00	0		
Tony Johnson Director	001 00	0		
Patrick Kober Director	001 00	0		
Robert Prible Director	001 00	0		
Heath Schlagenhauf Director	001 00	0		
Neil Stoppenhagen Director	001 00	0		
Tricia Tucker Director	001 00	0		
Tim Baker President and Director	005 00	40		
Bruce Barger Vice President and Director	002 00	0		

**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

<b>(a) Name and title</b>	<b>(b) Average hours per week devoted to position</b>	<b>(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)</b>	<b>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</b>	<b>(e) Estimated amount of other compensation</b>
Bruce Herr Vice President and Director	002 00	0		
Danielle Werling Secretary and Director	003 00	60		
Chad Captain Treasurer and Director	003 00	120		
Patty Baker Education and Outreach Coordinator and Director	003 00	240		
Helen Witte Assistant Education and Outreach Coordinator and Director	002 00	235		

## TY 2015 Compensation Explanation

**Name:** Indiana Farm Bureau Wells County Farm Bureau Inc

**EIN:** 35-0905026

**Software ID:** 15000290

**Software Version:** 15.3.0.0

Person Name	Explanation
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# 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](http://www.irs.gov/form990).

OMB No 1545-0047

# 2015

**Open to Public  
Inspection**

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

**Employer identification number**

35-0905026

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 8, Other Revenue	Constructive Income for Postage 2,918

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Travel 4,344

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Meals and entertainment 123

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Conferences, conventions, and meetings 3,404

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Ag Promotion 10,348



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	District Dues 867

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Miscellaneous Expense 273

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Building Expense for Leased Space 4,940

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990-EZ, Part III, Line 1	Organizations primary exempt purpose Represent the farmers voice on issues related to agri culture, educate the consumer and promote farm products, keep members abreast of policies and new developments

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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