

**Open to Public Inspection**

Form **990-EZ** (2017)

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

|                                                                                                                                                                                                                                      |                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>Part III</b> <b>Statement of Program Service Accomplishments</b> (see the instructions for Part III)<br>Check if the organization used Schedule O to respond to any question in this Part III <input checked="" type="checkbox"/> | <b>Expenses</b><br>(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others ) |
| What is the organization's primary exempt purpose?<br>See Schedule O                                                                                                                                                                 |                                                                                                       |

## Expenses

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** See Additional Data Table

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

**30** See Additional Data Table

(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)

Check if the organization used Schedule O to respond to any question in this Part IV. ☐

Form **990-EZ** (2017)

**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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <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 Form 990-T 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 or 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 ▶ IN                                                                                                                                                                                                                                                                              |            |    |
| <b>42a</b> The organization's books are in care of ▶ Indiana Farm Bureau Inc Telephone no ▶ (317) 692-7851<br>Located at ▶ 225 S East St Indianapolis, IN ZIP + 4 ▶ 46202                                                                                                                                                                             |            |    |
| <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)?                                                                                                     | <b>42b</b> | No |
| If "Yes," enter the name of the foreign country ▶ _____                                                                                                                                                                                                                                                                                               |            |    |
| 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 ?                                                                                                                                                                                                                                              | <b>42c</b> | No |
| If "Yes," enter the name of the foreign country ▶ _____                                                                                                                                                                                                                                                                                               |            |    |
| <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"/><br>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 |

|           |                                                                                                                                                                                                      |            |           |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
|           |                                                                                                                                                                                                      | <b>Yes</b> | <b>No</b> |
| <b>46</b> | 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 . . . . . | <b>46</b>  | 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 . . . . . ☐

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

**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? **NOTE.** All Section 501(c)(3) organizations 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.

|                               |                                                        |                      |                    |                                                 |      |
|-------------------------------|--------------------------------------------------------|----------------------|--------------------|-------------------------------------------------|------|
| <b>Sign Here</b>              | Signature of officer                                   |                      | 2018-11-19         |                                                 |      |
|                               | Daniel Hiatt, President                                |                      | Date               |                                                 |      |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>Tiffany Ellis            | Preparer's signature | Date<br>2018-11-19 | Check <input type="checkbox"/> if self-employed | PTIN |
|                               | Firm's name ► Indiana Farm Bureau Inc                  |                      |                    | Firm's EIN ►                                    |      |
|                               | Firm's address ► PO Box 1290<br>Indianapolis, IN 46206 |                      |                    | Phone no. (317) 692-7851                        |      |

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ☒ **Yes** ☐ **No**

Additional Data

Software ID: 17005317  
Software Version: 18.2.0.0  
EIN: 35-0789885  
Name: Indiana Farm Bureau Delaware County Farm Bureau Inc

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

| 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<br>(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.) |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------|--|
| <b>28</b><br>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<br>(Grants \$ )<br>If this amount includes foreign grants, check here . . . <input type="checkbox"/> |  | <b>28a</b>                                                                                     |  |

| Form 990EZ, Part III - Statement of Program Service Accomplishments                                                                                                                                                                                                                                                                                                       |                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| 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<br>(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.) |
| <div>29</div> <div>To promote 4-H in our county, we sponsor summer 4-H interns, program booklets, 4-H project sale, 4-H Fun Night Approx 15 volunteers helped with these activities Over 1,500 4-H members their families were able to benefit</div> <div>(Grants \$ )</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div> | <div>29a</div>                                                                                 |

| Form 990EZ, Part III - Statement of Program Service Accomplishments                                                                                                                                                                                                                                                                                         |                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| 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<br>(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.) |
| <div>30</div> <p>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</p> <p>(Grants \$ )</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p> | <div>30a</div>                                                                                 |

**Form 990EZ, 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. . . . . ☐

| <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)<br/>(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> |
|----------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------|
| Jana Adams Director        | 001 00                                                | 90                                                                                    |                                                                                                |                                                   |
| Kevin Adams Director       | 001 00                                                | 0                                                                                     |                                                                                                |                                                   |
| David Coffman Director     | 001 00                                                | 0                                                                                     |                                                                                                |                                                   |
| FloraMae Cutforth Director | 001 00                                                | 100                                                                                   |                                                                                                |                                                   |
| Loyal Cutforth Director    | 001 00                                                | 100                                                                                   |                                                                                                |                                                   |
| Erik Fisher Director       | 001 00                                                | 0                                                                                     |                                                                                                |                                                   |
| Donald Harris Director     | 001 00                                                | 0                                                                                     |                                                                                                |                                                   |
| Lee Miller Director        | 001 00                                                | 0                                                                                     |                                                                                                |                                                   |
| Larry Mitchell Director    | 001 00                                                | 0                                                                                     |                                                                                                |                                                   |
| John Nagel Director        | 001 00                                                | 0                                                                                     |                                                                                                |                                                   |
| Melissa Nagel Director     | 001 00                                                | 0                                                                                     |                                                                                                |                                                   |
| John Parsons Director      | 001 00                                                | 0                                                                                     |                                                                                                |                                                   |
| Jean Pursifull Director    | 001 00                                                | 50                                                                                    |                                                                                                |                                                   |
| Dale Rinker Director       | 001 00                                                | 0                                                                                     |                                                                                                |                                                   |
| Diane Scholer Director     | 001 00                                                | 0                                                                                     |                                                                                                |                                                   |

**Form 990EZ, 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. . . . . ☐

| <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> |
|-----------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------|
| Doug Scholer Director                                           | 001 00                                                | 0                                                                                 |                                                                                                |                                                   |
| Kaye Whitehead Director                                         | 001 00                                                | 80                                                                                |                                                                                                |                                                   |
| Lucus Wright Director                                           | 001 00                                                | 0                                                                                 |                                                                                                |                                                   |
| Daniel Hiatt President and Director                             | 005 00                                                | 0                                                                                 |                                                                                                |                                                   |
| Joe Russell Vice President and Director                         | 003 00                                                | 290                                                                               |                                                                                                |                                                   |
| Gene Whitehead Secretary/Treasurer and Director                 | 004 00                                                | 290                                                                               |                                                                                                |                                                   |
| Vickie Mitchell Education and Outreach Coordinator and Director | 004 00                                                | 1,020                                                                             |                                                                                                |                                                   |

**TY 2017 Compensation Explanation**

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

**EIN:** 35-0789885

**Software ID:** 17005317

**Software Version:** 18.2.0.0

| Person Name | Explanation |
|-------------|-------------|
|-------------|-------------|

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

Indiana Farm Bureau Delaware County Farm Bureau Inc

**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

**2017**

**Open to Public Inspection**

**Employer identification number**

35-0789885

**990 Schedule O, Supplemental Information**

| Return Reference                           | Explanation                           |
|--------------------------------------------|---------------------------------------|
| Form 990-EZ, Part I, Line 8, Other Revenue | Constructive Income for Postage 2,081 |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                             | Explanation                                                                                                                                 |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990-EZ, Part I,<br>Line 10,<br>Grants Paid | Activity Cash Grant, Grantee Delaware County Fair and Exposition Board 1210 N Wheeling Ave Muncie IN 47303, Cash Grant 12,000, Relationship |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                       | Explanation  |
|-----------------------------------------------------------|--------------|
| Form 990-<br>EZ, Part I,<br>Line 16,<br>Other<br>Expenses | Travel 3,186 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                       | Explanation                |
|-----------------------------------------------------------|----------------------------|
| Form 990-<br>EZ, Part I,<br>Line 16,<br>Other<br>Expenses | Meals and entertainment 80 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                       | Explanation                                  |
|-----------------------------------------------------------|----------------------------------------------|
| Form 990-<br>EZ, Part I,<br>Line 16,<br>Other<br>Expenses | Conferences, conventions, and meetings 5,102 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                       | Explanation                           |
|-----------------------------------------------------------|---------------------------------------|
| Form 990-<br>EZ, Part I,<br>Line 16,<br>Other<br>Expenses | Unrelated business income taxes 1,259 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                       | Explanation             |
|-----------------------------------------------------------|-------------------------|
| Form 990-<br>EZ, Part I,<br>Line 16,<br>Other<br>Expenses | Membership Services 107 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                       | Explanation        |
|-----------------------------------------------------------|--------------------|
| Form 990-<br>EZ, Part I,<br>Line 16,<br>Other<br>Expenses | Ag Promotion 6,048 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                       | Explanation               |
|-----------------------------------------------------------|---------------------------|
| Form 990-<br>EZ, Part I,<br>Line 16,<br>Other<br>Expenses | Miscellaneous Expense 885 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                       | Explanation                             |
|-----------------------------------------------------------|-----------------------------------------|
| Form 990-<br>EZ, Part I,<br>Line 16,<br>Other<br>Expenses | Building Expense for Leased Space 6,819 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                   | Explanation                                                    |
|-------------------------------------------------------|----------------------------------------------------------------|
| Form 990-<br>EZ, Part II,<br>Line 24,<br>Other Assets | Accounts Receivable Beginning of year 3,776, End of year 2,517 |

# 990 Schedule O, Supplemental Information

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