efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492333005068 Short Form OMB No 1545-1150 50rm 990-EZ Return of Organization Exempt From Income Tax 2017 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. Department of the Treasury Open to Public Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez. Internal Revenue Service Inspection A For the 2017 calendar year, or tax year beginning 10-01-2017 and ending 09-30-2018 **B** Check if applicable D Employer identification number C Name of organization Indiana Farm Bureau Wells County Farm Bureau Inc \square Address change 35-0905026 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return PO Box 353 ☐ Final return/terminated (317) 692-7851 City or town, state or province, country, and ZIP or foreign postal code □ Amended return Bluffton, IN 467140353 F Group Exemption ☐ Application pending ▶ 0963 Number Check ▶ ☑ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method 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 ☑ 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) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 250 2 2 Program service revenue including government fees and contracts 1,552 3 Membership dues and assessments 3 20,445 4 4 30,009 5a Gross amount from sale of assets other than inventory 5b b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 6a 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) Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d7a Gross sales of inventory, less returns and allowances b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . **7**c C 8 8 Other revenue (describe in Schedule O) 3,927 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 56,183 10 10 Grants and similar amounts paid (list in Schedule O) 2,550 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits . 12 1,036 13 1,426 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 23,284 15 15 5.047 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 16 19,901 17 Total expenses. Add lines 10 through 16 17 53,244 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 2,939 Net Assets 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) 19 145,853 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 21 148,792 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2017) Cat No 10642I

orm 990-EZ (2017)						Page 2
Part II Balance Sheets (see the instructions Check if the organization used Schedule		ucation in this	Davt II			П
Check if the organization used Schedule	O to respond to any qu	uestion in this		eginning of year	• •	□ (B) End of year
22 Cash, savings, and investments			(A) D	128,323	22	132,627
23 Land and buildings				17,530		16,165
24 Other assets (describe in Schedule O)		[24	
25 Total assets		[145,853	25	148,792
26 Total liabilities (describe in Schedule O)		i i			26	
27 Net assets or fund balances (line 27 of column	<u> </u>			145,853	27 T	148,792 Expenses
Part III Statement of Program Service A Check if the organization used Schedule	•	•		t III) • • ☑	(Re	equired for section 501(c)
What is the organization's primary exempt purpose?	, ,					and 501(c)(4) Janizations, optional for
See Schedule O Describe the organization's program service accompli	shows the same of the	three largest				ners)
measured by expenses. In a clear and concise manne	r, describe the services				1	
benefited, and other relevant information for each pro	ogram title				1	
28 See Addıtıonal Data Table						
(Grants \$) If this amoun	t includes foreign grant	ts, check here		. ▶ □	28a	
29 See Addıtıonal Data Table					29a	
(Grants \$) If this amoun	t includes foreign grant	ts, check here		. ▶ □		
30 See Addıtıonal Data Table					30a	
(Grants \$) If this amoun	t includes foreign grant	ts, check here		. ▶ □		
31 Other program services (describe in Schedule O)						
	t includes foreign grant				31a	
32 Total program service expenses (add lines 28a Part IV List of Officers, Directors, Trustees,		(list each one eve				ctions for Part IV)
Check if the organization used Schedule						
(a) Name and table	(h) A	(a) Damanh	-1-1-	(d) Haalib baa	-6.4-	I/a) Fatimated amount
(a) Name and title	(b) Average hours per week	(c) Report compensa		(d) Health ben- contributions to er		(e) Estimated amount of other compensation
	devoted to position	(Forms W-2/ MISC) (if not		benefit plans, deferred compen		
		enter -0		dererred compen	Sation	
Car Additional Data Table						
See Additional Data Table						
						E 000 ET (2017)

Pa	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 . $$.	<u></u>	🗹				
			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		No			
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		No			
35a	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		No			
h	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					
	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		No			
36		36		No			
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a						
ь	Did the organization file Form 1120-POL for this year?	37b		No			
38a	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		No			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b						
39	Section 501(c)(7) organizations Enter						
а	Initiation fees and capital contributions included on line 9						
b	Gross receipts, included on line 9, for public use of club facilities						
40a	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), 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	40b					
С	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 sections4912, 4955, and 4958						
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization						
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		No			
41	transaction? If "Yes," complete Form 8886-T						
42a	The organization's books are in care of ▶ Indiana Farm Bureau Inc Telephone no ▶	(317) 6	92-7851				
	Located at ▶ 225 S East St Indianapolis, IN ZIP + 4 ▶	4620)2				
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)?		Yes	No			
	If "Yes," enter the name of the foreign country	42b		No			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and						
	Financial Accounts (FBAR)	43.		NI -			
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No ——			
42 (If "Yes," enter the name of the foreign country ►		▶ □				
	and enter the amount of tax-exempt interest received or accrued during the tax year	•					
	43		Yes	No			
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No			
	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		No			
	Did the organization receive any payments for indoor tanning services during the year?	44c		No			
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					
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No			
45b	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		No			

Form	990-E	Z (2017	")								Page 4
										Yes	No
46			nization engage, directly or indirect or public office? If "Yes," complete :				opposition to				N-
Par	t VI		ion 501(c)(3) organizations						46		No
u u		All se	ection 501(c)(3) organizations	must answer quest	ions 47-49b an	d 52, and	complete the	tables	for li	nes 50	and 51
		Check	r if the organization used Schedule	O to respond to any o	question in this Pa	art VI			• • •	 Yes	□ No
47			nization engage in lobbying activition in its place in lobbying activition in its place in lobbying activition in its place in lobbying activities.	es or have a section 5	01(h) election in	effect during	the tax year?		47		
48	Is the organization a school as described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E								48		
49a	Did th	ne orgai	nization make any transfers to an e	exempt non-charitable	related organiza	tion?			49a		
		-	the related organization a section	·					49b		
		,	s table for the organization's five h	•	mplovees (other	than officers	s, directors, tru	stees a	ınd kev	employ	rees)
	who e	each red	ceived more than \$100,000 of com	pensation from the or	ganization If the	re is none, e	nter "None "				
	(a)	Name	and title of each employee	(b) Average hours per week	(c) Reportal compensation	on conti	i) Health benet ibutions to em	ployee			amount ensation
				devoted to position	(Forms W-2/1 MISC)		enefit plans, a erred compens				
NONE											
	-										
f			er of other employees paid over \$1					-			_
51			s table for the organization's five h n from the organization If there is		ndependent contr	actors who	each received r	nore th	an \$10	0,000 o	f
		(a) Name and business address of ea	ach ındependent contr	actor	(b) T	ype of service	(c)	Comp	ensation	1
NONE											
											_
d	Tota	al numb	er of other independent contractor	s each receiving over	\$100,000		•	-			—
52	Dıd	the or	ganization complete Schedule A? N	OTE. All Section 501(c)(3) organizatio	ns must atta	ich a	_	_		
	con	npietea	Schedule A					•	Ye	s 🛂 I	10
			perjury, I declare that I have exam ef, it is true, correct, and complete								
		wledge									
							2018-11-19				
Sign		Signa	ture of officer				Date				
Here	;		es Captain Treasurer or print name and title								
			Print/Type preparer's name	Preparer's signature		Date 10	Check I If	PTIN			
Paid		L	Tiffanie Ellis			2018-11-19	self-employed				
-	parei Onl	.,	Firm's name Findiana Farm Bureau I	nc			Firm's EIN ►				
ပ၁ဗ	UIII	у	Firm's address ▶ PO Box 1290	_			Phone no (317) 692-78	351		
			Indianapolis, IN 4620	6							
							1				
May t	ne IRS	aiscus	s this return with the preparer show	wn above? See instruc	ctions				Yes	□ No	7 (2017)

Additional Data

Software ID: 17005317 Software Version: 18.2.0.0

EIN: 35-0905026

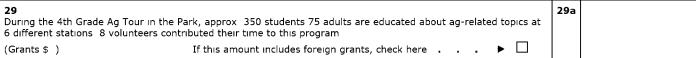
Name: Indiana Farm Bureau Wells County Farm Bureau Inc

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

services, as measured by expens	ram service accomplishments for each of its three largest program ses. In a clear and concise manner, describe the services provided, the d other relevant information for each program title.	` (c	Expenses quired for section 501)(3) and 501(c)(4) janizations; optional for others.)
	ts were taught about health safety topics such as healthy foods, dental care, nts, 25 teachers, 50 chaperones attended Approx 20 volunteers helped	28a	
(Grants \$)	If this amount includes foreign grants, check here $\ . \ . \ . \ ightharpoonup \ \Box$		

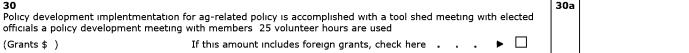
Expenses (Required for section 501 Describe the organization's program service accomplishments for each of its three largest program (c)(3) and 501(c)(4) services, as measured by expenses. In a clear and concise manner, describe the services provided, the organizations; optional number of persons benefited, and other relevant information for each program title. for others.) 29a

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



Expenses (Required for section 501 Describe the organization's program service accomplishments for each of its three largest program (c)(3) and 501(c)(4) services, as measured by expenses. In a clear and concise manner, describe the services provided, the organizations; optional number of persons benefited, and other relevant information for each program title. for others.) 30a

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



(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
Karı Baker Dırector	001 00	40		
Ryan Baker Director	001 00	0		
Tim Baker Director	001 00	0		
Luster Bales Director	001 00	0		
Will Banter Director	001 00	0		
Bruce Barger Director	001 00	0		
Mark Fiechter Director	001 00	0		
Jarrod Hahn Director	001 00	0		
Twilla 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		

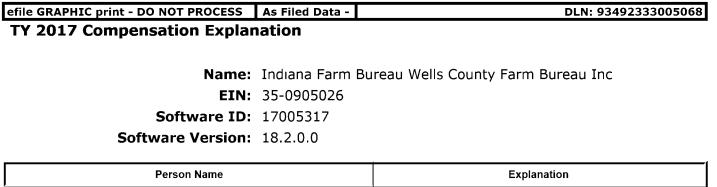
0

001 00

Neil Stoppenhagen Director

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e)Estimated amount of other compensation
Michael Taylor Director	001 00	0		
Trıcıa Tucker Dırector	003 00	0		
Bruce Herr President and Director	005 00	0		
Michael Fiechter Vice President and Director	003 00	0		
Danielle Werling Secretary and Director	003 00	210		
Chad Captain Treasurer and Director	003 00	90		
Patty Baker Education and Outreach Coordinator and Director	004 00	160		
Helen Witte	003 00	140		

Assistant Coordinator and Director



efile GRAPH	IIC print	- DO NOT PROCESS	As Filed Data -		DLI	N: 93492333005068
SCHEDULE O (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. Department of the Treasur Department of the Treasur				ions on on.	OMB No 1545-0047 2017 Open to Public Inspection	
	au Wells Cou	inty Farm Bureau Inc	n		Employer ider 35-0905026	ntification number
Return Reference				Explanation		
Form 990- EZ, Part I, Line 8, Other Revenue	Construc	tive Income for Postage 3,	927			

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Travel 2.895

Form 990- | Travel 2,895 EZ, Part I, Line 16, Other

Expenses

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Meals and entertainment 46 EZ, Part I, Line 16,

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990EZ, Part I,
Line 16,
Other
Expenses

Conferences, conventions, and meetings 5,436

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Ag Promotion 5,158 EZ, Part I, Line 16,

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-District Dues 870 EZ, Part I, Line 16,

990 Schedule O, Supplemental Information Return Explanation Reference Form 990-Miscellaneous Expense 566 EZ, Part I, Line 16,

Return
Reference

Form 990Building Expense for Leased Space 4,930

990 Schedule O, Supplemental Information

EZ, Part I,
Line 16,
Other
Expenses

Return Explanation Reference

990 Schedule O, Supplemental Information

Form 990-Organizations primary exempt purpose Represent the farmers voice on issues related to agri

EZ. Part III. culture, educate the consumer and promote farm products, keep members abreast of policies Line 1 and new developments

Return Explanation
Reference

Program service revenue listed in Part I, Line 2 in not unrelated business income because

990 Schedule O, Supplemental Information

It is related to the organizations exempt purpose

Form 990-

EZ, Part V,

Line 35a