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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/form990ez.

OMB No 1545-1150

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 11-01-2017, and ending 10-31-2018

B Check if applicable

☒ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ 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

101 N Middle School Dr

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

Winchester, IN 47394

D Employer identification number

35-0827613

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 \$ 41,776

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

2 Program service revenue including government fees and contracts

3 Membership dues and assessments

4 Investment income

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)

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

1 400

2

3 12,666

4 27,241

5c

6d

7c

8 1,469

9 41,776

Expenses

10 Grants and similar amounts paid (list in Schedule O)

11 Benefits paid to or for members

12 Salaries, other compensation, and employee benefits

13 Professional fees and other payments to independent contractors

14 Occupancy, rent, utilities, and maintenance

15 Printing, publications, postage, and shipping

16 Other expenses (describe in Schedule O)

17 Total expenses. Add lines 10 through 16

10 4,653

11

12 1,196

13 733

14 6,244

15 1,568

16 26,438

17 40,832

Net Assets

18 Excess or (deficit) for the year (Subtract line 17 from line 9)

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)

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

18 944

19 140,181

20

21 141,125

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2017)

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

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

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

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

| | Yes | No |
|---|------------------|----|
| 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | 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 Yes | |
| b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b Yes | |
| c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | No |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | No |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____ | | |
| b Did the organization file Form 1120-POL for this year? | 37b | 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 | | |
| 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 _____ | |
| 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 | |
| c 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 ▶ _____ | | |
| d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____ | | |
| e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | No |
| 41 List the states with which a copy of this return is filed ▶ IN | | |
| 42a The organization's books are in care of ▶ Indiana Farm Bureau Inc Telephone no ▶ (317) 692-7851 Located at ▶ 225 S East St Indianapolis, IN ZIP + 4 ▶ 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)? | 42b | No |
| If "Yes," enter the name of the foreign country ▶ _____ | | |
| See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | |
| c At any time during the calendar year, did the organization maintain an office outside the U S ? | 42c | No |
| If "Yes," enter the name of the foreign country ▶ _____ | | |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____ | | |
| 44a 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 |
| 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 | No |
| c 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 |

| | | | |
|-----------|--|------------|-----------|
| | | 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 | |
| 49b | 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? **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.

| | | | | |
|-------------------------------|--|--|--|--|
| Sign Here | Signature of officer | | 2019-02-04 | |
| | Date | | | |
| Paid Preparer Use Only | Print/Type preparer's name Tiffany Ellis | | Preparer's signature | |
| | Date 2019-02-04 | | 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 ☒ Yes ☐ No

Additional Data

Software ID: 17005317
Software Version: 18.2.0.0
EIN: 35-0827613
Name: Indiana Farm Bureau Randolph 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 (Required for section 501(c)(3) and 501(c)(4) organizations; 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 Approx 30 volunteers contributed time (Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/> | | 28a | |

| 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 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.) |
| <div>29</div> <div>At Ag Day, we educated over 700 local students about nutrition, agriculture, where their food comes from 25 volunteers contributed their time to making this event a success</div> <div>(Grants \$)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div> | <div>29a</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. ☐

| (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 | 001 00 | 0 | | |
| Donald Calhoun Director | 001 00 | 0 | | |
| Aaron Chalfant Director | 001 00 | 0 | | |
| Thomas Chalfant Director | 001 00 | 0 | | |
| Rita Frank Director | 001 00 | 0 | | |
| Alfred Groth Director | 001 00 | 0 | | |
| Jay Harris Director | 001 00 | 0 | | |
| Kurt Prescott Director | 001 00 | 0 | | |
| Gregory Sickels Director | 001 00 | 0 | | |
| Brian Snyder Director | 001 00 | 0 | | |
| Keith Snyder Director | 001 00 | 0 | | |
| Edwin Thornburg Director | 001 00 | 0 | | |
| Isaac Thornburg Director | 001 00 | 0 | | |
| Jerry Warren President and Director | 005 00 | 0 | | |
| Keith Newbauer Vice President and Director | 003 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)

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| (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 |
|--|--|--|---|--|
| Jane Newbauer Secretary and Director | 002 00 | 500 | | |
| Jeffrey Kinney Treasurer and Director | 002 00 | 500 | | |
| Claudia Thornburg Education and Outreach Coordinator and Director | 004 00 | 1,000 | | |

TY 2017 Compensation Explanation

Name: Indiana Farm Bureau Randolph County Farm Bureau Inc

EIN: 35-0827613

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 Randolph County Farm Bureau Inc

Supplemental Information to Form 990 or 990-EZComplete 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

2017**Open to Public
Inspection**

Employer identification number

35-0827613

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---------------------------------------|
| Form 990-EZ, Part I, Line 8, Other Revenue | Constructive Income for Postage 1,469 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--------------|
| Form 990- EZ, Part I, Line 16, Other Expenses | Travel 1,082 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|-----------------------------|
| Form 990- EZ, Part I, Line 16, Other Expenses | Meals and entertainment 190 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990- EZ, Part I, Line 16, Other Expenses | Conferences, conventions, and meetings 2,619 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|------------------|
| Form 990- EZ, Part I, Line 16, Other Expenses | Depreciation 702 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--------------------|
| Form 990- EZ, Part I, Line 16, Other Expenses | Ag Promotion 3,161 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|-------------------|
| Form 990- EZ, Part I, Line 16, Other Expenses | District Dues 302 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---------------------------|
| Form 990- EZ, Part I, Line 16, Other Expenses | Miscellaneous Expense 329 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990- EZ, Part I, Line 16, Other Expenses | Building Expense for Leased Space 18,053 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990- EZ, Part II, Line 24, Other Assets | Furniture and Equipment, Net Book Value Beginning of year 2,459, End of year 1,757 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990- EZ, Part II, Line 26, Liabilities | Mortgage Payable Beginning of year 0, End of year 53,730 |

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 |