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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 foundation)

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

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

OMB No 1545-1150

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
Indiana Farm Bureau Porter County Farm Bureau Inc

Number and street (or P O box, if mail is not delivered to street address) Room/suite
1304 E Evans Avenue

City or town, state or province, country, and ZIP or foreign postal code
Valparaiso, IN 463834329

D Employer identification number
35-0917141
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 ☒ \$ 103,646

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	940
	3	Membership dues and assessments	3	40,986
	4	Investment income	4	59,672
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c	Less direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	2,048
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	103,646
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	5,909
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	11,602
	13	Professional fees and other payments to independent contractors	13	3,279
	14	Occupancy, rent, utilities, and maintenance	14	43,925
	15	Printing, publications, postage, and shipping	15	2,303
	16	Other expenses (describe in Schedule O)	16	30,608
	17	Total expenses. Add lines 10 through 16	17	97,626
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,020
	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	201,785
	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	207,805

Part II

Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	122,766	22	128,966
23 Land and buildings	79,663	23	79,562
24 Other assets (describe in Schedule O)	45	24	15
25 Total assets	202,474	25	208,543
26 Total liabilities (describe in Schedule O)	689	26	738
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	201,785	27	207,805

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 To encourage local youth to pursue a college education, we give a scholarship to 1 high school senior from each of the 8 county high schools 9 volunteers contributed a total of 32 hours to this program
(Grants \$) If this amount includes foreign grants, check here

28a

29 During our county 4-H fair, we host Taste of Porter Co sponsor the livestock arena We have displays, demonstrations, a booth with a prize wheel to educate the 8,000 fairgoers about agriculture 40 volunteers participated
(Grants \$) If this amount includes foreign grants, check here

29a

30

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

30a

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here

31a

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

32

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
See Additional Data Table				

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	No
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	
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 <input type="checkbox"/> 37a <input type="text"/>		
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 <input type="text"/>		
39	Section 501(c)(7) organizations Enter <input type="text"/>		
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 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . <input type="checkbox"/> _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____		
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	
41	List the states with which a copy of this return is filed <input type="checkbox"/> IN _____		
42a	The organization's books are in care of <input type="checkbox"/> Indiana Farm Bureau Inc _____ Telephone no <input type="checkbox"/> (317) 692-7851 Located at <input type="checkbox"/> 225 S East St Indianapolis, IN _____ ZIP + 4 <input type="checkbox"/> 46202		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 ? Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43 <input type="text"/>		
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? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ</i>	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? <i>If "No," provide an explanation in Schedule O</i>	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		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		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

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 and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☐ Yes ☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here			2014-10-22	
	Signature of officer		Date	
Paid Preparer Use Only	James Polarek SecretaryTreasurer			
	Type or print name and title			
	Print/Type preparer's name Tiffany Ellis	Preparer's signature	Date 2014-10-22	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: 13000230

Software Version: 13.6.0.0

EIN: 35-0917141

Name: Indiana Farm Bureau Porter County Farm Bureau Inc

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Bohling Janet Director	001 00	0		
Bohling William Director	001 00	0		
Garriott James Director	001 00	120		
Graeber John Director	001 00	210		
Gustafson Keith Director	001 00	0		
Gutt Edwin Director	001 00	1,180		
Gutt Vernetta Director	001 00	1,130		
Hardesty April Director	001 00	0		
Hardesty Richard Director	001 00	0		
Hickman Maurice Director	001 00	240		
Kalas George Director	001 00	0		
Kalas Helen Director	001 00	0		
Miller Ilah Director	001 00	440		
Pettit Paul Director	001 00	0		
Vasquez Andy Director	001 00	0		

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Yeager David Director	001 00	480		
Yeager Diane Director	001 00	280		
Zoll Francis Director	001 00	220		
Zoll Lulu Director	001 00	200		
Rust Jacob President Director	005 00	2,310		
Wichlinski Robert Vice President Director	003 00	0		
Polarek James Secretary/Treasurer Director	004 00	0		
Rust Katy Womens Leader Director	004 00	2,165		

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 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.**

2013

**Open to Public
Inspection**

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

Employer identification number

35-0917141

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 8, Other Revenue	Constructive Income for Postage 2,048
Form 990-EZ, Part I, Line 16, Other Expenses	Travel 5,618
Form 990-EZ, Part I, Line 16, Other Expenses	Meals and entertainment 80
Form 990-EZ, Part I, Line 16, Other Expenses	Conferences, conventions, and meetings 5,144
Form 990-EZ, Part I, Line 16, Other Expenses	Depletion 30
Form 990-EZ, Part I, Line 16, Other Expenses	Membership Services 38
Form 990-EZ, Part I, Line 16, Other Expenses	Ag Promotion 9,191
Form 990-EZ, Part I, Line 16, Other Expenses	District Dues 1,042
Form 990-EZ, Part I, Line 16, Other Expenses	Miscellaneous Expense 405
Form 990-EZ, Part I, Line 16, Other Expenses	Building Expense for Leased Space 9,060
Form 990-EZ, Part II, Line 24, Other Assets	Furniture Equipment, Net Book Value Beginning of year 45, End of year 15
Form 990-EZ, Part II, Line 26, Liabilities	Accounts Payable Beginning of year 689, End of year 738
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
Form 990-EZ, Part V, Line 35a	Program service revenue listed in Part I, Line 2 in not unrelated business income because it is related to the organizations exempt purpose

TY 2013 Compensation Explanation

Name: Indiana Farm Bureau Porter County Farm Bureau Inc

EIN: 35-0917141

Software ID: 13000230

Software Version: 13.6.0.0

Person Name	Explanation
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