See a Social Security Number? Say Something!
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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ **Do not enter social security numbers on this form as it may be made public.**

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

OMB No 1545-1150

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final 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 ▶ $ 117,365

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	285
	2	Program service revenue including government fees and contracts		2	20
	3	Membership dues and assessments		3	31,613
	4	Investment income		4	83,126
	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	2,321
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	117,365
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	1,208
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	7,589
	13	Professional fees and other payments to independent contractors		13	2,532
	14	Occupancy, rent, utilities, and maintenance		14	68,411
	15	Printing, publications, postage, and shipping		15	2,321
	16	Other expenses (describe in Schedule O)		16	18,422
	17	**Total expenses.** Add lines 10 through 16 ▶		17	100,483
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	16,882
	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	207,804
	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	224,686

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	128,965	22	150,672
23	Land and buildings	79,562	23	74,061
24	Other assets (describe in Schedule O)	15	24	
25	**Total assets**	208,542	25	224,733
26	**Total liabilities** (describe in Schedule O)	738	26	47
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	207,804	27	224,686

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 . ☑

Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations, optional for others)

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 We host Ag Days where 4th grade students from the county come to the fairgrounds to learn about different aspects of agriculture Over 900 students teachers participated 17 volunteers contributed time (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	
29 At a local grocery store, we set up a booth educating the public about Food Checkoff Day 17 volunteers contributed their time to talking to shoppers, bagging groceries, creating goodie bags to give to the public (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**29a**	
30 We hosted Field Tours 250 of our members attended 7 different field tours where they learned about crop-related issues, weed control, safety, other pertinent information related to growing crops 10 volunteers helped (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 ▶ 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 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 . . . . . ▶ _____			
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

			Yes	No
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 . . . . . ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . ▶ 43

			Yes	No
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**		
b	If "Yes," was the related organization a section 527 organization?	**49b**		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and title of each employee	**(b)** Average hours per week devoted to position	**(c)** Reportable compensation (Forms W-2/1099-MISC)	**(d)** Health benefits, contributions to employee benefit plans, and deferred compensation	**(e)** Estimated amount of other compensation
NONE				

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and business address of each independent contractor	**(b)** Type of service	**(c)** Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000. ▶

52 Did the organization complete Schedule A? **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	2015-07-27 Date
James G Polarek SecretaryTreasurer Type or print name and title	

Paid Preparer Use Only

Print/Type preparer's name Tiffanie Ellis	Preparer's signature	Date 2015-07-27	Check ☐ 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: 14000292
Software Version: 14.4.1.0
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 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
Bohling William Director	001 00	80		
Garriott James Director	001 00	0		
Graeber John Director	001 00	0		
Gustafson Keith Director	001 00	0		
Gutt Edwin Director	001 00	380		
Gutt Vernette Director	001 00	320		
Hardesty April Director	001 00	140		
Hardesty Richard Director	001 00	140		
Hickman Maurice Director	001 00	0		
Kalas Helen Director	001 00	160		
Miller Ilah Director	001 00	260		
Pettit Paul Director	001 00	0		
Vasquez Andy Director	001 00	0		
Yeager David Director	001 00	300		
Yeager Diane Director	001 00	160		

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

(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
Zoll Francis Director	001 00	120		
Zoll Lulu Director	001 00	120		
Rust Jacob President Director	005 00	1,500		
Wichlinski Robert Vice President Director	003 00	850		
Polarek James Secretary/Treasurer Director	004 00	670		
Rust Katherine Womens Leader Director	003 00	1,160		
Bohling Janet Assistant Womens Leader Director	002 00	187		

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TY 2014 Compensation Explanation

Name: Indiana Farm Bureau Porter County Farm Bureau Inc
EIN: 35-0917141
Software ID: 14000292
Software Version: 14.4.1.0

Person Name	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
Indiana Farm Bureau Porter County Farm Bureau Inc	35-0917141

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 8, Other Revenue	Constructive Income for Postage 2,321
Form 990-EZ, Part I, Line 16, Other Expenses	Travel 2,256
Form 990-EZ, Part I, Line 16, Other Expenses	Conferences, conventions, and meetings 933
Form 990-EZ, Part I, Line 16, Other Expenses	Depletion 15
Form 990-EZ, Part I, Line 16, Other Expenses	Ag Promotion 5,705
Form 990-EZ, Part I, Line 16, Other Expenses	District Dues 1,069
Form 990-EZ, Part I, Line 16, Other Expenses	Miscellaneous Expense 418
Form 990-EZ, Part I, Line 16, Other Expenses	Building Expense for Leased Space 8,026
Form 990-EZ, Part II, Line 24, Other Assets	Furniture Equipment, Net Beginning of year 15, End of year 0
Form 990-EZ, Part II, Line 26, Liabilities	Accounts Payable Beginning of year 738, End of year 47
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