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Form 990-EZ

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)

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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 Vigo County Farm Bureau Inc
Number and street (or P O box, if mail is not delivered to street address): PO Box 2156
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: Terre Haute, IN 478020156

D Employer identification number: 35-6073057
E Telephone number: (317) 692-7851
F Group Exemption Number: 0963

G Accounting Method: [X] Cash [ ] Accrual Other (specify) \_\_\_\_\_

I Website: N/A

J Tax-exempt status (check only one): [ ] 501(c)(3) [X] 501(c)( 5) (insert no ) [ ] 4947(a)(1) or [ ] 527

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Form of organization: [X] 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 \$ 16,924

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 [X]

Table with 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values include 75, 14,908, 892, 1,049, 16,924, 2,101, 1,818, 1,075, 500, 1,186, 25,035, 31,715, -14,791, 254,517, 239,726.



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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 40e regarding organizational activities, financials, and tax matters.

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign accounts and offices.

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, tanning services, and controlled entities.

	Yes	No
46		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 . . . . .

**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		
48		
49a		
49b		

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? . . . . .

b 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 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 \_\_\_\_\_ Date 2015-11-03  
 Beth Gormong Secretary/Treasurer  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name: Tiffanie Ellis  
 Preparer's signature: \_\_\_\_\_ Date: 2015-11-03  
 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:** 35-6073057

**Name:** Indiana Farm Bureau Vigo 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
Bergherm Bailey Director	001 00	0		
Certain Marsha Director	001 00	0		
Edge Doug Director	001 00	0		
Elkins Paul Director	001 00	0		
Evans Marty Director	001 00	0		
Garzolini Gary Director	001 00	0		
Marrs Steve Director	001 00	0		
Ring Sally Director	001 00	0		
Shew Mark Director	001 00	0		
Slater Dean Director	001 00	0		
Slater Peggy Director	001 00	0		
Whitesell Dave Director	001 00	0		
Wright Rita Director	001 00	0		
Wright Thomas Director	001 00	0		
Wyrick Ethan Director	001 00	0		

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

<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>
Hart Julie President and Director	005 00	500		
Miklozek Frank Vice President and Director	003 00	250		
Gormong Beth Secretary/Treasurer and Director	004 00	350		
Evans Becky Womens Leader and Director	004 00	500		

## TY 2014 Compensation Explanation

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

**EIN:** 35-6073057

**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](http://www.irs.gov/form990).**

OMB No 1545-0047

**2014**

**Open to Public Inspection**

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

**Employer identification number**

35-6073057

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990-EZ, Part I, Line 8, Other Revenue	Constructive Income for Postage 1,049
Form 990-EZ, Part I, Line 16, Other Expenses	Travel 3,571
Form 990-EZ, Part I, Line 16, Other Expenses	Fundraising 200
Form 990-EZ, Part I, Line 16, Other Expenses	Conferences, conventions, and meetings 3,550
Form 990-EZ, Part I, Line 16, Other Expenses	Ag Promotion 16,478
Form 990-EZ, Part I, Line 16, Other Expenses	District Dues 608
Form 990-EZ, Part I, Line 16, Other Expenses	Miscellaneous Expense 628
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