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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

▶The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service

<u> </u>	For the	2011 cal	endar year, or tax year beginning 11/1/2011 , and ending	10/31/2012			
В	heck if a	pplicable:	C Name of organization Indiana Farm Bureau St. Joseph County Farm Bureau D Er	mployer identifi	cation number		
7	ddress c	hange	Doing Business As 35-08	345580			
٦,	lame cha	inge	elephone numbe	Г			
Ħ٠	nitial retu	m	692-7851				
=	erminate		5032 Miami Street (317) City or town, state or country, and ZIP + 4	032-7051			
=				ross receipls S	88,802		
=	\mended		30411 2011				
′ لــــا	Applicatio	n pending	1 •	roup return for af	= =		
				iliates included?	Yes No		
1 T	ax-exem	pt status.	501(c)(3) X 501(c) (5) ◀ (insert no.) 4947(a)(1) or 527 If "No," at	tach a list. (see i	nstructions)		
JV	Vebsite:	: ► N/A	H(c) Group exe	emplion number	▶ 0963		
		ganızation:		1945 MS	tate of legal domicile: IN		
	art la	<u>- </u>		1343	114		
بالقا	1		mmary describe the organization's mission or most significant activities: Represent the fac-	mer's voice	on iccuse		
		•	to agriculture, educate the consumer and promote farm products, keep members	iller's voice	011 135463		
•			· • • • • • • • • • • • • • • • • • • •		•••••		
auc	1	apreasi	of policies and new developments.				
Activities & Governance	1 _				• • • • • • • • • • • • • • • • • • • •		
ò	2		this box If the organization discontinued its operations or disposed of more than 25% of its ne	1 . 1			
-6	3		r of voting members of the governing body (Part VI, line 1a)	3	34		
ties	4		r of independent voting members of the governing body (Part VI, line 1b).	. 4	28		
氢	5		umber of individuals employed in calendar year 2011 (Part V, line 2a)	5	4		
¥	6		umber of volunteers (estimate if necessary)	. 6	30		
	7a		nrelated business revenue from Part VIII, column (C), line 12	. 7a	0		
	b	Net unr	elated business taxable income from Form 990-T, line 34	. 7b	0		
	1	A 4.35		Year	Current Year		
ė	8		utions and grants (Part VIII, line 1h)	36,165	34,783		
Revenue	9		m service revenue (Part VIII, line 2g)	2,437	2,464		
R e	10		nent income (Part VIII, column (A), lines 3, 4, and 7d)	41,386	49,211		
	11		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,557	2,344		
	12		venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	103,545	88,802		
	13		and similar amounts paid (Part IX, column (A), lines 1–3)	4,038	6,203		
	14		s paid to or for members (Part IX, column (A), line 4)	12,633			
S	15		s, other compensation, employee benefits (Part IX, column (A), lines 5–10)	12,033	11,316 0		
Expenses	16a		sional fundraising fees (Part IX, column (A), line 11e)		<u></u>		
X	· b						
	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	65,931	35,753		
	18		xpenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	82,602	53,272		
-	19	Reveni		20,943 f Current Year	35,530 End of Year		
ts o	20	Tatala		1,342,932	1,378,462		
t Asse				1,542,552	1,370,402		
				1,342,932	1,378,462		
	22 3 - 112		sets or fund balances. Subtract line 21 from line 20	1,542,352	1,570,402		
	art III		gnature Block ury, I declare that I have examined this return, including accompanying schedules and statements, and to the	best of my know	fedge		
an	der person d belief, it	is true, co	rrect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer h	as any knowled	ge.		
		1	i du o Claralle		3-2013		
	gn		Signature of officer	Date			
Н	ere	l k	President				
			Type or print name and title				
_		Pr	nni/Tyne grenarer's name Prenarer's signature Dale	7 -	PTIN		
Paid Preparer Tiffanie Ellis Tiffanie Ellis Tiffanie Ellis Tiffanie Ellis Tiffanie Ellis Tiffanie Ellis							
Р	repare	r Til	//3 self-emp				
	se On	I	rm's name ► Indiana Farm Bureau Inc.	's EIN ► 35-0	409100		
_			rm's address ► PO Box 1290, Indianapolis, IN 46206 Phor	ne no. (317) 692-7851		
M	av the	IRS disc	uss this return with the preparer shown above? (see instructions)		. X Yes No		

For Paperwork Reduction Act Notice, see the separate instructions. (HTA)

Form 990 (2011)

	190 (2011) Indiana Farm Bureau St. Joseph County Farm Bureau Inc	35-0845580	Page Z
Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III		г
1	Briefly describe the organization's mission	<u> </u>	
•	Represent the farmer's voice on issues related to agriculture, educate the consumer and promote farm products, keep members abreast of policies and new developments.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program service expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to repgrants and allocations to others, the total expenses, and revenue, if any, for each program service reported	oort the amount of	ру
4a	produces and who does the work in each step of the process. 10 volunteers contributed time to make this program a success		
4b	(Code) (Expenses \$ 0 including grants of \$ 0) (Revenus St. Joseph County Farm Bureau, Inc. promotes agricultural education by hosting a booth at Ag Days. The booth provided information about farm products in their raw state and what those products were made into. We had grains for people to see and touch and food products that are made from those grains. 25 volunteers were able to interact with the public and educate them about agriculture and where their food comes from. Over three days, approximately 3,500 members of the general public attended Ag Days.		
4c	(Code) (Expenses \$ 0 including grants of \$ 0) (Revenus St Joseph County Farm Bureau, Inc. participated in Food Check-Off Day Farm Bureau volunteers visited a local grocery store where they handed out informational materials, recipes, and loaves of bread. Over 200 consumers were educated about the price and value of their food and the importance of Food Check-Off Day 9 volunteers each contributed 5 hours to this event.		
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)	

			162	140
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	х	
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C</i> ,			V
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		1	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		<u>X</u>
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted			v
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	. 10	X
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	î.		
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		<u> </u>
	Schedule D, Parts XI, XII, and XIII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		_X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate		ļ	.,
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	4-	ŀ	V
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	'		^
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		V
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G. Part II	18		<u> </u>
וט	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes " complete Schedule G Part III	19		Х
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	the state of the s			

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	l ,		
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J			
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		X
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines</i>			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			-
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			.,
27	disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		X
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		ĺ	
29	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	_	X
30	Did the organization receive more than \$25,000 in hori-cash contributions <i>in res, complete schedule in</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		<u>X</u>
00	conservation contributions? If "Yes," complete Schedule M	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33		
•	III, IV, and V, line 1	34	ļ	Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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," complete Schedule R, Part V, line 2	35b		_X_
	Section 501(c)(3) organizations . Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part		-	
	VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note All Form 990 filers are required to complete Schedule O	38	X	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	(100	***	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	(*
С	Did the organization comply with backup withholding rules for reportable payments to vendors are	nd rep	ortable	28.3		
	gaming (gambling) winnings to prize winners?			1c	X	****.6.
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				10 P	
	Statements, filed for the calendar year ending with or within the year covered by this return	2a		200		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax			2b	X	1
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instru	action	s)	2-		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		•	3a 3b	ļ.—	 ^
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or o	ther a	uthority	30		\vdash
4 a	over, a financial account in a foreign country (such as a bank account, securities account, or other		-			
	account)?	01 11110	ii lolai	4a		Ιx
b	If "Yes," enter the name of the foreign country			75 (8	1000	X
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Final	ncial A	Accounts			* 1,45'~
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra		tion?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and	did the	е			
	organization solicit any contributions that were not tax deductible? .			6a	ļ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contr	ibutio	ns or			
	gifts were not tax deductible?			6b	3/60	308° 50
7	Organizations that may receive deductible contributions under section 170(c).			ľ.		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	tor g	oods			- <u></u>
L	and services provided to the payor?			7a 7b		
b c	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	ıt wa	c	/0		
C	required to file Form 8282?	il wa	3	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		1,0	1	18
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal ben		ntract?	7e		-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8	899 as	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	file a F	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) support). }	1 5	
	organizations. Did the supporting organization, or a donor advised fund maintained by a spons	oring		\$ ~	1 1 1	
	organization, have excess business holdings at any time during the year?			8	 ,	1 1%
9	Sponsoring organizations maintaining donor advised funds.				á	
a	Did the organization make any taxable distributions under section 4966?			9a 9b	 	1
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter			30	 	+
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			\	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1		
11	Section 501(c)(12) organizations. Enter			1]	,
a	Gross income from members or shareholders	11a		1	İ	2
b	Gross income from other sources (Do not net amounts due or paid to other sources			1	1 4	.¥.
	against amounts due or received from them)	11b]		3
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	Form	1041?	12a		ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ļ		ļ <u>-</u>
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	1	
_	Note See the instructions for additional information the organization must report on Schedule C	ı				
b	Enter the amount of reserves the organization is required to maintain by the states in which	امدا	1	1		
_	the organization is licensed to issue qualified health plans	13b		-		
C 1/12	Enter the amount of reserves on hand	13c	1	14-	+	X
14a h	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes" has it filed a Form 720 to report these payments? If "No," provide an explanation in Sci.	nedula	. O	14a	+-	 ^

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI

Sect	ion A. Governing Body and Management								
				Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 34	3(4)	4.1					
	If there are material differences in voting rights among members of the governing body, or		140						
	if the governing body delegated broad authority to an executive committee or similar								
	committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent	1b 28	3						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation	onship with		ن ن					
	any other officer, director, trustee, or key employee? .		2	Χ					
3	Did the organization delegate control over management duties customarily performed by or under	er the direct							
	supervision of officers, directors, or trustees, or key employees to a management company or of	her person?	3		X				
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a significant diversion of the organization'	s assets?	5		Х				
6	Did the organization have members or stockholders?		6	Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect	or appoint							
	one or more members of the governing body? .		7a	Χ					
b	Are any governance decisions of the organization reserved to (or subject to approval by) member	ers,							
	stockholders, or persons other than the governing body?		7b		X				
8	Did the organization contemporaneously document the meetings held or written actions underta	ken during	\$\$ \$\frac{\pi}{2}\$						
	the year by the following								
а	The governing body?		8a	Χ					
b	Each committee with authority to act on behalf of the governing body?		8b		X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot b								
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		<u>X</u>				
Sect	ion B. Policies (This Section B requests information about policies not required by the I	<u>nternal Revenue C</u>	ode)						
40				Yes	No				
	Did the organization have local chapters, branches, or affiliates?		10a		X				
D	If "Yes," did the organization have written policies and procedures governing the activities of suc		406						
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt Has the organization provided a complete copy of this Form 990 to all members of its governing body before the organization provided as the organization provided as the organization provided as the organization provided as the organization of the organization provided as the organization of the organization		10b 11a		X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	he illing the lottin	I I a		-				
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	aive rise to conflicts?	12b	X					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy?	-	1.25	$\stackrel{\wedge}{}$					
·	describe in Schedule O how this was done	700,	12c		х				
13	Did the organization have a written whistleblower policy?		13	Х					
14	Did the organization have a written document retention and destruction policy?		14	Х					
15	Did the process for determining compensation of the following persons include a review and approximation of the following persons in the	roval by			3.				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	•	1 :	. 1	ا تشب				
а	The organization's CEO, Executive Director, or top management official		15a	2012	Х				
b	Other officers or key employees of the organization		15b		Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra	ngement							
	with a taxable entity during the year?		16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to ev	aluate its			,				
	participation in joint venture arrangements under applicable federal tax law, and take steps to sa	feguard]						
	the organization's exempt status with respect to such arrangements?		16b						
	ion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ► IN								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-1 (Section 501(c)(3)s (only)					
	available for public inspection. Indicate how you made these available. Check all that apply								
40	Own website Another's website X Upon request	in name:							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documen	is, conflict of interest							
20	policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the boo	ke and rocards of the							
20									
	organization ► Indiana Farm Bureau Inc 225 S East Street, Indianapolis, IN 46202	33173.092-7							

35-		

Form 990 (2011)

Indiana Farm Bureau St Joseph County Farm Bureau Inc

Рa	rt	V	П

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

Section A.	Officers.	. Directors.	Trustees,	Key Employees	and Highest Com	pensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- · List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

10	(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(do r	not ch unles	Pos neck ss pe	c) ition more rson irect	than the street of the street	one n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(2) Gilman, Joyce 1 00 X 275 0 0 (3) James, Clyde 1 00 X 225 0 0 (4) James, Tamara 1 00 X 225 0 0 (5) Kemble, James 1 00 X 25 0 0 (6) Kemble, Sue 1 00 X 275 0 0 (6) Kemble, Sue 1 00 X 275 0 0 (7) Klopfenstein, Wilbur 1 00 X 200 0 0 (8) LaFree, Marianne 1 00 X 375 0 0 (9) Menser, Jerry 1 00 X 375 0 0 (10) Miller, Doris 1 00 X 375 0 0 (11) Monhaut, Richard 1 00 X 250 0 0 (12) Ness, Nathan 1 00 X 300 0 0 (13) Ness, Whitney 1 00 X 300 0 0 (14) Nowick, Eugene 1 00 X 300 0 0 (14) Nowick, Eugene 1 00 X 300 0 0 (14) Nowick, Eugene 1 00 X 300 0 0 (16) Nowick, Eugene 1 00 X 300 0 0 (16) Nowick, Eugene 1 00 X 300 0 0 (16) Nowick, Eugene 1 00 X 300 0 0 (17) Nowick, Eugene 1 00 X 300 0 0 (18) Nowick, Eugene 1 00 X 300 0 0 (19) Nowick, Eugene 1 00 X 300 0 0 (19) Nowick, Eugene 1 00 X 300 0 0 (19) Nowick, Eugene 1 00 X 300 0 0 (19) Nowick, Eugene 1 00 X 300 0 0 (19) Nowick, Eugene 1 00 X 300 0 0 (19) Nowick, Eugene 1 00 X 300 0 0 (19) Nowick, Eugene 1 00 X 300 0 0 (19) Nowick, Eugene 1 00 X 1 00 X 1 00 (19) Nowick, Eugene 1 00 X 1 00 X 1 00 (19) Nowick, Eugene 1 00 X 1 00 X 1 00 (19) Nowick, Eugene 1 00 X 1 00 X 1 00 (19) Nowick, Eugene 1 00 X 1 00 X 1 00 (19) Nowick, Eugene 1 00 X 1 00 X 1 00 (19) Nowick, Eugene 1 00 X 1 00 X 1 00 (10) Nowick, Eugene 1 00 X 1 00 X 1 00 (10) Nowick, Eugene 1 00 X 1 00 X 1 00 (10) Nowick, Eugene 1 00 X 1 00 X 1 00 (10) Nowick, Eugene 1 00 X 1 00 X 1 00 (10) Nowick, Eugene 1 00 X 1 00 X 1 00 (10) Nowick, Eugene 1 00 X 1 00 X 1 00		4.00				ŀ			405		
Director		1 00	^	\vdash	\vdash				425		0
(3) James, Clyde		1.00							275		0
Director		1 00	-^-					┢	2/5		
(4) James, Tamara		1.00	l _x						225	0	0
Director		100	 ^-	-					223	0	<u> </u>
Column		1.00	x				1		0	ا	n
Director		, 55									
Columbia Columbia		1 00	Х						25	0	0
Director											
Director		1 00	Х						275	0	0
Director	(7) Klopfenstein, Wilbur										-
Director		1 00	Х						200	0	0
(9) Menser, Jerry	(8) LaFree, Marianne										
Director 1 00 X 0 0 0 (10) Miller, Doris 0 0 0 Director 1 00 X 375 0 0 (11) Monhaut, Richard 0 0 0 Director 1 00 X 250 0 0 (12) Ness, Nathan 0 0 0 Director 1 00 X 300 0 0 (13) Ness, Whitney 0 0 0 Director 1 00 X 300 0 0 (14) Nowicki, Eugene 0 0 0		1 00	X	<u> </u>					375	0	0
Columbda Columbda											
Director 1 00 X 375 0 0 (11) Monhaut, Richard 1 00 X 250 0 0 Director 1 00 X 300 0 0 (13) Ness, Whitney 300 0 0 Director 1 00 X 300 0 0 (14) Nowicki, Eugene 1 00 X 300 0 0		1 00	X	├	-	_		ļ	0	0	0
(11) Monhaut, Richard 1 00 X 250 0 0 Director 1 00 X 250 0 0 (12) Ness, Nathan 300 0 0 0 Director 1 00 X 300 0 0 (13) Ness, Whitney 300 0 0 0 Director 1 00 X 300 0 0 (14) Nowicki, Eugene 0 0			١.,								_
Director 1 00 X 250 0 0 (12) Ness, Nathan 300 0 0 Director 1 00 X 300 0 0 (13) Ness, Whitney 300 0 0 0 Director 1 00 X 300 0 0 0 (14) Nowicki, Eugene 1 00 X 300 0 0 0		1 00	X	<u> </u>	\vdash		<u> </u>	ļ	375	0	0
Columbia		4.00	,								
Director 1 00 X 300 0 0 0 (13) Ness, Whitney 1 00 X 300 0 0 0 Director 1 00 X 300 0 0 0 (14) Nowicki, Eugene 0 0 0 0		1 00	 ^-	\vdash			-	-	250	U	<u> </u>
(13) Ness, Whitney 1 00 X 300 0 0 Director 1 00 X 300 0 0 (14) Nowicki, Eugene 1 00 X 0 0		4.00							200		0
Director 1 00 X 300 0 0 (14) Nowicki, Eugene 0 0 0		1 00	├^	<u> </u>	├				300		
(14) Nowicki, Eugene		1 00	×						300	,	_
		1 00	 ^					 	300		0
	Director	1 00	X						250	0	0

(A) Name and title		(B) Average hours per	bох,	unles	neck ss pe d a d	erson	than is both	n an tee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(15) Nowi	cki, Marcie	1 00	х						250	0	0
(16) Richa Director	ırd, Patrıcıa	1 00	x						o	0	0
(17) Richa	ird, Terrance								0		
Director (18) Scha	fer, Dorothy	1 00	X	-	-				0	0	0
Director		1 00	Х		_				0	0	0
(19) Schar	rer, George	1 00	х						200	0	0
(20) Scha	fer, Val	1 00	x						375	0	0
(21) Scha	lliol, Mike					-					
Director (22) Schm	nidt, Richard	1 00	X	H					200	0	0
<u>Director</u>		1 00	Х						0	0	0
(23) Shafe Director	er, Nancy	1 00	x						400	0	0
(24) Shafe	er, Sid	1.00							400	0	
Director (25) Shee	ts, Ed	1 00	X	-					400	0	0
Director		1 00	Х	<u> </u>					350	0	
1b Sub-		24: A						•	5,450	0	
	from continuation sheets to Part VII, \$ (add lines 1b and 1c)	Section A						>	7,710 13,160	0	
	number of individuals (including but not l	ımıted to those l	listed	ab	ove) wh	o rec	eiv			<u>~</u>
	table compensation from the organization				0						<u> </u>
	ne organization list any former officer, dii oyee on line 1a? <i>If</i> "Yes," complete Sche		_			yee	, or h	iigh	est compensated	t	Yes No 3 X
	ny individual listed on line 1a, is the sum rganization and related organizations gre	•							•		4 X
5 Did a	ny person listed on line 1a receive or acc									dıvıdual	· · · · · · · · · · · · · · · · · · ·
	ervices rendered to the organization? If " Independent Contractors	Yes," complete :	Sche	dule	3 J f	or s	uch p	ers	son		5 X
1 Com	olete this table for your five highest comp bensation from the organization. Report of										n's tax
	(A) Name and business add	lress			•				(B) Description of sen	vices	(C) Compensation
											0
								-	<u> </u>		0
											0
											0
	number of independent contractors (inclution \$100,000 of compensation from the		nited ►	to tl	าดร	e lis	ted a 0		e) who received	İ	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

0

2.464

88.802

11a

All other revenue

Total. Add lines 11a–11d

Total revenue. See instructions

51,555

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a response to any	question in this Par	t IX .		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			200	
	organizations in the United States See Part IV, line 21	2,203		,	, pr. 18 19 19 19 19 19 19 19 19 19 19 19 19 19
2	Grants and other assistance to individuals in the			12 C 222 2 10 60 12 No	
	United States See Part IV, line 22	4,000			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			* * * * *	
	United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	10,678			
6	Compensation not included above, to disqualified				ł
	persons (as defined under section 4958(f)(1)) and				ĺ
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include	ŀ			ļ
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits .	0			
10	Payroll taxes	638			
11	Fees for services (non-employees)	1			
а	Management	0			
b	Legal	0			
C	Accounting	2,704			-
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0		-	
12	Advertising and promotion	0		 	
13	Office expenses .	0			
14	Information technology	0			
15 16	Royalties Occupancy				
17	Travel	10,328			
18	Payments of travel or entertainment expenses	10,328			
10	for any federal, state, or local public officials	ام			
19	Conferences, conventions, and meetings	6,418			
20	Interest	0,110			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	299	C	0	0
23	Insurance .	0		-	
24	Other expenses Itemize expenses not covered	,	. 14 . 15		
	above (List miscellaneous expenses in line 24e If				, î
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	Agriculture promotion	11,396			
b	Membership	1,200			
С	Political Contributions	500			
d	Dues	857			·
е	All other expenses Miscellaneous	2,051			
25	Total functional expenses. Add lines 1 through 24e	53,272		0	0
26	Joint costs Complete this line only if the				
	organization reported in column (B) joint costs	†			
	from a combined educational campaign and				
	fundraising solicitation Check here ► if				
	following SOP 98-2 (ASC 958-720)				}

	artA	Dalalice Slieet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			264,472	1	251,082
	2	Savings and temporary cash investments	•		204,472	2	231,062
	3	Pledges and grants receivable, net			0		0
	4	Accounts receivable, net		•	0		- 0
	5	Receivables from current and former officers, of	liroctoi	re tructone kov		4	
	3	employees, and highest compensated employe		•			A CONTRACTOR OF THE CONTRACTOR
		Schedule L	es co	omplete Fart II of		5	
	6	Receivables from other disqualified persons (a	s dofin	ad under coation	1484 C. S. 1865	3 3/2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	"	4958(f)(1)), persons described in section 4958					4.0
		employers and sponsoring organizations of sec		•	4.5 E. S. M. 4.5 E. S. M. 4.5 E. S. M. 4.5 E. S. M. 4.5 E. S. M. 4.5 E. S. M. 4.5 E. S. M. 4.5 E. S. M. 4.5 E.		
ιχ		employees' beneficiary organizations (see insti				6	
Assets	7	Notes and loans receivable, net	uction	3)	0		0
As	8	Inventories for sale or use				8	<u>U</u>
	9	Prepaid expenses and deferred charges				 	0
	10a	Land, buildings, and equipment cost or				"	1
	IUa	other basis Complete Part VI of Schedule D	10a	1,941		ľ	
	b	Less accumulated depreciation	10a	-564	70	10c	1,377
	11	Investments—publicly traded securities	100	-304	- 70		1,377
	12	Investments—other securities See Part IV, line	11		1,078,390		1,126,003
	13	Investments—program-related See Part IV, line			1,078,390		1,120,003
	14	Intangible assets	C 11		0		0
	15	Other assets See Part IV, line 11			0		0
	16	Total assets. Add lines 1 through 15 (must eq	ual line	34)	1,342,932		1,378,462
	17	Accounts payable and accrued expenses	301 11110	, 9, 1	0		0
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete	Part IV	of Schedule D		21	
S	22	Payables to current and former officers, director					
Liabilities		employees, highest compensated employees,		•			1.4
ig.		persons Complete Part II of Schedule L		•	Takan takan tahun	22	
Ë	23	Secured mortgages and notes payable to unre	ated tl	nird parties	0		0
	24	Unsecured notes and loans payable to unrelate			0	24	0
	25	Other liabilities (including federal income tax, p	ayable	s to related third			
		parties, and other liabilities not included on line	s 17-2	4) Complete			
		Part X of Schedule D			0	25	0
	26	Total liabilities. Add lines 17 through 25			0	26	0
		Organizations that follow SFAS 117, check	here	► X and			g* ^
Ses		complete lines 27 through 29, and lines 33 a		. 			*** · · · ·
aŭ	27	Unrestricted net assets			1,342,932	27	1,378,462
Bal	28	Temporarily restricted net assets				28	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ᅙ	29	Permanently restricted net assets				29	
Ę		Organizations that do not follow SFAS 117,	chack	here •			
٥		and complete lines 30 through 34.	CHECK	There >			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			-	30	
SSE	31	Paid-in or capital surplus, or land, building, or e		ent fund		31	
ţ	32	Retained earnings, endowment, accumulated in				32	-
Se	33	Total net assets or fund balances		, or other fulled	1,342,932		1,378,462
	34	Total liabilities and net assets/fund balances			1,342,932		1,378,462

Form 9	990 (2011) Indiana Farm Bureau St. Joseph County Farm Bureau Inc	35-084	5580	Pag	e 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI			[
4	Total revenue (must equal Part VIII, column (A), line 12)	4 1		ន្តន	.802
1 2	Total expenses (must equal Part IX, column (A), line 12)	2			,272
3	Revenue less expenses Subtract line 2 from line 1	3			530
_	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,342	
4 5	Other changes in net assets or fund balances (explain in Schedule O)	5	<u> </u>	,542	1902
5 6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,	-			
ь	column (B))	6	1	,378	.462
Part	XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response to any question in this Part XII .			[
			$\top \top$	Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
b	Were the organization's financial statements audited by an independent accountant?		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight the audit, review, or compilation of its financial statements and selection of an independent accountant?	of	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			Sx	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2011)

Continuation Sheet for Form 990

•	VIII	•	 <u> </u>			 	Pag	е	1	of	 1_
								_			

Name of the Organization

Employer identification number

Indiana Farm Bureau St Joseph County Farm Bureau Inc

35-0845580

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Part VII Section A **Compensated Employees** (C) (A) (D) (E) (F) Position (check all that apply) Name and title Average Reportable Reportable Estimated hours per Key employee Highest compensated employee Former compensation compensation amount of Individual trustee Institutional trustee week from from related other (describe the organizations compensation hours for organization (W-2/1099-MISC) from the related (W-2/1099-MISC) organization organizations and related ın Schedule organizations O) (26) Sikorski, Jim Χ Director 75 0 (27) Strzelecki, Laura Х 1 Director 0 0 (28) Swizek, Evelyn Director 250 0 0 (29) Vandewalle, Sharon 475 0 (30) Wilson, Richard Х Х Director 250 0 (31) Vandewalle, Dave President & Director 5 Х Х 0 2,667 0 (32) LaFree, James Vice President & Director Х Χ 0 1,793 0 (33) Mochel, Onalee Secretary/Treasurer & Director Х Х 800 0 0 (34) Sikorski, Linda Women's Leader & Director Х 1,400 0 (35) (36) (37) (38) (39) (40) (42) (45) (46)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

lam	ne of organization				Employer	identification number
ndi	ana Farm Bureau St. Jose	ph County Farm Bureau Inc.				35-0845580
Pa	rt I-A Complete if t	he organization is exempt und	er section 501(c) or is a section	on 527 oi	rganization.
1	Provide a description of t	the organization's direct and indirect	political campaigr	n activities in Part	IV	
2	Political expenditures				▶ \$.	500
3	Volunteer hours					
Pa	rt I-B Complete if t	he organization is exempt und	er section 501(c)(3).		
1		excise tax incurred by the organizati			▶ \$	
2	•	excise tax incurred by organization r			▶ \$	
3	If the organization incurre	ed a section 4955 tax, did it file Form	4720 for this yea	it.		Yes No
4a	Was a correction made?					Yes No
b	If "Yes," describe in Part	IV				
		he organization is exempt und	er section 501(c), except sect	ion 501(c	c)(3).
1	Enter the amount directly	expended by the filing organization	for section 527 ex	xempt function		
	activities				▶ \$	500
2	Enter the amount of the f	filing organization's funds contributed	d to other organiza	ations		
	for section 527 exempt for	unction activities			▶ \$	
3	Total exempt function ex	penditures Add lines 1 and 2 Enter	here and on Forn	n 1120-POL,		
	line 17b				▶ \$	500 X Yes
4		n file Form 1120-POL for this year?				
5		ses and employer identification num				
		ients For each organization listed, elentributions received that were promp				
		d fund or a political action committee				
		1		<u> </u>		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organization		(e) Amount of political contributions received and
				funds If none, e		promptly and directly
					i	delivered to a separate
						political organization If none, enter -0-
	Dave Thomas for County	522 S Meade St	-		_	
111	Commissioner	South Bend IN 46619			500	0
(2)	<u>-</u>					
(2)					0	0
(3)			•			•
					0	0
(4)					0	0
					- 4	<u> </u>
(5)					o	0
/C\						
(6)				1	ol	0

0

0

0

0

0

Indiana Farm Bureau St Joseph County Farm Bureau Inc. 35-0845580 Schedule C (Form 990 or 990-EZ) 2011 Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election Part II-A under section 501(h)). If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's Check ▶ name, address, EIN, expenses, and share of excess lobbying expenditures) Check ▶ if the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (a) Filing (b) Affiliated (The term "expenditures" means amounts paid or incurred.) organization's totals group totals Total lobbying expenditures to influence public opinion (grass roots lobbying) 1a b Total lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) 0 C Other exempt purpose expenditures 0 Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both

COMMINS		L		<u> </u>	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	***	4/4		*
Not over \$500,000	20% of the amount on line 1e			7	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	1	4	55.	Aller.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000				
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000				
Over \$17,000,000	\$1,000,000	\$Q.			
Grassroots nontaxable amount (enter 25%	of line 1f)		C		
Subtract line 1g from line 1a If zero or less,	enter -0-		0		
O I to at the Affice of two As If were and as a					

Subtract line 1f from line 1c If zero or less, enter -0-If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

section 4911 tax for this year?

Yes No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period											
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total						
 2a	Lobbying nontaxable amount				0							
þ	Lobbying ceiling amount (150% of line 2a, column(e))	,#* {	4		*							
С	Total lobbying expenditures				0							
d	Grassroots nontaxable amount				0							
e	Grassroots ceiling amount (150% of line 2d, column (e))		,									
f	Grassroots lobbying expenditures			. —								

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011

	(election under section 501(h)).	1 .		Г——		
	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description e lobbying activity	Yes	a) No	—	(b) Amoun	
1	During the year, did the filing organization attempt to influence foreign, national, state or local	103	7.892			\$\$\$* *
•	legislation, including any attempt to influence public opinion on a legislative matter or		3			1
	referendum, through the use of	236 14	<u> </u>			_e ' f
а	Volunteers?	L				5 6
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			35.00		
C	Media advertisements?	_		 		
d	Mailings to members, legislators, or the public?	<u> </u>				
e	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?		_	 		
f	Direct contact with legislators, their staffs, government officials, or a legislative body?	_		<u> </u>		
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?			<u> </u>		
i	Total Add lines 1c through 1i	\$ \$ \disp\rangle \cdot \				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	2.7.		174.		20
b	If "Yes," enter the amount of any tax incurred under section 4912			Ministration	e. milli	2-200
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		-			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				%	1 No. 17
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5),	or s	ection		
	501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	<u> </u>	<u> </u>
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	↓	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	<u> </u>	
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" (ì ic
	answered "Yes."		an			,, 13
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of			l		
_	political expenses for which the section 527(f) tax was paid).					
a	Current year		2a			
a	Carryover from last year Total		2b			
с 3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		2c 3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		<u> </u>			
7	excess does the organization agree to carryover to the reasonable estimate of nondeductible		. 1			
	lobbying and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5	-		
Part						
_	olete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5,	Part II-	A an	d Part I	I-B, lir	—— 1е 1
Also,	complete this part for any additional information				•	
Part I	-A Line 1 Money was given as a campaign contribution					
-			. 		- -	.
		 -	. .			
	•••••••••••••••••••••••••••••••••••••••					

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

► See separate instructions.

OMB No 1545-0047 2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization Indiana Farm Bureau St Joseph County Farm Bureau Inc 35-0845580 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (b) Funds and other accounts (a) Donor advised funds 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year Held at the End of the Tax Year 2a Total number of conservation easements b Total acreage restricted by conservation easements 2b C Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenues included in Form 990, Part VIII, line 1 \$_____

Assets included in Form 990. Part X

Total Add lines 1a through 1e (Column (d) must equal Form 990 Part X column (B) line 10(c))

1,377

Part VII	Investments—Other Securi	ties. See Form 990, Part X,	line 12	
(a	Description of security or category (including name of security)	(b) Book value		od of valuation f-year market value
(1) Einancia	Il derivatives	0	Cost of end-c	n-year market value
	held equity interests	0		
	Investments	1 126 002		
-		0		
		0		
		0		
(<u>D)</u>		0		
(Ē)				
(F)				
(<u>G)</u>				
(H)		- 0		
Total (Column (b) must equal Form 990, Part X, col (B) line 12)	► 1,126,003		Aller orders like
Part VIII	Investments—Program Rel		•	
rait viii				od of valuation
	(a) Description of investment type	(b) Book value		f-year market value
(1)		0		<u> </u>
(2)		0		
(3)		0		
(4)		0		
(5)		0		
(6)		0		<u> </u>
(7)		0		
(8)		0		
(9) (10)		0		
	b) must equal Form 990, Part X col (B) line 13)	-	5	
Part IX	Other Assets. See Form 990		L* \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
		(a) Description		(b) Book value
(1)				0
(2)				0
(3)				0
(4)				0
(5)				0
(6)				0
<u>(7)</u>				0
(8)				0 0
(10)				0
	umn (b) must equal Form 990, Part X	(, col (B) line 15)		▶ 0
Part X	Other Liabilities. See Form			
1.	(a) Description of liability	(b) Book value	1 42	
	al income taxes	0	· · · · · · · · · · · · · · · · · · ·	
(2)		0		**
(3)		0	``	
(4)		0	*	*
(5)		0		
(6)	.	0	1	<i>*</i>
(7)		0		•
(8)		0	1	}
(9) (10)		0		
(11)		0	1	
	b) musi equal Form 990 Part λ col (B) line 25)	> 0	i	

2 FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

	ule D (Form 990) 2011				Page 4
Par		<u>Audit</u>	<u>ed Financial S</u>	Stateme	nts
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	0
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	0
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	0
4	Net unrealized gains (losses) on investments .			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4 through 8			9	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines			10	0
Par		nts_W	ith Revenue p		<u>rn</u>
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	2a	I		
a	Net unrealized gains on investments . Donated services and use of facilities	2b			1
b		2c	<u> </u>		
C C	Recoveries of prior year grants Other (Describe in Bort XIV.)	2d		- }	
d	Other (Describe in Part XIV) Add lines 2a through 2d	Zu	l		
e	Subtract line 2e from line 1			2e 3	0 0
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	l	I	3	
	Investment expenses not included on Form 990, Part VIII, line 7b	42		1 2	
a b	Other (Describe in Part XIV)	4a 4b			
C	Add lines 4a and 4b	_ 40	<u> </u>	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12))		5	0
	XIII Reconciliation of Expenses per Audited Financial Stateme		Vith Exponent	L_ <u>-</u> _	
	Total expenses and losses per audited financial statements	IIIS V	Aitti Expenses	1	itum
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25			- <u>'</u> -	
	Donated services and use of facilities	2a	i	l lac	
a b	Prior year adjustments	2b	 		
C	Other losses	2c	 	─┤゜、	
d	Other losses Other (Describe in Part XIV)	2d		\dashv \S	
e	Add lines 2a through 2d	Zu	L	— 2e ُ	0
3	Subtract line 2e from line 1			3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	į	l		
т а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3)		5	0
	XIV Supplemental Information				<u> </u>
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, P	art III	lines 1a and 4	Part IV II	nes 1h
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Pai				
	eart to provide any additional information.	(//III,	111103 20 0110 40	71130 001	IIpicio
ti iio p	an to provide any additional mormation				
		_			
	•				

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Indiana Farm Bureau St Joseph County Farm Bureau Inc	35-0845580
Form 990 Part VI Section A Line 2 Clyde James & Tamara James - family relationship, James	
Kemble & Sue Kemble - family relationship, James LaFree & Marianne LaFree - family	
relationship, Nathan Ness & Whitney Ness - family relationship, Eugene Nowicki & Marcie	
Nowicki - family relationship, Patricia Richard & Terrance Richard - family relationship,	
Dorothy Schafer, George Schafer, & Val Schafer - family relationship, Nancy Shafer & Sid	
Shafer - family relationship, Jim Sikorski & Linda Sikorski - family relationship, Dave	
Vandewalle & Sharon Vandewalle - family relationship	
Form 990 Part VI Section A Line 6 The organization is made up solely of members & works to	
keep members updated on agricultural policies and new agricultural developments	
Form 990 Part VI Section A Line 7a Because the organization is solely made up of members, th	e
voting members elect all officers and directors. Members are classified as voting members if	••••
they earn income from agriculture or are employed by an agriculture-related business	
Form 990 Part VI Section B Line 11b The organization's accountants prepare the tax return	
using financial statements & information from officers of the organization 1 or 2 officers of	
the organization review the return to the best of their ability, sign it, & return it to the	
accountants for submission to the government. It is available in the office for officers &	
directors to review at any time	
Form 990 Part VI Section C Line 19 The organization does not make financial statements,	
written conflict of interest policy and governing documents public	

ASSET DEPRECIATION SHORT REPORT ST JOSEPH COUNTY FARM BUREAU Oct. 15, 2012

Sorted ASSET A/C#
Method 1-FEDERAL-Std Conv Applied

Range 1610-00 - 1610-00 Include All assets

5 -4- 4	Baradakta a	**					udes Section 179	
Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Beg A/Depr	Curr Depr	End A/Depr
ASSET A/C#	: 1610-00 - FURNITURE & EQUIPMENT							
12/01/66 D	Piano	MA200/ 7 00	87 50	0 00	87 50	87 50	0 00	87 50
09/01/67 D	Range	MA200/ 7 00	128 90	0 00	128 90	128 90	0 00	128 90
02/01/71 D	Refrigerator, Hotpoint	MA200/ 7 00	233 58	0 00	233 58	233 58	0 00	233 58
10/01/74	Wall table with drawer	MA200/ 7 00	68 00	0 00	68 00	68 00	0 00	68 00
01/10/82	4-drawer file	MA200/ 7 00	267 07	0 00	267 07	267 07	0 00	267 07
12/01/87 D	Television and VCR, Zenith	MA200/7 00	800 00	0 00	800 00	800 00	0 00	800 00
05/13/05 D	Padded Chairs for boardroom (51 ea	M*200/ 7 00	1,011 84	0 00	1,011 84	967 00	44 84	1,011 84
05/13/05 D	Chairs, Indoor/Outdoor (2 of 8)	M*200/ 7 00	139 72	0 00	139 72	133 12	6 60	139 72
05/24/05 D	Chairs, Boardroom (21 ea)	M*200/ 7 00	416 64	0 00	416 64	398 00	18 64	416 64
11/22/11 A	8 8' Tables	MA200/ 7 00	616 25	0 00	616 25	0 00	88 00	88 00
11/22/11 A	75 Padded Folding Chairs	MA200/7 00	990 04	0 00	990 04	0 00	141 00	141 00
Grand totals	1610-00 - FURNITURE & EQUIPMENT (11	assets)	4,759 54	0 00	4,759 54	3,083 17	299 08	3,382 25
Less 7 Dispo	osed assets (Current Depreciation \$70.08)	_	2,818 18	0 00	2,818 18	2,748 10		2,818 18
Net totals 16	10-00 - FURNITURE & EQUIPMENT (4 asse	ets)	1,941 36	0 00	1,941 36	335 07	299 08	564 07
Grand to	otals for all accounts: (11 assets)	_	4,759 54	0 00	4,759 54	3,083 17	299 08	3,382 25
Less: 7 l	Disposed assets (Current Depreciation:	\$70.08)	2,818 18	0 00	2,818 18	2,748 10		2,818 18
Net total	s for all accounts: (4 assets)		1,941 36	0 00	1,941 36	335 07	299 08	564 07

Codes that may appear next to the date acquired include: A - Addition, D - Disposal, T - Traded, MQ - Mid Quarter Applied

Additional Summary Statistics:	Cost	Curr Yr 179	Prior Yr 179	Depr Basis	Beg A/Depr	Curr Depr	Ending A/Depr	Net Book Val
Grand Totals for All Assets	4,759 54	0 00	0 00	4,759 54	3,083 17	299 08	3,382 25	1,377 29
Less Inactive Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Disposed Assets	2,818 18	0 00	0 00	2,818 18	2,748 10	70 08	2,818 18	0 00
Traded Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Net Totals (Active Assets)	1,941 36	0 00	0 00	1,941 36	335 07	229 00	564 07	1,377 29

Total Bonus Depreciation Taken at 30% Rate: 0.00
Total Bonus Depreciation Taken at 50% Rate: 0.00
Total Bonus Depreciation Taken at 100% Rate: 0.00
Total Bonus Depreciation Taken: 0.00