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Form 990

Department of the Treasury

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
2012
Open to Public

organization may have to use a copy of this return to satisfy state reporting requirements.

Inter		ue Service	lendar year, or tax year beginning 11/1/2012 , and e	ending	10/31/20		spectio			
B		applicable			_	tification nu	mber			
	Address		indiana Fami Sarca of Goseph Goanty Fami Sarcas,							
=		-	- 00 00 00 000							
=	Name ch	-			•					
=	nitial retu		5032 Miami Street	(317) (<u> 92-7851</u>	•				
닏.	Terminate	ēqੰ	City, town or post office, state, and ZIP code		_					
U,	Amended	1 return	South Bend IN 46614-	3232 G Gro	ss receipts	<u>\$</u>		<u>74,054</u>		
	Application	on pending	F Name and address of pnncapal officer	H(a) Is this a gro	up retum for	r affiliales?	Yes	X No		
			Sue Kemble 5032 Miami Street, South Bend, IN 46614-3232	H(b) Are all affilia	ates included	d?	Yes	No No		
ı T	I Tax-exempt status 501(c)(3) X 501(c) (5) ◀ (insert no) 4947(a)(1) or 527 # "No," attach a list (see instructions)									
	J Website: ► N/A H(c) Group exemption number ► 0963									
_				ar of formation	1945 N	N State of leg	il domicile	IN		
P	art I		mmary		<u>-</u>					
	1			resent the farm	er's voice	e on issue	3			
_			to agriculture, educate the consumer and promote farm products, keep m	embers						
Š		abreast	of policies and new developments							
Activities & Governance										
Š	2		his box • In if the organization discontinued its operations or disposed	of more than :	25% of its	s net asset	5			
∞5	3		of voting members of the governing body (Part VI, line 1a)		3			32		
9	4		of independent voting members of the governing body (Part VI, line 1b)		. 4	<u> </u>		26		
Ž	5		mber of individuals employed in calendar year 2012 (Part V, line 2a) .	•	5	<u></u>		4		
Ac	6	Total nu	mber of volunteers (estimate if necessary) .		6			30		
	7a		related business revenue from Part VIII, column (C), line 12		. <u>7a</u>			0		
	Ь	Net unre	elated business taxable income from Form 990ºT/fine 34%	,	7b			0		
				Prior Y			rrent Year			
ē	8	Contribu	utions and grants (Part VIII, line 1h)		34,78			33,662		
5	9		n service revenue (Part VIII, line 2g) S JAN 2 3 2014		2,46			2,025		
Revenue	10		ent income (Part VIII, column (A), lines, 3, 4, and 7d)		49,21			<u>37,266</u>		
_	11	Other re	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,34	- 		1,101		
	12		evenue—add lines 8 through 11 (must equal Part VIII (column (A	ļ	88,80			74,054		
	13		and similar amounts paid (Part IX, column (A), lines 1-3)	}	6,20	3		5,865		
	14		paid to or for members (Part IX, column (A), line 4)		11.04			0		
8	15		s, other compensation, employee benefits (Part IX, column (A), li		11,310	6		9,216		
Expenses	16a		ional fundraising fees (Part IX, column (A), line 11e)		~	7 7	- 0	0		
8	_b		ndraising expenses (Part IX, column (D), line 25)		06.75		1 1			
_	17		xpenses (Part IX, column (A), lines 11a-11d, 11f-24e)		35,75			38,799		
	18		penses Add lines 13–17 (must equal Part IX, column (A), line 25)		53,27			53,880		
	19	Revenu	e less expenses Subtract line 18 from line 12.	B - 1 - 1 (0	35,530	 		20,174		
Net Assets or Fund Balances		7 .4.1		Beginning of C			nd of Year			
Bala	20		sets (Part X, line 16)		1,378,462	0	1,3	98,536		
¥ 5	21		bilities (Part X, line 26) . ets or fund balances. Subtract line 21 from line 20		1,378,46		13	98,536		
			. · · · · · · · · · · · · · · · · · · ·		1,370,40	<u> </u>	1,3	30,550		
	rt II		nature Block y I declare that I have examined this retum, including accompanying schedules and statements	and to the best of	my knowled	doe				
			ect and complete Declaration of preparer (other than officer) is based on all information of which							
1-14-14										
Sig	•		Signature of officer		Date					
Here DNALEE MOCHEL Secretary										
_		<u> </u>	Type or print name and title	<u>' / </u>						
Print/Type preparer's name Preparer's signature Date PTIN										
Paid Tiffanie Ellis Juffanie Ellis Juffanie Ellis Juffanie Ellis Juffanie Ellis								¥6		
Рг	pare	, 					0160299	-		
Us	e Only	, –	n's name ► Indiana Farm Bureau Inc	Firm's E		0409100				
			as address ► PO Box 1290 Indianapolis IN 46206	Phone	10 (31	<u>7) 692-785</u>	1			
Ma	y the IF	RS discus	ss this return with the preparer shown above? (see instructions)			<u> </u>	Yes	No		
For	Paper	work Red	luction Act Notice, see the separate instructions.				Form 99	0 (2012)		

Form 9	90 (2012)	Indiana Farm Bureau St. Joseph County Farm Bureau, Inc	35-0845580	Page 2
Pai	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response to any question in this Part III .		
1	Briefly d	escribe the organization's mission		
	Represe	nt the farmer's voice on issues related to agriculture, educate the consumer and farm products, keep members abreast of policies and new developments		
2		organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ?	Yes	X No
		describe these new services on Schedule O		ا بن
3		organization cease conducting, or make significant changes in how it conducts, any program		
J	services	7	Yes	X No
		describe these changes on Schedule O		
4	expense	the organization's program service accomplishments for each of its three largest program services. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all expenses, and revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ including grants of \$) (Revenue	ıe \$	
4 0	St Jose in the Cl able to p produce	ph County Farm Bureau, Inc. educates school-age children about agriculture by using the Ag assroom program. Approximately 600 students, from kindergarten through fifth grade, were participate in this program. The children learned about the different items agriculture s and who does the work in each step of the process. 10 volunteers contributed time to make		
		ram a success		
4b	(Code St Jose) (Expenses \$ including grants of \$) (Revenue the County Farm Bureau, Inc. promotes agricultural education by hosting a booth at Ag Days		
	The boo	th provided information about farm products in their raw state and what those products were		
	made in	to We had grains for people to see and touch and food products that are made from those		
	grains	OF and the second section of the second section of the second sec		••
		tended Ag Days		
4c	(Code) (Expenses \$ including grants of \$) (Revenue	ıe \$)
	St Jose	ph 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		
	ımportar	nce of Food Check-Off Day 9 volunteers each contributed 5 hours to this event		
4d	Other pr	ogram services (Describe in Schedule O)		
	(Expens		0)	<u> </u>
4e	Total pr	ogram service expenses 0		

	maiana ram barbara at bosoph boson	y	
Part IV	Checklist of Required Schedules		
12:10:11	Checklist of Reduired Schedules		

			Yes	No
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		х
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? If "Yes," complete Schedule C,	5	x	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	H	$\stackrel{\sim}{-}$	
Ū	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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable	,	. 3	
а	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	
b	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	·
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_ X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule L	add 11f	resse	s X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_ X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_ X
b	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	, , .		v
4.5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes" complete Schedule F, Parts II and IV	15		х
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? If "Yes," complete Schedule F, Parts III and IV	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 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	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
	Did the organization operate one or more hospital facilities? If "Yes " complete Schedule H	20a		Χ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			~ ~ ~	

Pan	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	,		v
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	22		Х
22	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			_^_
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines		1	
	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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1 1		
	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	25b	l	
26	990-EZ? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or	230	-	
26	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	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		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		<u> X</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28c		х
20	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	29		x
29 30	Did the organization receive more than \$25,000 in hori-cash contributions? If Test, complete screedile in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1		
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i>			
•	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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	24		~
	III, or IV, and Part V, line 1	34 35a		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	35a		^
D	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			_
55	organization? If "Yes," complete Schedule R, Part V, line 2	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		Χ
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI lines 11b and	1		
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 9	90 (2012) Indiana Farm Bureau St. Joseph County Farm Bureau, Inc. 35-0	345580	F	age 5
Par				V
	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	٥	<u> </u>	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	ਗੋ		ļ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	Ť		İ
	gaming (gambling) winnings to prize winners?	1c	X	l '
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			†
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	4		į
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Ť –	İ
4a	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)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	-		1
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 transaction?	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			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	Х	l
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	ļ	<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	<u> </u>
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders 11a	-	-	
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
12-	against amounts due or received from them) Section 4047(AVA) non-everythe begriffeld trusted to the everythese files form 200 m level from 10442	-1	İ	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	_
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 504(a)(20) and the department to be left in a great in a gr	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	100	 	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	<u> </u>
L	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			1
_	the organization is licensed to issue qualified health plans [additional content of accounts of accou	4		
C 142	Enter the amount of reserves on hand Did the arrange to reserve any navigants for indeed to reach the toward.	-		
14a	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 evaluation in School 10.	14a	-	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b		L _

7a

7b

8a

8b

Х

Form 990 (2012) Indiana Farm Bureau St. Joseph County Farm Bureau, Inc. 35-0845580 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and 1 Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se Check if Schedule O contains a response to any question in this Part VI X Section 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint

Did the organization contemporaneously document the meetings held or written actions undertaken during

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached

Are any governance decisions of the organization reserved to (or subject to approval by) members,

at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

one or more members of the governing body?

the year by the following

The governing body?

Section C. Disclosure

Own website

17

20

stockholders, or persons other than the governing body?

Each committee with authority to act on behalf of the governing body?

List the states with which a copy of this Form 990 is required to be filed

Another's website

policy and financial statements available to the public during the tax year

organization

Indiana Farm Bureau Inc

available for public inspection. Indicate how you made these available. Check all that apply

225 S East St Indianapolis IN 46202

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code, Nο 10a Х 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body b 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could g 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization 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 arrangement with a taxable entity during the year? 16a Х If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable) 990, and 990-T (Section 501(c)(3)s only)

Describe in Schedule O whether (and if so how), the organization made its governing documents conflict of interest

State the name physical address and telephone number of the person who possesses the books and records of the

X Upon request

Other (explain in Schedule O)

•	•		
T 000 (0040)	Lidera Faire Division Of the Life of the Division In	05.0045500	
Form 990 (2012)	Indiana Farm Bureau St Joseph County Farm Bureau, Inc	35-0845580	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comper	ısated	
	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 Compensated Employees		
1a Complete to organization's	his table for all persons required to be listed. Report compensation for the calendar year ending wit tax year.	h or within the	
	of the organization's current officers, directors, trustees (whether individuals or organizations), rega ion Enter -0- in columns (D), (E), and (F) if no compensation was paid	rdless of amount	
 List all e 	of the organization's current key employees, if any See instructions for definition of "key employee	n .	
 List the 	organization's five current highest compensated employees (other than an officer, director, trustee	, or key employee)	
	reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100 and any related organizations	,000 from the	
	of the organization's former officers, key employees, and highest compensated employees who receportable compensation from the organization and any related organizations.	eived more than	
	of the organization's former directors or trustees that received, in the capacity as a former director more than \$10,000 of reportable compensation from the organization and any related organizations		

compensated employees, and former such persons

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

<u> </u>										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle er an	Pos heck ss pe	erson	e than o i is both tor/trusti	an	(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
(1) Byrd, Bernie	1 00									
Director	0 00	Х	_	_	L			355		
(2) Gilman, Joyce	1 00			ļ						
Director	0 00	_			<u> </u>			175		
(3) James, Clyde	1 00	i .								
Director	0 00	X		<u> </u>		ļ'		255		
(4) James, Tamara	1 00	1								
Director	0 00		ļ	_				0		
(5) Klopfenstein, Wilbur	1 00									
Director	0 00		_			ļ .	L_	150		
(6) LaFree, Marianne	1 00									
Director	0 00					<u> </u>		280		
(7) LaFree, Rita	1 00	1	1		1	1		1	1	1
Director	0 00				<u> </u>	ļ	_	0		
(8) Menser, Jerry		t								
Director	0 00	X	igspace	<u> </u>	ļ_	<u> </u>		0		
(9) Miller, Doris	1 00	1	-		İ					
Director	0 00	_	₩	<u> </u>	₽	<u> </u>	<u> </u>	275		
(10) Monhaut, Richard		1	1		1	1	l	1	1	}
Director	0 00	+	_	_	<u> </u>	 	<u> </u>	225		
(11) Ness, Nathan	1 00	1				1				
Director	0 00		₩	<u> </u>	ļ	_		255		
(12) Ness, Whitney	1 00									
Director	0 00	_	┼	ļ	-	-		250		
(13) Nowicki, Eugene	1 00				1	1			1	}
Director	0 00	+	\vdash	├-	-	 		225		
(14) Nowicki Marcie	1 00	1								
Director	0 00	X	⅃	}			<u> </u>	225	<u> </u>	

Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title		(B) Average hours per week (list any	(C) Position (do not check more than box, unless person is bot officer and a director/trus					an ee)	(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimate mount o	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	f org an	npensa rom the ganizati d relati anizatio	e on ed
	Richard, Patricia	1 00											
Direc		0 00	X	├ ─					300				
Direct	Schafer, George	1 00 0 00	x						150				
	Schafer, Val	1 00	<u> </u>						150				
Direc		0.00	x						300				
(18)	Schalliol, Mike	1 00											
Direc		0 00		_					130	<u> </u>	ļ		
	Schultz, Joyce	1 00											
Direc		0 00 1 00	X	├	\vdash	\vdash		\vdash	0				
Direc	Shafer, Nancy	0 00	x						250				
	Shafer, Sid	1 00						_					
Direc		0 00	X						325				
(22)	Shafer, Toni	1 00											
Direc		0 00	 						0	-	ļ		
	Sheets, Ed	1 00	[0.50				
Direc	Character I access	0 00	_	 -	-				250				
Direc	Strzelecki, Laura	1 00 0 00							160				
	Swizek, Evelyn	1 00	_			-	<u> </u>		700		-		
Direc		0 00					L		250				
1b	Sub-total							>	4,785	0			0
С	Total from continuation sheets to Part VII, Se	ection A							6,049	0			0
d	Total (add lines 1b and 1c)	A	41		- \	.1		<u> </u>	10,834	0			0
2	Total number of individuals (including but not lir reportable compensation from the organization		ited a		е) w 0	/no	recei	vea	more than \$100	,000 01			
	reportable compensation from the organization		_		<u> </u>							Yes	No
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched				oye	e, o	r higi	nest	compensated		3		X
4	For any individual listed on line 1a, is the sum of				n a	nd d	other	con	nnensation from			*	
•	the organization and related organizations great									ר			
	ındıvıdual										4		Х
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye									ridual	5		х
Sect	ion B. Independent Contractors						,						
1	Complete this table for your five highest compe compensation from the organization Report co year										tax		
(A) (B) Name and business address Description of services						vices ((C Comper						
													0
													0
													<u>0</u> 0
													0
2	Total number of independent contractors (inclu		ed to	tho	se li	ste	d abo	ve)	who received				
	more than \$100 000 of compensation from the	organization					U						

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	indiana i anni bajeaa ot sosepii county i anni b	uicau, ii
Part VIII	Statement of Revenue	

		Check if Schedule O contains a	response to a	ny question in th	ns Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants		0 33,662 0 0				
Contribu and Othe	g h	similar amounts not included abov Noncash contributions include Total. Add lines 1a-1f	e . <u>1f</u>	0 0 .►	33,662			
e Revenue	2a b			Business Code 900099 900099	2,025	2,025	-	And to Phillips at
Program Service Revenue	c d e	Commodity Sales		900099	0 0			
Prog	g	All other program service revenue Total. Add lines 2a–2f		•	2,025	*,; * * * *		T
	3	Investment income (including divident other similar amounts) Income from investment of tax-executions.		•	37,266 0			37,266
	5 6a	Royalties Gross rents	(ı) Real	(II) Personal	0			
	b d	Less rental expenses Rental income or (loss) Net rental income or (loss)	0	>		• ***		
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	(i) Securities C	0			,	
	c d	Gain or (loss) Net gain or (loss)	C	<u>0</u> <u>0</u> ▶	0		Y a Salker	1.1
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 10 See Part IV, line 18	0 c) a	0			\$	property of
)th	b	Less direct expenses	b	0				
	g 9a	Net income or (loss) from fundrais Gross income from gaming activiti See Part IV, line 19		0	0			
	С	Less direct expenses Net income or (loss) from gaming Gross sales of inventory, less	b activities	0	0	,		
	b c	returns and allowances Less cost of goods sold Net income or (loss) from sales of	a b inventory	0	-1			
	11a	Miscellaneous Revenue Constructive Income for Postage	<u> </u>	Business Code 900099	1,101	1,101		
	b				0			-
	C .	All the control of th			0	 		
	d e	All other revenue Total. Add lines 11a-11d			1,101	 	 	
	12	Total revenue. See instructions		<u> </u>	74,054	† 	0	37,266

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other or	rganizations must c	omplete column (A,	
	Check if Schedule O contains a response to any	question in this Part I	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				
	organizations in the United States See Part IV, line 21	1,865		1	~ 2.
2	Grants and other assistance to individuals in the				· : 餐 💥
_	United States See Part IV, line 22	4,000		· · ·	. 5-1
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			, '	<u> </u>
5	Compensation of current officers, directors,	0 700			
c	trustees, and key employees	8,792			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	o			
7	persons described in section 4958(c)(3)(B) Other salaries and wages				
8	Pension plan accruals and contributions (include	} ്l			
U	section 401(k) and 403(b) employer contributions)	ا ا		i	
9	Other employee benefits	0		-	
10	Payroll taxes	424			
11	Fees for services (non-employees)				-
	Management	o			
b	Legal	0		_	
С	Accounting	2,611			
d	Lobbying	0			
е	Professional fundraising services See Part IV, line	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	. 0			
17	Travel .	13,512			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	7,087			
20	Interest	0		-	
21	Payments to affiliates	478	0	0	0
22 23	Depreciation, depletion, and amortization Insurance	4/8			ļ ⁰
23 24	Other expenses Itemize expenses not covered				
24	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	Agriculture Promotion	9,007	····		
b	Membership	1,343			
C	Meals & Entertianmnent	1 347			
d	Unrelated Business Income Taxes	194			
e	All other expenses Miscellaneous	3,220			
25	Total functional expenses. Add lines 1 through 24e	53,880	0	0	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				1
	from a combined educational campaign and				1
	fundraising solicitation Check here]	
	following SOP 98-2 (ASC 958-720)	<u> </u>			1

		Check if Schedule O contains a response to	any qu	estion in this Part X				
					(,	A)		(B)
					Beginnir	ng of year		End of year
	1	Cash—non-interest-bearing				15,144	1	17,844
	2	Savings and temporary cash investments		•		235,938	2	_216,609
	3	Pledges and grants receivable, net .		•		0	3	0
	4	Accounts receivable, net .		•		0	4	0
	5	Loans and other receivables from current and for	ormer o	officers, directors,				
		trustees, key employees, and highest compensation	ated er	nployees	1 20	304 . A3-3-1	Lear, & B.	Commence of the second
		Complete Part II of Schedule L			_		5	
	6	Loans and other receivables from other disqual	lified p	ersons (as defined und	er section			
		4958(f)(1)), persons described in section 4958(c	(3)(B),	and contributing emp	loyers and	*		
		sponsoring organizations of section 501(c)(9) v	olunta	ry employees' benefici	ary	· · ·	-"X ' '	
sts		organizations (see instructions) Complete Part	II of So	hedule L			6	
Assets	7	Notes and loans receivable, net				0	7	0
A	8	Inventories for sale or use		•			8	
	9	Prepaid expenses and deferred charges		_			9	
	10a	Land, buildings, and equipment cost or						, * 3) * 2 :
		other basis Complete Part VI of Schedule D	10a	2,527	1	المتناب المتناب	,,	
	b	Less accumulated depreciation	10b	-1,042		1,377	10c	1,485
	11	Investments—publicly traded securities		_		0	11	0
	12	Investments—other securities See Part IV, line	11			. 0	12	0
	13	Investments-program-related See Part IV, line	11			0	13	0
	14	Intangible assets				0	14	0
	15	Other assets See Part IV, line 11				1 126,003	15	1,162,598
	16	Total assets. Add lines 1 through 15 (must equ	al line	34)		1,378,462	16	1,398,536
	17	Accounts payable and accrued expenses					17	
	18	Grants payable					18	
	19	Deferred revenue					19	
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability Complete I	Part IV	of Schedule D			21	
es	22	Loans and other payables to current and former	roffice	rs, directors,				;
Ξ		trustees, key employees, highest compensated	emplo	yees, and				
Liabilıties		disqualified persons Complete Part II of Sched	ule L				22	
=	23	Secured mortgages and notes payable to unrela	ated th	ird parties		0	23	0
	24	Unsecured notes and loans payable to unrelate	d third	parties		<u> </u>	24	0
	25	Other liabilities (including federal income tax, pa	ayables	s to related third				
		parties, and other liabilities not included on lines	s 17-24	I) Complete	İ			
		Part X of Schedule D				0		0
	26	Total liabilities. Add lines 17 through 25			ļ	0	26	0
		Organizations that follow SFAS 117 (ASC 958	3), che	ck here ► X and				
Ses		complete lines 27 through 29, and lines 33 ar	nd 34.					
ā	27	Unrestricted net assets				1,378,462	27	1,398,536
Bal	28	Temporarily restricted net assets					28	
Þ	29	Permanently restricted net assets					29	
Fund Balances		Organizations that do not follow SFAS 117 (Δςςοι	8) checkmere and				
or		complete lines 30 through 34.		. 5,, encensique and				
ţ	20	-					30	
sse	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building or e	aunm.	ant fund			31	
Ä	31	Retained earnings, endowment, accumulated in					32	
Net Assets	32 33	Total net assets or fund balances	icome,	or other fullus		1,378 462		1,398,536
_	34	Total liabilities and net assets/fund balances			-	1,378,462		1,398,536
		TOTAL HADINGES AND HEL ASSESSIBILITY DAIGHTES			1	1,0,0,702		1,000,000

Form :	easo (2012) Indiana Farm Bureau St. Joseph County Farm Bureau, Inc	35-	-0845580	Pag	ge IZ
Part			_		
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		74	1,054
2	Total expenses (must equal Part IX, column (A), line 25)	2		53	3,880
3	Revenue less expenses Subtract line 2 from line 1	3		20	0,174
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,378	3,462
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	_		
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		1,398	3,636
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			ļ	
			-	Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		_ ,	14	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		_ «	* *	1
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		354	, 4	
	reviewed on a separate basis, consolidated basis, or both			<	15 ×
	Separate basis Consolidated basis Both consolidated and separate basis				,
b	Were the organization's financial statements audited by an independent accountant?		2b		x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				ĺ
	Separate basis Consolidated basis Both consolidated and separate basis				1
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight o				ĺ
С	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		ĺ
	If the organization changed either its oversight process or selection process during the tax year, explain in		20		<u> </u>
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		•		
Ja	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		Ja		 ^ -
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		1
				990	(2012)
			1 01111		(2012)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

See separate instructions. 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

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-F7, Part V line 35c (Proxy Tax), then

	•	103, 10 1 01111 300, 1 ult 14, 11110 0 (1 10x	y 10x, 01 1 01111 001	5 LL, 1 unt v, inic 000 (1 10	Ay luxy, then	
		rganizations Complete Part III	_			
	of organization			Emplo	yer identification number	
		ph County Farm Bureau, Inc			35-0845580	
_		the organization is exempt und			7 organization.	
	•	he organization's direct and indirect p	olitical campaign a			
	Political expenditures			•	\$1	00
3	Volunteer hours	•	•			0
Par	I-B Complete if t	the organization is exempt und	ler section 501	(c)(3).		
		excise tax incurred by the organization			\$	
	•	excise tax incurred by organization m			\$	
		ed a section 4955 tax, did it file Form			Yes No	 0
	Was a correction made?				Yes No	
	If "Yes," describe in Part	N/				•
	<u> </u>	the organization is exempt und	ler section 501	c), except section 50)1(c)(3).	
		expended by the filing organization f			. (3)(3).	
	activities	expended by the ming organization.	or occurrent our case	•	\$	0
		iling organization's funds contributed	to other organizati	ons	*	
	for section 527 exempt fu		10 0 mo. 0. gamaa.	▶	\$1	00
	•	penditures Add lines 1 and 2 Enter h	ere and on Form 1	1120-POL.		
	line 17b			· •	\$ 1	00
		file Form 1120-POL for this year?			X Yes No	 ວ
	0 0	ses and employer identification numb	er (EIN) of all sect	ion 527 political organiza		
		ents. For each organization listed, en				
		intributions received that were prompt				
	as a separate segregated	d fund or a political action committee	(PAC) If additiona	I space is needed, provid	e information in Part IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political	
	(,	, ,	. ,	filing organization's	contributions received and	
		1		funds If none, enter -0-	promptly and directly delivered to a separate	
					political organization If none enter -0-	
					none enter o	
,, Da	ave Thomas for County	522 S Meade St		- "		
(1) C	ommissioner	South Bend, IN 46619		1(00	0
(2)						
(2)						
(3)						
(4)						
						
(5)						
(6)						

c Total lobbying expenditures

d Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

	indiana Farm Bureau St. Joseph County Farm i edule C (Form 990 or 990-EZ) 2012	Bureau, Inc			35-0645560	Page 2
P	art II-A Complete if the organization	is exempt	under section 5	01(c)(3) and filed	form 5768 (ele	
	under section 501(h)).					
Α	Check ▶ if the filing organization below	ongs to an a	affiliated group (a	nd list in Part IV e	each affiliated gro	up member's
	name, address, EIN, expen	ises, and sh	are of excess lob	bying expenditur	es)	
В	Check ▶ ☐ If the filing organization che	cked box A	and "limited cont	rol" provisions ap	ply.	
	Limits on Lobby	ina Expendi	tures		(a) Filing	(b) Affiliated
	(The term "expenditures" mea				organization's totals	group totals
1a	Total lobbying expenditures to influence public	c opinion (gra	ss roots lobbying)		-	0
b	Total lobbying expenditures to influence a legi					0
С	Total lobbying expenditures (add lines 1a and	•	. , , ,		0	0
d	Other exempt purpose expenditures	,		•		0
е	Total exempt purpose expenditures (add lines	1c and 1d)			0	0
f	Lobbying nontaxable amount. Enter the amount	int from the fo	ollowing table in bot	h		
	columns				0	0
	If the amount on line 1e, column (a) or (b) is:	The lobbyir	ng nontaxable amou	ınt is:	, *	, , , , , ,
Not over \$500,000 20% of the amount on line 1e					jig s	The second second
L	Over \$500,000 but not over \$1,000,000		us 15% of the excess			
	Over \$1,000,000 but not over \$1,500,000		us 10% of the excess		. Wheels	13 44 25 4 6
-	Over \$1,500,000 but not over \$17,000,000		us 5% of the excess of	over \$1,500,000		
	Over \$17,000,000	\$1,000,000		<u> </u>	}**********	
g	Grassroots nontaxable amount (enter 25% of	·			0	0
h	Subtract line 1g from line 1a If zero or less, e				0	0
, ,	Subtract line 1f from line 1c If zero or less, er		a 1. did the even	ration file Earm 472		0
J	If there is an amount other than zero on either section 4911 tax for this year?	riine in oriin	ie ii, did the organiz	Zation nie Form 472	o reporting	Yes No
	section 4911 tax for this year?			<u>-</u>		res NO
			Period Under Sec			
	(Some organizations that ma	de a section	501(h) election do	not have to comp	lete all of the five	
	columns below.	See the instr	uctions for lines 2	a through 2f on pa	ge 4.)	
	Lakhvina		Di 4 V A			
	Lobbying	Expenditur	es During 4-Year A	veraging Period	_	
	· · · · · · · · · · · · · · · · · · ·	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
	beginning in)					
 2a	Lobbying nontaxable amount					
					0	0
	Lobbying ceiling amount (150% of line 2a, column(e))	25 %				_
_ <u>b</u>	(100 % Of fine Za, Columni(e))	., , ,	20% . And 8 83	* * * *	*	0

0

0

0

	(election under section 501(h)).	1	a)	<u> </u>	(b)	
	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description e lobbying activity	Yes	No	Δ	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers? .	<u> </u>				₹
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			7 1	*	
С	Media advertisements?		ļ	ļ. <u> </u>		
d	Mailings to members, legislators, or the public?					_
е	Publications, or published or broadcast statements?		ļ			
f	Grants to other organizations for lobbying purposes?.		<u> </u>			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		1	ļ		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		ļ			
i	Other activities?		ļ	ļ		
j	Total Add lines 1c through 1i		-			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	8 , Y				
b	If "Yes," enter the amount of any tax incurred under section 4912	*				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	&				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		l	>	ž	
Part	Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ection) 	
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	$oxed{oxed}$	X
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501			3		X
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members	OK (I) Pa	rt III-A	, iine 	J, 18
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
	political expenses for which the section 527(f) tax was paid).			1		
а	Current year		2a	1		
b	Carryover from last year		2b			
С	Total		2c			(
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible					
	lobbying and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5	L		(
Part						
,	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Pa	rt II-A	(affilia	ted gro	up	
list), l	Part II-A, line 2 and Part II-B line 1 Also, complete this part for any additional information					
Part I	-A Line 1 A monetary contribution was made to a local candidate's campaign committee					
						- -
						
-						

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.

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

OMB No 1545-0047

Ivaille	i the organization				Lpioyo.	aciimication namber
Indiai	a Farm Bureau St Joseph County Farm Bu	reau, Inc				35-0845580
Par		or Advised Funds or C	Othe	er Similar Fun	ds or Ac	counts. Complete if
	the organization answered "Yes"					•
		(a) Donor advised			(b) Fu	unds and other accounts
1	Total number at end of year .					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and o	onor advisors in writing that	the	assets held in d	onor advis	ed
•	funds are the organization's property, subje					Yes No
6	Did the organization inform all grantees, do				ds can be	
•	used only for charitable purposes and not for					
	purpose conferring impermissible private be				•	Yes No
Par			ans	wered "Yes" to	n Form 90	20 Part IV line 7
					<u> </u>	50, 1 arc rv, mic r
1	Purpose(s) of conservation easements held	•	all ti			
	Preservation of land for public use (e.g., re	creation or education)	Щ	Preservation of	an historic	cally important land area
	Protection of natural habitat		Ш	Preservation of	a certified	historic structure
	Preservation of open space					
2	Complete lines 2a through 2d if the organize	ation held a qualified conser	vatio	on contribution in	n the form	of a conservation
	easement on the last day of the tax year	·				
						Held at the End of the Tax Year
а	Total number of conservation easements				2a	
b	Total acreage restricted by conservation ear	sements			2b	
С	Number of conservation easements on a ce	rtified historic structure inclu	uded	l ın (a)	2c	
d	Number of conservation easements include	d in (c) acquired after 8/17/0	06, a	ind not on a		
	historic structure listed in the National Regis				2d	
3	Number of conservation easements modifie	d, transferred, released, ext	lıngı	iished, or termin	ated by the	organization
	during the tax year					
4	Number of states where property subject to	conservation easement is lo	ocat	ed 🕨 🚃		
5	Does the organization have a written policy		torır	ig, inspection, ha	andling of	
	violations, and enforcement of the conserva					Yes No
6	Staff and volunteer hours devoted to monitor	oring, inspecting, and enforc	ing o	conservation eas	sements du	iring the year
	•					
7	Amount of expenses incurred in monitoring	inspecting, and enforcing c	ons	ervation easeme	ents during	the year
	▶ \$					
8	Does each conservation easement reported		he r	equirements of s	ection	П., П.,
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?					Yes No
9	In Part XIII, describe how the organization r					
	balance sheet, and include if applicable th		orga	inization's financ	iai stateme	ents that describes
Do	the organization's accounting for conservati			a ar Othar Sim	ilar Assat	
Par					ilar Asset	s.
	Complete if the organization answere					
1a	If the organization elected, as permitted und					
	works of art, historical treasures, or other si					
	of public service, provide, in Part XIII, the te					
b	If the organization elected, as permitted und					
	works of art, historical treasures, or other si		exhi	bition education	, or resear	ch in furtherance
	of public service, provide the following amo					
	(i) Revenues included in Form 990, Part VI	II, line 1				► \$
	(ii) Assets included in Form 990, Part X					\$
2	If the organization received or held works o	art, historical treasures or	othe	er similar assets	tor financia	al gain, provide the
	following amounts required to be reported u		relat	ing to these item	ıs	.
a	Revenues included in Form 990 Part VIII I	ine 1				\$
h	Assets included in Form 990 Part X					▶ 5

Schedu	ile D (Form 990) 2012 Indiana Farm Bureau	St Joseph Coun	ty Farm B	ureau, Ind	<u> </u>		35-084	5580		Page 2
Part	Organizations Maintaining C	ollections of A	Art, Histo	orical Tr	easures, o	r Oth	er Similar Ass	ets (con	tınuec	d)
3	Using the organization's acquisition, acce	ession, and other	records, o	heck any	of the follow	ng tha	t are a significan	t		
	use of its collection items (check all that a	apply)								
а	Public exhibition		d []	Loan	or exchange _l	progra	ms			
b	Scholarly research		е	Other					-	
С	Preservation for future generations	,								
4	Provide a description of the organization's	s collections and	explain h	ow they fu	irther the orga	anızatı	on's exempt purp	ose in		
	Part XIII									
5	During the year, did the organization solid							_		1
	assets to be sold to raise funds rather that							Ye		No
Part		_	-	-	iization ansi	wered	I "Yes" to Form	990, Pa	ırt	
	IV, line 9, or reported an amou	nt on Form 990), Part X,	line 21						
1a	Is the organization an agent, trustee, cust	todian or other in	termediar	y for contr	ributions or ot	ther as	sets not			ı
	included on Form 990, Part X?							Y€	s 🔛	No
b	If "Yes," explain the arrangement in Part 2	XIII and complete	the follow	ving table				A		
_	Pogunajna halanaa						c	Amount		
c d	Beginning balance Additions during the year		•		•	_	d			
e	Distributions during the year			•			e			
f	Ending balance	•				_	f	-		0
2a	Did the organization include an amount o	n Form 990. Parl	X. line 21	12				☐ Ye	s X	No
b	If "Yes," explain the arrangement in Part 3				as been provi	ded in	Part XIII			
Part								0		<u> </u>
ı art	Endownent i dida. Complex	(a) Current year	(b) Pro		(c) Two years		(d) Three years bac		ur years	back
1a	Beginning of year balance	· · · · · · · · · · · · · · · · · · ·	. ,	,	, , ,		, ,	<u> </u>		
b	Contributions									
С	Net investment earnings, gains,									,
	and losses									
d	Grants or scholarships	·								
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses End of year balance	0		0		0		0		0
g 2	Provide the estimated percentage of the		balance (olumn (a)) hel					<u>_</u>
a	Board designated or quasi-endowment	>	%		(,,					
b	Permanent endowment	%								
C	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c s									
3a	Are there endowment funds not in the po	ssession of the o	rganizatio	n that are	held and adı	mınıste	ered for the	1		
	organization by							20/3	Yes	No
	(i) unrelated organizations(ii) related organizations							3a(i) 3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	tions listed as red	uired on S	Schedule	R?			3b		
4	Describe in Part XIII the intended uses of									۔۔۔۔۔
Part				•				· ·		
	Description of property	(a) Cost or ot			st or other	(c) Accumulated	(d) B	ook valu	e
		(investin	ent)	bası	s (other)		depreciation			
1a	Land		0		0					0
b	Buildings		0		0		0			0
c	Leasehold improvements		0		0 507		0			1 405
d	Equipment	-	0		2,527 0		-1 042 0	· – – ·	 .	1,485
<u>e</u> Total	Other Add lines 1a through 1e (Column (d) mu	st equal Form 99		column (l)	▶			1,485

of security or category name of security) es . r interests	(b) Book value	
ınterests	0	
	-	
·		
orm 990 Part X col (B) line 12)	0	
stments—Program Relat	ted. See Form 990, Part X	
on of investment type	(b) Book value	(c) Melhod of valuation Cost or end-of-year market value
· · · · · · · · · · · · · · · · · · ·		
	-	
		* * * * * * * * * * * * * * * * * * *
Form 990 Part X col (B) line 13)	0	
r Assets. See Form 990,		(b) Book value
	```	1,162,5
iny the insurance company /	Milaty	1,102,0
		
		
ust equal Form 990. Part X. co	ol (B) line 15)	▶ 1,162,5
escription of liability	(b) Book value	
axes	0	
	<u></u>	
		1
		1
 		1
	1	1
ust er	y Life Insurance Company A t equal Form 990, Part X, co Liabilities. See Form 99	

Schedule D (Form 990) 2012 Indiana Farm Bureau St Joseph County Farm Bureau, Inc

35-0845580

Page 3

Schea	ine D (Form 990) 2012 Indiana Farm Bureau St Joseph County Farm Bureau, Inc			35-0845	580	Page 4
Par	Reconciliation of Revenue per Audited Financial Stateme	nts_Wi	ith Revenue per	Return		
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					
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII)	2d	-]		
е	Add lines 2a through 2d			2e		0
3	Subtract line 2e from line 1			3		0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			4- 4 0		
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a				
b	Other (Describe in Part XIII) .	4b		and		
С	Add lines 4a and 4b .			4c		0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5		0
Par	Reconciliation of Expenses per Audited Financial Stateme	ents V	ith Expenses p	er Retui	rn	
1	Total expenses and losses per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			in Mark		
а	Donated services and use of facilities .	_2a				
b	Prior year adjustments	2b				
С	Other losses .	2c				
d	Other (Describe in Part XIII)	2d				
е	Add lines 2a through 2d			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:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a]]		
b	Other (Describe in Part XIII)	4b]		
С	Add lines 4a and 4b			4c		0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5		0
Par	XIII Supplemental Information					
Part	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Par V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also ional information				and 2b,	1
addit	onal momation					
- -						
				·		
				· • • • • • • • • • • • • • • • • • • •		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization 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.

990 or 990-EZ.

| 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, Marianne	
LaFree, Rita LaFree, & James LaFree - family relationship, Nathan Ness & Whitney Ness - family	
relationship, Eugene Nowicki & Marcie Nowicki - family relationship, George Schafer & Val	
Schafer - family relationship, Nancy Shafer, Sid Shafer, & Toni Shafer - 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, the	
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	

Continuation Sheet for Form 990

Page 1 of 1

Name of the Organization Indiana Farm Bureau St. Joseph County Farm Bureau Inc. Employer identification number

35-0845580

Indiana Farm Bureau St Joseph County Farm Burea								345580		
Part VII Section A Continuation of Off		rs, 🛚	Trus	ste	es,	Key	Εm	ployees, and	Highest	
Compensated Emp	loyees									· · · · · · · · · ·
(A) Name and title	(B) Average	Posi	tion (C) k all	that ap	ply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(26) Vandewalle, Dave Director	1 00 0 00							1,685		
(27) Vandewalle, Sharon Director	1 00 0 00							400		
(28) Wilson, Richard Director	1 00 0 00	1						175		
(29) Kemble, Sue President & Director	5 00 0 00			х				275		
(30) LaFree, James Vice President & Director	3 00 0 00	Х		x				1,179		
(31) Mochel, Onalee Secretary/Treasurer & Director	4 00 0 00			x				1,104		
(32) Sikorski, Linda Women's Leader & Director	4 00 0 00	х		x			_	1,231		
(33)										
(34)										
(35)										
(36)										
(37)										
(38)										
(39)										
(40)										
(41)										
(42)										
(43)										
(44)										
(45)										
(46)										
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