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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form
Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No 1545-1150

2009**Open to Public
Inspection****A** For the 2009 calendar year, or tax year beginning

, 2009, and ending

, 20

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.**C** Name of organization

BLACK HAWK COUNTY FARM BUREAU

Number and street (or P O box, if mail is not delivered to street address)

3315 WEST 4TH STREET

City or town, state or country, and ZIP + 4

WATERLOO, IA 50701

D Employer identification number

42-0142423

E Telephone number

(319) 234-2747

F Group Exemption

Number ► 0626

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method. ☐ Cash ☒ Accrual
Other (specify) ►**I** Website: ►**J** Tax-exempt status (check only one) — ☒ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 167,821**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	20,100
	2	Program service revenue including government fees and contracts	2	33,662
	3	Membership dues and assessments	3	80,220
	4	Investment income	4	7,789
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1) . RENT	6a	26,000
b	Less: direct expenses other than fundraising expenses	6b	25,540	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	460	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe ► MISCELLANEOUS)	8	50	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	142,281	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	24,944
	13	Professional fees and other payments to independent contractors	13	610
	14	Occupancy, rent, utilities, and maintenance PER ATTACHED SCHEDULE	14	3,711
	15	Printing, publications, postage, and shipping	15	1,731
	16	Other expenses (describe ► PER ATTACHED SCHEDULE)	16	93,881
	17	Total expenses. Add lines 10 through 16	17	124,877
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	17,404
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	384,480
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	401,884

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	253,113	271,585
23 Land and buildings	130,120	129,548
24 Other assets (describe ► ACCOUNTS RECEIVABLE & PREPAID)	1,385	1,391
25 Total assets	384,618	402,524
26 Total liabilities (describe ► ACCOUNTS PAYABLE & ACCRUED EXPENSE)	138	640
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	384,480	401,884

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

G-5 17

Part III	Statement of Program Service Accomplishments (See the instructions for Part III.)
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Expenses

What is the organization's primary exempt purpose? PROVIDE CURRENT AG INFORMATION

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	PROVIDED INFORMATION TO MEMBERS ON CURRENT AGRICULTURAL ISSUES THROUGH NEWSLETTERS, MEETINGS, ETC. 2461 MEMBERS WERE BENEFITTED IN 2009 (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	28a	
29	 (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	29a	
30	 (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	30a	
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) ▶	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a N/A		
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	N/A
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ N/A		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	X
41 List the states with which a copy of this return is filed. ▶ IOWA		
42a The organization's books are in care of ▶ THE ORGANIZATION Telephone no. ▶ (319) 234-2747		
Located at ▶ AS ON PAGE 1 ZIP + 4 ▶		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
If "Yes," enter the name of the foreign country: ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country: ▶ N/A		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input checked="" type="checkbox"/> N/A and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

	Yes	No
46 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	46	X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	X

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE	N/A	N/A	N/A	N/A

f Total number of other employees paid over \$100,000 **NONE**

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE	N/A	N/A

d Total number of other independent contractors each receiving over \$100,000 **NONE**

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

Sign Here

Signature of officer: Soo J. Greiman Date: May 6, 2010

Type or print name and title: Soo J. Greiman

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 4/29/10 Check if self-employed: ☐ Preparer's identifying number (See instructions): 485-92-2775

Firm's name (or yours if self-employed), address, and ZIP + 4: GARDINER THOMSEN, P.C. EIN: 42-1186197

10555 NEW YORK AVE, URBAN DALE, IA 50322 Phone no: 515-270-1446

May the IRS discuss this return with the preparer shown above? See instructions ☒ **Yes** ☐ **No**

**Black Hawk County Farm Bureau
Waterloo, Iowa**

FORM 990EZ, PART I, LINE 14

Supplies	\$ 919
Telephone	1,113
Equipment Rent	828
Depreciation	851
Repairs - Equipment	-
	<hr/>
Total	<u>\$ 3,711</u>

FORM 990EZ, PART I, LINE 16

Federation Dues	\$ 48,132
Regional Manager	2,443
Campaign Manager	-
Acquisition	3,270
Meetings & Activities	5,324
Member Protector Policies	2,132
Spokesman	4,847
Regional, District and State Meetings	129
Insurance	4,096
Scholarships	-
Promotions	8,159
Womens's Activities	-
Per 990-T	14,890
Income Taxes	459
Other	-
	<hr/>
	<u>\$ 93,881</u>

2009-2010 BLACK HAWK COUNTY FARM BUREAU BOARD OF DIRECTORS

<u>Executive Officers</u>			
President Acct #6828460	Len Orth (Stephanie)	12433 Jubilee Rd., La Porte City 50651 e-mail: justjoe@netins.net	319-342-3520 (hm) 319-269-0976 (cell)
Vice President Acct #6132190	Jim Barz (Melanie)	112 Meadow Lane., La Porte City 50651 e-mail: jim_r_barz@yahoo.com	319-342-2279 (hm) 319-269-3753 (cell)
Secretary/Treasurer Acct #6903442	Soo Greiman	6002 Eldora Rd, Waterloo IA 50701 e-mail work guernseyfoundatn@aol.com e-mail home. soogreiman@aol.com	319-988-4619 (hm) Work # 226-3434 Cell #239-8048
Voting Delegate Acct #6120137	Brad Jesse (Renee)	12018 Brandon Rd., La Porte City 50651 e-mail brjesse@netins.net	319-342-2763 (hm) 319-230-3718 (cell)
Women's Chair Acct #414868	Virginia Sage (Ernie)	4821 E. Cedar Wapsie Rd., Dunkerton 50626 e-mail evsage@dunkerton.net	319-822-4254 (hm) 319-830-7283 (cell)
<u>At-Large Directors</u>			
Acct #447843	Marvin Brecher (Marlene)	12018 Kline Rd., La Porte City 50651 e-mail: brechermmm@wmconnect.com	319-342-2036 (hm)
Acct #3201617	Eddie Entz (Kathy)	8801 Dysart Rd., Waterloo 50701 e-mail: eaentz@fbx.com	319-296-1377 (hm) 319-240-2305 (cell)
Acct # 2233942	Ken Olson (Wilma)	8510 Wagner Rd., Cedar Falls 50613 e-mail: knwolson@aol.com	319-984-5876 (hm) 319-230-1485(cell)
Acct #3163096	Ron Pullin (Mary Ester)	2185 W. Shaulis Rd., Waterloo 50701	319-233-2474 (hm)
Acct #6027920	Allen Sage (Cassie)	7128 N. Pilot Grove Rd., Dunkerton 50626 e-mail: acdcxsage@dunkerton.net	319-822-9470 (hm)
Acct #6064634	Craig Sage (Terry)	4051 Burton Ave., Waterloo, IA 50703 e-mail: cestls@fbx.com	319-233-7782 (hm) 319-239-0696 (cell)
Acct #6874631	Dustin Sage	8204 N Canfield Rd, Dunkerton 50626 e-mail: dustinsage@gmail.com	319-415-8559(cell)
Acct #6038300	Eric Sage (DeeAnn)	4845 E Cedar Wapsie Rd., Dunkerton 50626 641-478-3311 (work & fax)	319-822-2413 (hm) 319-230-7290 (cell)
Acct #414868	Ernie Sage (Virginia)	4821 E Cedar Wapsie Rd., Dunkerton 50626 e-mail evsage@dunkerton.net	319-822-4254 (hm)
Acct #421988	Roger Wheeler (Mary)	8266 E Marquis Rd., Fairbank 50629 e-mail mwheeler98@hotmail.com	319-822-4671 (hm) 319-404-0407 (cell)