See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

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 Instructions

C Name of organization
COUNTY FARM BUREAUS IN IOWA - JACKSON CO.

Number and street (or P O box, if mail is not delivered to street address) Room/suite
102 S OLIVE STREET

City or town, state or country, and ZIP + 4
MAQUOKETA, IA 52060-3014

D Employer identification number
42-0338220

E Telephone number
(563) 652-2456

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) ▶

H Check ▶ ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶

J Tax-exempt status (check only one) — ☒ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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 ▶ $ 134,022

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	31,470
	3	Membership dues and assessments		3	63,360
	4	Investment income		4	649
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less. cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1) RENT	6a	18,443	
	b	Less: direct expenses other than fundraising expenses	6b	24,671	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	(6,228)
	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 ▶)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	109,351
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	26,906
	13	Professional fees and other payments to independent contractors		13	545
	14	Occupancy, rent, utilities, and maintenance PER ATTACHED SCHEDULE		14	4,755
	15	Printing, publications, postage, and shipping		15	370
	16	Other expenses (describe ▶ PER ATTACHED SCHEDULE)		16	73,120
	17	**Total expenses.** Add lines 10 through 16 ▶		17	105,696
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	3,655
	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	260,815
	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	264,470

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	36,250	22	47,261
23	Land and buildings	223,684	23	216,115
24	Other assets (describe ▶ ACCOUNTS RECEIVABLE & PREPAID)	881	24	1,094
25	**Total assets**	260,815	25	264,470
26	**Total liabilities** (describe ▶ ACCOUNTS PAYABLE & ACCRUED EXPENSE)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	260,815	27	264,470

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2009)

ISA

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

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

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.

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

28	PROVIDED INFORMATION TO MEMBERS ON CURRENT AGRICULTURAL ISSUES THROUGH NEWSLETTERS, MEETINGS, ETC. 1670 MEMBERS WERE BENEFITTED IN 2009		
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	
29			
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30			
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (attach schedule)		
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE SCHEDULE ATTACHED	VARIOUS	0	NONE	NONE

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 ▶ (563)652-2456
Located at ▶ AS ON PAGE 1 ZIP + 4 ▶

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		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 ▶ ☒ N/A
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

			Yes	No
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

Sign Here

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

Signature of officer Date 6/8/10

Type or print name and title Scott Grant President

Paid Preparer's Use Only

Preparer's signature	Date 6/7/10	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. 10555 NEW YORK AVE, URBANDALE, IA 50322	EIN ▶ 42-1186197	Phone no ▶ 515-270-1446

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

Jackson County Farm Bureau
Maquoketa, Iowa

FORM 990EZ, PART I, LINE 14

Supplies	$ 881
Telephone	1,368
Equipment Rent	1,020
Depreciation	1,391
Repairs - Equipment	95
Total	$ 4,755

FORM 990EZ, PART I, LINE 16

Federation Dues	$ 33,264
Regional Manager	1,667
Campaign Manager	-
Acquisition	979
Meetings & Activities	6,959
Member Protector Policies	1,473
Spokesman	3,408
Regional, District and State Meetings	853
Insurance	1,750
Ag & Community Support	2,596
County Scholarships	1,000
Promotion & Education	1,437
Young Members	334
[illegible]	17,400
[illegible]	-
Other	-
	$ 73,120

2010 Jackson County Farm Bureau

Executive Oficers	Name & Addresses	Spouse	Phone	Cell Ph. #
President	Skott Gent, 1616 Bunker Hill Rd Monmouth	Christine	673-7311	590-9232
Vice President	Scott Hingtgen, 30206 Bellevue Cascade, Bell.	Jessica	872-3419	542-3419
Secretary	Kevin Cornelius, 15423 317th Ave , Bellevue	Glenda	672-3489	no
Treasurer	Paul Gerlach, 12556 Caves Rd , Maquoketa	Sandra	652-3016	249-5392
Voting Delegate	Mike McLaughlin, 9161 Esgate Rd , Maquoketa	Shelley	652-5117	542-7458
Township Directors				
Bellevue	Ron E Kilburg, 14737 435th Ave , Bellevue	Lori	689-6349	212-3940
Brandon	Dave Burmahl, 15276 50th Ave , Baldwin	Angie	652-6254	319-480-3188
Butler	Jeff Lynch, 5571 234th St, Bernard	Hillary	879-4169	212-3744
Fairfield	James Johnson, 101 300th Ave, Maquoketa			357-0051
Farmers Creek	Tim Kammeyer, 14481 162nd St , Maquoketa	Rose Ann	652-6134	357-4817
Iowa	Chris Matthiesen, 4468 115th St	Tosha	687-2449	357-8303
Jackson	Mark C Miller, 15672 123rd Ave., Maquoketa	Juli	652-6587	590-6845
Maquoketa	Kendall Frost, 414 Jones Ave, Maquoketa	Julie	652-5876	212-0934
Monmouth	Khristian Becker, 2129 Hwy 136, Delmar	Kristi	652-3348	212-1256
Otter Creek	Dave Martin, 22318 S GARRYOWEN RD	Marcia	879-3830	543-0050
Perry	John Stender, 6874 33rd St , Baldwin	Jennifer	673-6239	357-1517
Prairie Springs	Marty Kramer, 36637 308th St., Bellevue	Sharon	872-4467	542-4410
Richland				
South Fork	Blaine Bock, 14522 Hwy 64, Maquoketa	Mary	652-4775	357-3171
Tete Des Morts	Paul Carstensen, 42448 45th St, Preston	Elyse	689-6133	357-1175
Union	Mark Banowetz, 44079 161st St, Bellevue	Jodi	689-4415	
Van Buren	Ken Lane, 39415 82nd St., Sprague ville	Karen	689-4420	495-1356
Washington	Tony Portz, 14802 328th Ave	Valerie	872-4622	589-2118

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► *File a separate application for each return.*

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ► ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless *you have already been granted an automatic 3-month extension on a previously filed Form 8868.*

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ► ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (*e-file*). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization	Employer identification number
	COUNTY FARM BUREAUS IN IOWA - JACKSON CO.	42-0338220
	Number, street, and room or suite no If a P.O. box, see instructions.	
	102 S OLIVE STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	MAQUOKETA, IA 52060-3014	

Check type of return to be filed (file a separate application for each return):

☐ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☒ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of ► THE ORGANIZATION

Telephone No. ► 563-652-2456 FAX No. ► 563-652-4903

- If the organization does not have an office or place of business in the United States, check this box . . . . . ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 0626. If this is for the whole group, check this box . . . . . ► ☐. If it is for part of the group, check this box . . . . . ► ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year 2009 or
► ☐ tax year beginning _____, 20____, and ending _____, 20____.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$ N/A
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$ 0.00

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.