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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 Instructions.

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

Number and street (or P O box, if mail is not delivered to street address): 1520 S. STORY STREET

Room/suite:

City or town, state or country, and ZIP + 4: BOONE, IA 50036

D Employer identification number: 42-0680702

E Telephone number: (515) 432-1435

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 ► $ 145,062

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	31,102
	3	Membership dues and assessments		3	71,640
	4	Investment income		4	5,715
	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	16,500	
	b	Less: direct expenses other than fundraising expenses	6b	20,553	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	(4,053)
	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	5
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►		9	124,509
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	29,604
	13	Professional fees and other payments to independent contractors		13	550
	14	Occupancy, rent, utilities, and maintenance PER ATTACHED SCHEDULE		14	4,643
	15	Printing, publications, postage, and shipping		15	663
	16	Other expenses (describe ► PER ATTACHED SCHEDULE)		16	81,834
	17	**Total expenses.** Add lines 10 through 16 ►		17	117,294
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	7,215
	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	295,419
	20	Other changes in net assets or fund balances (attach explanation)		20	8,075
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ►		21	310,709

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	227,215	22	248,795
23		Land and buildings	61,516	23	57,643
24		Other assets (describe ► ACCOUNTS RECEIVABLE & PREPAID)	6,909	24	4,492
25		**Total assets**	295,640	25	310,930
26		**Total liabilities** (describe ► ACCOUNTS PAYABLE & ACCRUED EXPENSE)	221	26	221
27		**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	295,419	27	310,709

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. 1928 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. ▶ (515)432-1435
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: 5-13-10

President — Tracy Westrum, President

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instructions)
Mark A. Austin	5/7/10		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

Boone County Farm Bureau
Boone, Iowa

FORM 990EZ, PART I, LINE 14

Supplies	$ 1,706
Telephone	1,280
Equipment Rent	1,502
Depreciation	155
Repairs - Equipment	-
Total	$ 4,643

FORM 990EZ, PART I, LINE 16

Federation Dues	$ 37,611
Regional Manager	1,913
Campaign Manager	-
Acquisition	499
Meetings & Activities	13,717
Member Protector Policies	1,666
Spokesman	4,070
Regional, District and State Meetings	2,429
Insurance	1,191
Member Services - Jail Bond	-
Ag & Community Support	125
Womens Account	-
Bad Debt Expense	143
	18,470
Income Taxes	-
Other	-
	$ 81,834

FORM 990EZ, PART I, LINE 20

Equitrust Mutual Funds - Market Value @ December 31, 2008	$ 69,786
Dividends & Capital Gains Reivested During 2009	1,087
	70,873
Equitrust Mutual Funds - Market Value @ December 31, 2009	81,333
Unrealized Gain (Loss) in Market Value	10,460
Gain (Loss) on Investment in LLC	(2,385)
	$ 8,075

BOONE COUNTY FARM BUREAU DIRECTORY

515-432-1435 1-888-863-1653

EXECUTIVE COMMITTEE

President	Tracy Westrum (Konni)	69 N Ave., Stratford, 50249	838-2202 twestrum@mac.com 230-1872
V President	Ben Hollingshead (Jeanne)	641 190th St., Ogden, 50212	275-2438 benholl34@hotmail.com c 230-3695
Secretary	Arne Swanson (Chris)	2312 T Ave, Madrid, 50156	795-3419 swanson@ameslab.gov
Treasurer	Jeff Toms (Carla)	2007 205th St, Boone 50036	432-8421 c 230-0640
Voting Del.	Greg Rinehart (Polly)	703 Kale Rd, Boone, 50036	432-4480 grinehart@hughes.net 290-3925
Womens Chrs.			

DIRECTORS

1. Grant			
2. Pilot Mound			
3. Dodge	Bryon Westrum (Eileen)	399 Lilac Ln, Boone 50036	432-7087 ebwestrum@yahoo com
4. Harrison	Denise Warriner	269 U Ave, Boone 50036	433-0194 c 230-5330
5 Amaqua			
6. Yell	Duane Haglund (Linda)	768 J Ave, Boone, 50036	275-2726 c 290-5845
7. Des Moines	Brandon King (Amber)	1525 155th St. Boone, 50036	432-5894 c 230-0773
8. Jackson			
9. Beaver	Gene Doran	Box 124, Beaver, 50031	275-4291
10. Marcy			
11. Worth			
12 Colfax	Gaylord Swanson (Mary)	2257 240th St, Ames, 50014	292-3485 westamesfarms@hotmail.com 291-2669
13. Union	Jeff Huitt	163 335th St. Perry, 50220	681-0759
14. Peoples	Bret Pierce	932 310th St., Woodward 50276	438-2738 bretpierce@hotmail.com c 491-5918
15. Cass			
16. Douglas			
17. Garden	Alan Swanson (Bonnie)	12146 150th Ave, Madrid, 50156	795-3784 avswan@iastate edu c 290-2469
At Large I	Lawrence Bice	2093 H Ave, Ogden, 50212	676-2575 c 230-7050
At Large II	Kriss Haglund (Crystal)	782 Kale Rd. Boone 50036	c230-1973 haglundfarm@agristar.net
At Large III	Morey Hill (Rhonda)	2338 320th St,Madrid, 50156	685-2256 hillfarm@iowatelecom.net c 360-0055
At Large IV	Lynn Sackett (Karen)	694 310th St., Ogden, 50212	676-2016 lynn.sackett@hughes.net c 231-8539