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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 20	009 calendar year, (or tax year beginning	, 20	009, and	enaing			, 20
B Check if appli	cable Please	C Name of organization	•			D Employer	identificat	tion number
Address char	nge use IRS label or	COUNTY FARM BUREAUS	IN IOWA - CAR	ROLL	co. I	42-068	0704	
Name chang		Number and street (or P O box, if mail is			m/suite	E Telephone	number	
Initial return	type. See	408 WEST 8TH STREET				(712)	792-9	9296
Terminated	Specific	City or town, state or country, and ZIP + 4	,	l		F Group Ex		
Amended ret Application p		CARROLL, IA 51401				Number		0626
		rations and 4947(a)(1) nonexempt of	haritable truete must at	tach	G Accou			ash 🗵 Accrua
• Sectio		rations and 4947(a)(1) nonexempt of the property of the proper		lacri		(specify) ►		isii 🖾 Acciua
			<u> </u>			▶ 🗵 if the	organiza	ation is not
Website:							-	B (Form 990,
		ly one) — 🗵 501(c) (5) ◀ (insert	no.)	527	•	Z, or 990-PF		2 (. 5 555,
		ation is not a section 509(a)(3) support						\$25,000 A
K Check ►		ation is not a section 509(a)(3) supporturing its not required, but if the organization						1 \$25,000 A
		9 to determine gross receipts; if \$500,0					¢.	153,43
Part I		enses, and Changes in Net					ns for P	
				ances	1000 1110	1	15 101 1	20,10
		s, grants, and similar amounts rec		•		· · ·		28,11
I	-	evenue including government fee				2	+	
3 1	Membership dues	and assessments				. 3	-	63,24
4 1	nvestment income					4		4,71
5a (Gross amount fron	n sale of assets other than invent	ory	5a		000		
b L	_ess: cost or other	basis and sales expenses		5b	20,	200 **	_	
C (Gain-or-(loss)-from	egle of assets other than invento	ory (Subtract line 5b fro	m line 5	ia)	<u>5c</u>		(20
Revenue a c	Special events and act	rites (complete applicable parts of Schedu	ile G) If any amount is from	gaming, c	heck here	▶ □ 46 9		
e a c	Gross nevenue (no		of contributions					
ے اچ				6a	17.	260		
	eported on line 1)	ses other than fundraising expen	· · · · · · · -	6b		551		
		1051						(2,29
		s) from special events and activit	• • • • • • • • • • • • • • • • • • •		oa)		 	(2,23
		entity, less returns and allowance		7a		<i>i</i>		
	_es s-cost-of-good		<u> </u>	7b				
c (Gross profit or (los	s) from sales of inventory (Subtra	act line 7b from line 7a))		<u>7c</u>	ļ	
8 (Other revenue (de	scribe►	<u></u>) <u>8</u>		
9_1	Total revenue. Ac	ld lines 1, 2, 3, 4, 5c, 6c, 7c, and	8 <u>.</u> .		·	. ▶ 9		113,67
10 (Grants and similar	amounts paid (attach schedule)				10		
11 E	Benefits paid to or	for members				11		
	•	npensation, and employee benef				12		15,49
2 13 F	•	and other payments to independe				13		65
ස <u>ි</u> 14 (Occupancy rent i	utilities, and maintenance PER.	ATTACHED SCHEDU			14		4,77
× ' ' '		ns, postage, and shipping				· · ·		1,25
_ 10 1	Other expenses (s	lescribe PER ATTACHED S	CHEDIILE					79,89
								102,06
40 7	rotar expenses. A	Add lines 10 through 16 . for the year (Subtract line 17 fror	n lino (1)		• •			11,61
<u>နှာ</u> 18							+	TT 601
		d balances at beginning of year					-	202 00
۶ ا		reported on prior year's return)					+	283,98
호 20 (net assets or fund balances (attac						13,00
<u> </u>	Net assets or fund	balances at end of year. Combir	ne lines 18 through 20		<u> </u>	. ▶ 21		308,59
Part II	Balance Shee	ts. If Total assets on line 25, colu		or mor				
		(See the instructions for Part II	.)			ginning of year) End of year
22 Cas	h, savings, and in	vestments				183,262		210,96
						97,27		101,69
		e► ACCOUNTS RECEIVABLE				4,653		2,11
	al assets					285,192		314,77
		ribe ► ACCOUNTS PAYABLE		NSE 1		1,210		6,17
		alances (line 27 of column (B) m				283,982		308,59

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

Form 990-EZ (2009)

Par	III Statement of Program Service Accom	plishments (See the instr	uctions for Part II	l.)		Expenses	
<i>N</i> ha	t is the organization's primary exempt purpose?	PROVIDE CURRENT AG	INFORMATION			ired for section)(3) and 501(c)(4)	
	escribe what was achieved in carrying out the organization's exempt purposes. In a clear and concise						
	ner, describe the services provided, the number of program title.	of persons benefited, and of	ther relevant inforr	nation for		izations and section a)(1)trusts; optional	
	PROVIDED INFORMATION TO MEMBER	S ON CURRENT ACRI	CIII.TIIRAI. IS	SIIES	10, 00	1010 /	
20	THROUGH NEWSLETTERS, MEETINGS,						
	BENEFITTED IN 2009						
		t ıncludes foreign grants, che			28a		
29			-		200		
25							
	(Grants \$) If this amoun	t includes foreign grants, che	 ock here	▶ □	29a	l	
30							
30							
	(Grants \$) If this amoun	t includes foreign grants, che			30a		
31	Other program services (attach schedule)						
٠.		t includes foreign grants, che	eck here	. ▶ 🗆	31a		
32	Total program service expenses (add lines 28a			▶	32		
Pari	List of Officers, Directors, Trustees, and Ke	y Employees. List each one ev	ven if not compensa	ted. (See the i	nstruc	tions for Part IV.)	
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit		(e) Expense account and	
	(a) Name and address	devoted to position	enter -0)	deferred comper		other allowances	
SEE	SCHEDULE ATTACHED	VARIOUS	0	N	ONE	NONE_	
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Part,	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		
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		_ _
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.	34		$\hat{}$
а	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	
ь	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		
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		. 1	
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		.	
þ	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	ا ا	.]	NT /
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		N/
С	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			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	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 \blacktriangleright THE ORGANIZATION Telephone no. \blacktriangleright (71)	<u>2)7</u>	<u>92-</u>	<u>929</u>
	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	-	Yes	
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Χ
	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			► ₩,
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
		ì	(1	
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
4-	Form 990-EZ	44		Χ
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	- <u></u>		
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		Χ

Part VI

Part \	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 are	section 4947(a)(1) nor 947(a)(1) nonexempt cha nd 51.	nexempt charitab aritable trusts mus	le trusts only. A t answer questio	Il section ns 46–49b	
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					
47	Did the organization engage in lobbying activitie				46 X 47 X	
47					48 X	
48	Is the organization a school as described in section		•			
49a	Did the organization make any transfers to an e				49a X 49b X	
50						
	employees) who each received more than \$100	,000 of compensation from		there is none, ente	er "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				
		7	N/A	N/A	N/A	
		7				
		-1				
			·			
	·	-1				
		-	<u> </u>		····	
		-1				
f	Total number of other employees paid over \$10	0.000	NONE			
•	Total number of other employees paid over who	<u> </u>	110112	!		
51	Complete this table for the organization's five \$100,000 of compensation from the organization (a) Name and address of each independent contractor	on If there is none, enter "N	lone."		(c) Compensation	
NONE						
			N/A		N/A	
-						
	· • · · · · · · · · · · · · · · · · · ·	- -				
						
d	Total number of other independent contractors	and receiving over \$100.0	00	<u>l.</u> .	NONE	
u	Total number of other independent contractors of	each receiving over \$100,0	· · · · · · · · · · · · · · · · · · ·		NONE	
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declaration					
Sign	00000	,		4		
Here	Muss skelle Courts res. May 1/10					
ICIC	Signature of officer		ſ	Date		
	L' Kuss Schelle Count	y Tresident				
	Type or print name and title	1				
ם הו	Preparer's	Date	Check if	Preparer's identifying num	ber (See instructions)	
Paid Brance	signature /	5/4	self- employed ▶ □	485-92-2	2775	
Prepare	Firm's name (or A CARDINED THOMSEN D.C. ISIN 12-1186					
Use On	IV I VOURS IT SEIT-EMPLOYED).	- · ·		<u> </u>		
	I address and ZIP+4 / IUDDD NEW YORK	(AVE. URBANDALĒ. 1	IA 50322 I⊅⊾	one no ▶ 515-2	70-1446	
Mav th	address, and ZIP + 4 10555 NEW YORK e IRS discuss this return with the preparer show		IA 50322 Ph		70-1446 Yes □ No	

Carroll County Farm Bureau Carroll, Iowa

FORM 990EZ, PART I, LINE 14

Supplies Telephone Equipment Rent Depreciation	\$ 599 984 1,248 1,947
Repairs - Equipment	-
Total	\$ 4,778
FORM 990EZ, PART I, LINE 16	
Federation Dues	\$ 37,989
Regional Manager	1,910
Campaign Manager	-
Acquisition	818
Meetings & Activities	6,964
Member Protector Policies	1,682
Spokesman	4,212
Regional, District and State Meetings	1,520
Insurance	985
Ag & Community Support	11,250
Member Services	-
Per 990-T	12,037
Income Taxes	484
Other	 45
	 79,896
FORM COOFE BARTA ARE CO	
FORM 990EZ, PART I, LINE 20	
Corporate Bonds - Market Value @ 12/31/08	\$ 95,008
Corporate Bonds Purchased During 2009	-
Corporate Bonds Converted During 2009 (Cost)	(20,200)
- · · · · ·	74,808
Corporate Bonds - Market Value @ 12/31/09	87,808
Unrealized Gain (Loss) in Market Value	13,000

Carroll County Farm Bureau Board of Directors 2009-2010

President - Russ Schelle V.President - Ryan Harms Treasurer - Rick Schultes Secretary - Mark Licht V.Delegate - Randy Kernen	Lisa Andrea Roz Melea Sherry	10326 Granite Ave., Breda 216 E. 18th St.,Carroll 21254 330th St.,Templeton 22039 170TH St.,Carroll 31391 250th St.,Glidden	51430 51401 51463 51401 51443	712-673-2593 712-790-7379 712-792-1352 712-792-3085 712-659-3062
<u>DIRECTORS</u>				
Arcadia - Open				
Eden - Rick Schultes	Ros	21254 330th. St., Templeton	51463	712-683-5618
Ewoldt -Glen Eickman	Donna	15345 330th St.,Manning	51455	712-653-2075
Glidden - Randy Kernen	Sherry	31391 250th St.,Glidden	51443	712-659-3062
Grant- Mark licht	Melea	22039 170th St.,Carroll	51401	712-790-7233
Jasper -				
Kniest - Russ Schelle	Lisa	10326 Granite Ave., Breda	51430	712-673-2593
Maple River - Larry Wittry		426 W. 18th St.,Carroll	51401	712-792-2828
Newton - Open				
Plsnt Valley - Joyce Brincks	Greg	23813 Olympic Ave.,Carroll	51401	712-792-8559
Richland - Randy Kernen	Sherry	31391 250th. St., Glidden	51443	712-659-3062
Roselle - Luverne Steffes		24806 Ivy Ave., Carroll	51401	712-658-2245
Sheridan - Brian Hoffman		23486 110th St.,Carroll	51401	712-673-2513
Union -				
Washington -Mike Sibbel	Julie	26168 Falcon Ave.,Manning	51455	712-658-2684
Wheatland - Jason Nieland		13312 Eagle Ave.,Breda	51436	712-673-2266
At Large - Jesse Irlbeck	Jodi	17813 Eagle Ave.,Arcadia	51430	712-689-2296
At Large – Esta Raasch	Dean	26675 Kittyhawk Ave.,Carroll	51401	712-669-3315
At Large- Merle Witt	Diane	14645 Concord Ave., Arcadia	51430	712-689-2233
At Large-Larry Wittry		426 W. 18th St., Carroll	51401	712-792-2828