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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

COUNTY FARM BUREAUS IN IOWA - JEFFERSON CO.

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

Room/suite

106 N. 28TH STREET, P.O. BOX 813

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

FAIRFIELD, IA 52556

D Employer identification number

42-0681390

E Telephone number

(641) 472-2128

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 ▶ \$ 112,859**Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	20,100
2	Program service revenue including government fees and contracts	2	24,792
3	Membership dues and assessments	3	62,730
4	Investment income	4	5,232
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	
b	Less: direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0
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	112,859
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	16,869
13	Professional fees and other payments to independent contractors	13	565
14	Occupancy, rent, utilities, and maintenance PER ATTACHED SCHEDULE	14	11,823
15	Printing, publications, postage, and shipping	15	1,013
16	Other expenses (describe ▶ PER ATTACHED SCHEDULE)	16	70,182
17	Total expenses. Add lines 10 through 16	17	100,452
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	12,407
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	241,508
20	Other changes in net assets or fund balances (attach explanation)	20	30,905
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	284,820

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.

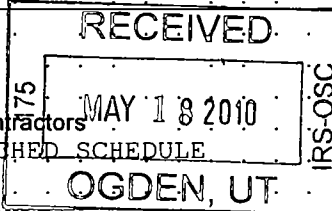
(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	238,490	22 283,684
23 Land and buildings	1,497	23 1,238
24 Other assets (describe ▶ ACCOUNTS RECEIVABLE & PREPAID)	1,970	24 2,662
25 Total assets	241,957	25 287,584
26 Total liabilities (describe ▶ ACCOUNTS PAYABLE & ACCRUED EXPENSE)	449	26 2,764
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	241,508	27 284,820

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

Form **990-EZ** (2009)

SCANNED JUL 07 2010



GS 1A

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. 1415 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	

[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. ▶ (641) 472-2128		
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 ▶ ☒ 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: Jeremy Atwood Date: 5/10/10
Type or print name and title: Jeremy Atwood President

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 5/7/10 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. EIN: 42-1186197
10555 NEW YORK AVE, URBANDALE, IA 50322 Phone no: 515-270-1446

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

**Jefferson County Farm Bureau
Fairfield, Iowa**

FORM 990EZ, PART I, LINE 14

Supplies	\$ 1,459
Telephone	1,242
Rent & Utilities	8,220
Equipment Rent	600
Depreciation	259
Repairs - Equipment	43
Total	<u>\$ 11,823</u>

FORM 990EZ, PART I, LINE 16

Federation Dues	\$ 29,316
Regional Manager	1,383
Campaign Manager	832
Acquisition	701
Meetings & Activities	13,870
Member Protector Policies	1,298
Spokesman	2,802
Regional, District and State Meetings	502
Insurance	3,951
Farm Bureau Advertising	-
Ag & Community Support	3,427
Per 990-T	11,854
Income Taxes	13
Other	233
	<u>\$ 70,182</u>

FORM 990EZ, PART I, LINE 20

Marketable Equity Securities - Market Value @ December 31, 2008	\$ 130,905
Marketable Equity Securities Purchased During 2009	11,669
Marketable Equity Securities Sold During 2009 (Basis)	
Marketable Equity Securities - Dividends & Capital Gains During 2009	2,838
	145,412
Marketable Equity Securities - Market Value @ December 31, 2009	176,317
Unrealized Gain (Loss) on Marketable Equity Securities	<u>\$ 30,905</u>

2009-2010 JFFERSON COUNTY FARM BUREAU BOARD OF DIRECTORS
PH #s 641-472-2128//877-533-2632//FAX 641-469-5850

President (A--919-6114)

Jeremy Atwood (Angie)
1639 Packwood Rd
Fairfield, IA 52556
HOME 319-695-3734
CELL 919-2114

Secretary

Bob Mosinski (Molly)
502 E. Pierce
Fairfield IA 52556

CELL 919-0104

Vice President

JD Hollingsworth
1695 120th St
Packwood, IA 52585
CELL 919-8007

Treasurer

Jeff Engwall (Rachel)
3005 190th St.
Fairfield IA 52556
HOME 319-696-2318
CELL 919-4067

Voting Delegate

Jim Flinspach (Sharon)
1740 Hwy 1
Fairfield, IA 52556
HOME 641-472-6495
CELL 919-7635

Women's Chairman

Shirley Stanley (Leland)
2166 Greenbrier Cir.
Fairfield IA 52556
HOME 641-472-5661
CELL 919-5661

Township Directors

Blackhawk

Tony Adrian (Sara)
1323 Hwy 1
Fairfield IA 52556
Cell 641-919-1953

Buchanan

Melvin Diehl (Judy)
2636 167th
Fairfield IA 52556
HOME 641-472-6731
CELL 919-2552

Cedar

Dustin Unkrich
2392 256th St
Fairfield, IA 52556
CELL 641-919-7389

Center

James Kaska (Laura)
1769 Hwy 1
Fairfield, IA 52556
HOME 641-472-3037
CELL 919-8323

Des Moines

Tom Adam (Marni)
2773 Salina Rd
Fairfield, IA 52556
HOME 641-472-4163
CELL 919-8382

Liberty

Steve Pacha (Evelyn)
10193 Highway 1
Birmingham IA 52535
HOME 319-498-4322
CELL 641-777-0071

Lockridge

Jason Steele (Carrie)
3079 180th St
Lockridge, IA 52635
HOME 319-696-2060
CELL 919-4320

Locust Grove

Pat Hammes (Tracy)
1436 Highway 34
Batavia, IA 52533
HOME 641-662-2841
CELL 919-1814

Penn

Ron Sieren (Sheryl)
1428 Pleasant Plain RD
Fairfield, IA 52556
HOME: 319-694-3111
WORK 641-472-4136

Polk

Jim Gevock (Linda)
2414 Hwy 1
Fairfield, IA 52556
HOME 641-472-2376
CELL 641-919-5977

Round Prairie

Joseph Burgmeier (Jessica)
3033 215th St
Lockridge, IA 52635
CELL 319-931-1840

Walnut

Tony Fritz
1141 Germanville Rd
Brighton IA 52540
HOME 319-694-5213

DIRECTORS AT LARGE

Joe Ledger (Mary Ann) 1879 165th St, Fairfield, IA 52556 Home 472-4252 **CELL 919-4252**
Justin Engwall 2663 159th Blvd, Brighton IA 52540 **CELL 641-919-4068**