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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 - CERRO GORDO CO.

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

Room/suite

4050 4TH STREET SW

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

MASON CITY, IA 50401-1578

D Employer identification number

42-0685004

E Telephone number

(641) 423-5824

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 ▶ \$ 143,565**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	34,740
	3	Membership dues and assessments	3	73,220
	4	Investment income	4	2,344
	5a	Gross amount from sale of assets other than inventory	5a	1,656
	b	Less: cost or other basis and sales expenses	5b	1,606
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	50
	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	10,905
b	Less: direct expenses other than fundraising expenses	6b	17,934	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	(7,029)	
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 ▶ MEMBERSHIP ACQUISITION INCENTIVES)	8	600	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	124,025	
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	36,284
	13	Professional fees and other payments to independent contractors	13	635
	14	Occupancy, rent, utilities, and maintenance PER ATTACHED SCHEDULE	14	6,131
	15	Printing, publications, postage, and shipping	15	988
	16	Other expenses (describe ▶ PER ATTACHED SCHEDULE)	16	83,214
	17	Total expenses. Add lines 10 through 16	17	127,252
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(3,227)
	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	419,052
	20	Other changes in net assets or fund balances (attach explanation)	20	37,308
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	453,133

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	157,705	22 192,920
23 Land and buildings	266,834	23 260,865
24 Other assets (describe ▶ ACCOUNTS RECEIVABLE & PREPAID)	1,853	24 1,887
25 Total assets	426,392	25 455,672
26 Total liabilities (describe ▶ ACCOUNTS PAYABLE & ACCRUED EXPENSE)	7,340	26 2,539
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	419,052	27 453,133

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

Form **990-EZ** (2009)

SCANNED AUG 10 2010

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. 1746 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		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		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?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	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		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?		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?		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) 423-5824 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: Jennifer Cash Date: 4/14/10

Type or print name and title: Jennifer Cash, President

Paid Preparer's Use Only

Preparer's signature: Max J. Thomsen Date: 6/14/10 Check if self-employed: ☐

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

Preparer's identifying number (See instructions): 485-92-2775

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

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► **File a separate application for each return.**

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **Part I**

• 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 COUNTY FARM BUREAUS IN IOWA - CERRO GORDO CO.	Employer identification number 42-0685004
	Number, street, and room or suite no. If a P.O. box, see instructions. 4050 4TH STREET SW	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MASON CITY, IA 50401-1578	

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

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

COPY

• The books are in the care of ► **THE ORGANIZATION**

Telephone No. ► **641-423-5824**

FAX No. ► **641-423-7642**

• 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**, 20**10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 20**09** 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.

**Cerro Gordo County Farm Bureau
Mason City, Iowa**

FORM 990EZ, PART I, LINE 14

Supplies	\$ 1,139
Telephone	1,576
Equipment Rent	1,755
Depreciation	576
Repairs - Equipment	1,085
	<hr/>
Total	\$ 6,131

FORM 990EZ, PART I, LINE 16

Federation Dues	\$ 34,818
Regional Manager	1,489
Campaign Manager	-
Acquisition	422
Meetings & Activities	9,734
Member Protector Policies	1,542
Spokesman	3,879
Regional, District and State Meetings	208
Insurance	1,062
Grants & Donations	992
Scholarships	3,000
Ag Promotion & Education	5,817
Women's Activities	-
Per 990-T	20,065
Income Taxes	-
Other	186
	<hr/>
	\$ 83,214

FORM 990EZ, PART I, LINE 20

Marketable Equity Securities - Market Value @ December 31, 2008	\$ 145,936
Marketable Equity Securities Purchased During 2009	-
Marketable Equity Securities Sold During 2009 - Basis	(1,606)
Dividends & Capital Gains Reinvested During 2009	2,273
	<hr/>
	146,603
Marketable Equity Securities - Market Value @ December 31, 2009	183,911
Unrealized Gain (Loss) on Marketable Equity Securities	\$ 37,308

Cerro Gordo County Farm Bureau
Mason City, Iowa

• 2009 Board Members

Position	First	Spouse	Last Name	Address	City	Zip	Phone	Cell #
President	Fred	Chris	Lundt	2666 Thrush Ave	Rockwell	50469	515-708-	
V President	Jennife	Todd	Cash	10631 285th St	Mason City	50401	424-6660	425-7214
Secretary	Kevin		Pope	19216 Quince	Mason City	50401	420-8213	
Treasurer	Jess	Jessica	Lutz	149 Circle Terrace	Manly	50456		425-4987
Dist. Director	Charlie	Louise	Norris	10753 285th St.	Mason City	50401	424-9198	425-9198
Voting Del.	Steve		Anderegg	15494 220th St	Mason City	50401		420-6192
Reg. Mgr	Brian	Sue	Thilges	155 300th St.	Woden	50484	926-5201	425-5780
NW Quad	Lynn	Mary	Rosendahl	4185 230th St	Clear Lake	50428	357-7411	425-8226
SE Quad	Ben	Abbey	Pitzenberger	622 Elm St W	Rockwell	50469	822-4648	494-7489
NW Quad	Jim	Lisa	Barkema	13489 285th St	Mason City	50401	422-9948	430-1044
NW Quad	Chuck	Kathy	Grove	5009 12th Ave So	Clear Lake	50428	357-8095	425-8936
SE Quad	Rob	Kim	Scott	12951 Quail Ave	Mason City	50401		420-4991
At-Large	Kevin	Brenda	Sutcliffe	14820 Partridge Ave	Mason City	50401	423-8175	430-3895
SW Quad	Doug		Caffrey	549 Cerro Gordo St	Thornton	50479	998-2650	420-0959
NE Quad	Randy	Cheryl	Lutz	19272 320th St	Mason City	50401	696-3341	425-4994
At-Large	Casey	Teresa	Schlichting	14947 Killdeer Ave	Clear Lake	50428		430-3326
NE Quad	Eric	Bridget	Arthur	22456 Pheasant Ave	Mason City	50401		430-4902
Past Preside	Brad	Rachel	Meier	3916 Jonquil Ave	Swaledale	50477	995-2273	430-2868
SE Quad	Cory	Janele	Weaver	4195 Vine Ave	Dougherty	50433	794-3363	430-1283
SW Quad	Curt	Pam	Stille	4673 Jonquil	Swaledale	50477	995-2308	430-0328
NE Quad	Dave	Carolyn	Luscomb	1507 N 8th St	Clear Lake	50428	357-5457	420-2075