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## Form **990-EZ**

# **Short Form**

2010

OMB No 1545-1150

**Open to Public** Inspection

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

at the end of the year may use this form 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

Department of the Treasury Internal Revenue Service

Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I  1 Contributions, gifts, grants, and similar amounts received Program service revenue including-geveniment-fees-and-contracts 1 1 17.915 Program service revenue including-geveniment-fees-and-contracts 2 2 7.340 Membership dues and assessification of the first income	A	For th	ne 2010 calendar year, or tax year beginning , and ending					
Name change	В	7				entification number		
Number and street of P O Doc, if mail is not delivered to street address)   Room/sude   E Teleptone number	Ļ	╡	LIACKSON COUNTY FARM BURFAU	42-0338320				
Terminated Present Programment	<u> </u>	Name		ET				
Application pending MAQUOKETA   Check   South   Check   Southing Method   Cash   X Accrual   Other (specify)   Southing Method   Cash   X Accrual		Initial re	eturn					
Application perioding Method	Ļ	Termin			(56	3) 652-2456		
G Accounting Method	L	Amend	ed return City or town state or country ZIP + 4	F G	F Group Exemption			
Website: ►N/A   Natawamy status (check only one) — Sortic(3)	<u></u>	Applica	tion pending MAQUOKETA IA 52060-3014	N	umber ►	0626		
Website: ►N/A     Nature	G	Accou	nting Method	H Chec	k ▶ 🗍	if the organization is		
K Check I fithe organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000  A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.  L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets.  (Part II line 25, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ  Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)  Check if the organization used Schedule O to respond to any question in this Part I  1 Contributions, gifts, grants, and similar amounts received  2 Program service revenue including seventhe-fless-and-contracts  3 Membership dues and assessments RECEIVED  3 Membership dues and assessments RECEIVED  4 Investment income  5a Gross amount from sale of assets other than inventory (Subtract line 5b from line 5a)  5 Gross income from fundraising events  6 Gaming and fundraising events  9 Copin or (loss) from sale of assets before than inventory (Subtract line 5b from line 5a)  6 Gaming and fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)  6 Less: direct expenses from gaming and fundraising events.  6 G  Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7 Gross spends or (loss) from sales of inventory (Subtract line 7b from line 7a).  7 Gross spends or (loss) from sales of inventory (Subtract line 7b from line 7a).  8 Other revenue (describe in Schedule O)  10 Grains and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  13 Professi	1	Websi	te: ►N/A	not r		-		
A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file in eterum, be sure to file a complete return.  L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets.  (Part II, line 25, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.  Part II Revenue, Expenses, and Changes in Net Assets or Fund Balancos (see the instructions for Part I).  Check if the organization used Schedule O to respond to any question in this Part I  1. Contributions, gifts, grants, and similar amounts received.  2. Program service revenue including geverament-fees-and-contracts.  3. 65,844  4. Investment income  5a Gross amount from sale of assets other, than inventory (Subtract line 5b from line 5a).  5 Gross amount from sale of assets better than inventory (Subtract line 5b from line 5a).  5 Gaming and fundraising events.  6 Gaming and fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000).  6 Less: direct expenses from gaming and fundraising events.  6 C or Gross profit or (loss) from gaming and fundraising events.  6 C or Gross sales of inventory, less returns and allowances.  7 Ta  8 Other revenue (describe in Schedule O).  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.  10 Grants and similar amounts paid (list in Schedule O).  10 Grants and similar amounts paid (list in Schedule O).  11 Benefits paid to or for members.  12 2,8574  13 Professional fees and other payments to independent contractors.  13 5.99  14 Cocupancy, rent, utilities, and maintenance.  14 2,1285  15 Professional fees and other payments to independent contractors.  15 Printing, publications, postage, and shipping.  16 Other expenses (describe in Schedule O).  17 Total expenses. Add lines 10 through 16.  17 Total expenses. Add lines 10 through 16.  18 Excess or (deficit) for the year (Subtract li	J	Tax-exe	mpt status (check only one) —501(c)(3)	(Forn	n 990, 990	0-EZ, or 990-PF)		
A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file in eterum, be sure to file a complete return.  L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets.  (Part II, line 25, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.  Part II Revenue, Expenses, and Changes in Net Assets or Fund Balancos (see the instructions for Part I).  Check if the organization used Schedule O to respond to any question in this Part I  1. Contributions, gifts, grants, and similar amounts received.  2. Program service revenue including geverament-fees-and-contracts.  3. 65,844  4. Investment income  5a Gross amount from sale of assets other, than inventory (Subtract line 5b from line 5a).  5 Gross amount from sale of assets better than inventory (Subtract line 5b from line 5a).  5 Gaming and fundraising events.  6 Gaming and fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000).  6 Less: direct expenses from gaming and fundraising events.  6 C or Gross profit or (loss) from gaming and fundraising events.  6 C or Gross sales of inventory, less returns and allowances.  7 Ta  8 Other revenue (describe in Schedule O).  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.  10 Grants and similar amounts paid (list in Schedule O).  10 Grants and similar amounts paid (list in Schedule O).  11 Benefits paid to or for members.  12 2,8574  13 Professional fees and other payments to independent contractors.  13 5.99  14 Cocupancy, rent, utilities, and maintenance.  14 2,1285  15 Professional fees and other payments to independent contractors.  15 Printing, publications, postage, and shipping.  16 Other expenses (describe in Schedule O).  17 Total expenses. Add lines 10 through 16.  17 Total expenses. Add lines 10 through 16.  18 Excess or (deficit) for the year (Subtract li	ĸ	Check	If the organization is not a section 509(a)(3) supporting organization and its gross receipts are r	normally	not more	than \$50,000		
Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets   \$\ \text{Part II}   \text{Revenue, Expenses, and Changes in Net Assets or Fund Balances} (see the instructions for Part I)   \text{Revenue, Expenses, and Changes in Net Assets or Fund Balances} (see the instructions for Part I)   \text{Total total changes in Net Assets or Fund Balances} (see the instructions for Part I)   \text{Total changes in Net Assets or Fund Balances} (see the instructions for Part I)   \text{Total changes in Net Assets or Fund Balances} (see the instructions for Part I)   \text{Total expenses, and Changes in Net Assets or Fund Balances} (see the instructions for Part I)   \text{Total expenses, and changes in Net Assets or Fund Balances} (see the instructions for Part I)   \text{Total expenses in Changes in Net Assets or Fund Balances} (see the instructions for Part I)   \text{Total expenses for And is milar amounts received}   1		A Form						
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b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	₹ ×	а			1 11			
from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 6c    c Less: direct expenses from gaming and fundraising events. 6c   d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d   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   8 Other revenue (describe in Schedule O) 8   9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8   9 130,234   10 Grants and similar amounts paid (list in Schedule O) 10   11 Benefits paid to or for members 11   12 Salaries, other compensation, and employee benefits 12   28,574   13 Professional fees and other payments to independent contractors 13   590   14 Occupancy, rent, utilities, and maintenance 14   21,285   15 Printing, publications, postage, and shipping 15   400   16 Other expenses (describe in Schedule O) 16   17 Total expenses. Add lines 10 through 16   18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18   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   264,470   27 Other changes in net assets or fund balances (explain in Schedule O) 20   28 Net assets or fund balances at end of year. Combine lines 18 through 20   29 21 269,508	5 &	_	the state of the s					
sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events. d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances  7b Less cost of goods sold  c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule O)  9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  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)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year. Combine lines 18 through 20	)	b	- · · · · · · · · · · · · · · · · · · ·					
c Less: direct expenses from gaming and fundraising events. d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  9 130,234  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Septimal Profits and subtract lines 18 through 20 31 Septimal Profits and subtract lines 18 through 20 32 Septimal Profits and subtract lines 18 through 20 33 Septimal Profits and subtract lines 18 through 20 34 Septimal Profits and subtract lines 18 through 20 35 Septimal Profits and subtract lines 18 through 20 36 Septimal Profits and subtract lines 18 through 20 36 Septimal Profits and subtract lines 18 through 20 36 Septimal Profits and subtract lines 18 through 20 37 Septimal Profits and subtract lines 18 through 20 38 Septimal Profits and subtract lines 18 through 20 38 Septimal Profits and subtract lines 18 through 20 39 Septimal Profits and Subtract lines 18 through 20 30 Septimal Profits and Subtract lines 18 through 20 30 Septimal Profits and Subtract li	•		- · · · · · · · · · · · · · · · · · · ·					
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  9 130,234  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 590 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 19 264,470 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20  21 Net assets or fund balances at end of year. Combine lines 18 through 20		١ .						
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9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  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)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year. Combine lines 18 through 20		R						
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11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 269,509		<del></del>		<del></del>	-	100,201		
Salaries, other compensation, and employee benefits  12 28,574  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  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)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  22 269,509			· · · · · · · · · · · · · · · · · · ·					
13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 269,509	Š		· · · · · · · · · · · · · · · · · · ·		12	28,574		
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 269,509	nse	13			13	590		
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 269,509	De	14	Occupancy, rent, utilities, and maintenance		-	21,285		
17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  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)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  17 125,195  18 5,039  19 264,470  20 21 269,509	Щ					400		
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 25 269,509		1	·			74,346		
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)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  22 269,509				<u> </u>	+ +	125,195		
21 Net assets of faile balances at the of year. Combine sines to through 20 . 20,000	ম	18			18	5,039		
21 Net assets of faile balances at the of year. Combine sines to through 20 . 21 21	Sel	19		h				
21 Net assets of faile balances at the of year. Combine lines to through 20 . 20,000	Vet As:				<del></del>	264,470		
21 Net assets of faile balances at the of year. Combine lines to through 20 . 20,000		20				200 500		
		<u> </u>			1 27			

Par	Balance Sheets. (see the instructions fo Check if the organization used Schedule O to	•	this Part II				<b>X</b>
		Trooperia to arry quotion in	1 1113 1 211 11	(A) Regint	ning of year	<u> </u>	(B) End of year
22	Cash, savings, and investments			(A) Degilii	47,261	22	58,141
23	Land and buildings				216,115		209,274
24	Other assets (describe in Schedule O)				1,094	24	2,094
25	Total assets		[		264,470	25	269,509
26	Total liabilities (describe in Schedule O)					26	
27				<u> </u>	264,470	27	269,509
Pa	rt III Statement of Program Service Acco	•			<i>'</i> — '	(Dear	Expenses lired for section
	Check if the organization used Schedu				<u>"                                    </u>		)(3) and 501(c)(4)
	it is the organization's primary exempt purpose?					organ	izations and section
	ribe what was achieved in carrying out the organization's				scribe	for oth	a)(1) trusts, optional ners)
	ervices provided, the number of persons benefited, and AN ORGANIZATION DEDICATED TO HELPING				IEIR		
	QUALITY OF LIFE. PROVIDED INFORMATION				<u>"="``</u>		
	NEWSLETTERS, MEETINGS, ETC 1,659 MEM						
	(Grants \$ ) If this amou				<b>▶</b> □	28a	
29	· · · · · · · · · · · · · · · · · · ·						
	(Grants \$ ) If this amou	nt includes foreign grants, o	check here			29a	
30							
		nt includes foreign grants, o	check here		<b>P</b> []	30a	
	Other program services (describe in Schedule O)				·		
	·	nt includes foreign grants, o		· · · ·		31a	<u></u>
	Total program service expenses. (add lines 28a				<b>&gt;</b>	32	0
Pa	rt IV List of Officers, Directors, Trustees, and			-	sated (see	the ins	tructions for Part IV)
	Check if the organization used Schedule C						· · ·
	(a) Name and address	(b) Title and average hours per week	(c) Compe		<ul><li>(d) Contribution</li><li>employee benefit</li></ul>		(e) Expense account and
		devoted to position	enter -		deferred comper		other allowances
	TT GENT	Title PRESIDENT					
	BUNKER HILL RD MONMOUTH IA 52309	Hr/WK 2.5	0	0			
	TT HINGTGEN	Title VICE PRESIDENT					
	06 BELLEVUE CASCADE BELLEVUE IA 52031	Hr/WK 2.5	0	0			
	IN CORNELIUS	Title SECRETARY	_				
	23 317TH AVE BELLEVUE IA 52031	Hr/WK 2.5	0	<del></del> 9	<del>-</del>		
	L GERLACH	Title TREASURER					
	56 CAVES RD MAQUOKETA IA 52060 I KILBURG	Hr/WK 2.5 Title VOTING DELEGATI		0			
	37 435TH AVE BELLEVUE IA 52031	Hr/WK 2.5	1	0			
	OTT SCHECKEL	Title DIRECTOR					
	31 386TH AVE BELLEVUE IA 52031	Hr/WK 15	$^{h}$	o			
	E BURMAHL	Title DIRECTOR	<del>1</del>			-	
		1 1110 011 1201 011	l l				
1527	·	Hrwk 15	ומ	o			
	76 50TH AVE BALDWIN IA 52207	Hr/WK 1.5	0	0		· <u>-</u>	
JEF	76 50TH AVE BALDWIN IA 52207 F LYNCH	Title DIRECTOR					
JEF! 5571	76 50TH AVE BALDWIN IA 52207			0			
JEFI 557 JAM	76 50TH AVE BALDWIN IA 52207 F LYNCH I 234TH ST BERNARD IA 52032	Title DIRECTOR Hr/WK 1 5	0				
JEF 5571 JAM 101	76 50TH AVE BALDWIN IA 52207 F LYNCH I 234TH ST BERNARD IA 52032 ES JOHNSON	Title DIRECTOR Hr/WK 1 5 Title DIRECTOR	0	0			
JEFI 5571 JAM 101 TIM	76 50TH AVE BALDWIN IA 52207 F LYNCH I 234TH ST BERNARD IA 52032 ES JOHNSON 300TH AVE MAQUOKETA IA 52060	Title DIRECTOR  Hr/WK 1.5  Title DIRECTOR  Hr/WK 1.5	0	0			
JEF1 5571 JAM 101 TIM 1448 CHF	76 50TH AVE BALDWIN IA 52207 F LYNCH I 234TH ST BERNARD IA 52032 ES JOHNSON 300TH AVE MAQUOKETA IA 52060 KAMMEYER 31 162ND ST MAQUOKETA IA 52060	Title DIRECTOR  Hr/WK 1.5  Title DIRECTOR  Hr/WK 1.5  Title DIRECTOR	0	0			
JEF1 5571 JAM 101 TIM 1448 CHF	76 50TH AVE BALDWIN IA 52207 F LYNCH I 234TH ST BERNARD IA 52032 ES JOHNSON 300TH AVE MAQUOKETA IA 52060 KAMMEYER 31 162ND ST MAQUOKETA IA 52060	Title DIRECTOR           Hr/WK         1.5           Title DIRECTOR           Hr/WK         1.5           Title DIRECTOR           Hr/WK         1.5           Title DIRECTOR           Hr/WK         1.5	0	0			
JEF1 5571 JAM 101 TIM 1448 CHF 4468 MAF	76 50TH AVE BALDWIN IA 52207 F LYNCH I 234TH ST BERNARD IA 52032 ES JOHNSON 300TH AVE MAQUOKETA IA 52060 KAMMEYER B1 162ND ST MAQUOKETA IA 52060 EIS MATTHIESEN B 115TH ST CLINTON IA 52732 EK MILLER	Title DIRECTOR           Hr/WK         1.5           Title DIRECTOR           Hr/WK         1.5           Title DIRECTOR           Hr/WK         1.5           Title DIRECTOR           Hr/WK         1.5           Title DIRECTOR	0	0			
JEFI 5571 JAM 101 TIM 1448 CHF 4468 MAF 1567	76 50TH AVE BALDWIN IA 52207 F LYNCH I 234TH ST BERNARD IA 52032 ES JOHNSON 300TH AVE MAQUOKETA IA 52060 KAMMEYER 31 162ND ST MAQUOKETA IA 52060 RIS MATTHIESEN B 115TH ST CLINTON IA 52732 RK MILLER 72 123RD AVE MAQUOKETA IA 52060	Title DIRECTOR           Hr/WK         1.5	0	0			
JEF! 557 JAM 101 TIM 1448 CHF 4468 MAF 1567 KEN	76 50TH AVE BALDWIN IA 52207 F LYNCH I 234TH ST BERNARD IA 52032 ES JOHNSON 300TH AVE MAQUOKETA IA 52060 KAMMEYER B1 162ND ST MAQUOKETA IA 52060 BIS MATTHIESEN B 115TH ST CLINTON IA 52732 BK MILLER F72 123RD AVE MAQUOKETA IA 52060 DALL FROST	Title DIRECTOR           Hr/WK         1.5           Title DIRECTOR	0	0 0 0			
JEF! 557 JAM 101 TIM 1448 CHF 4468 MAF 1567 KEN	76 50TH AVE BALDWIN IA 52207 F LYNCH I 234TH ST BERNARD IA 52032 ES JOHNSON 300TH AVE MAQUOKETA IA 52060 KAMMEYER 31 162ND ST MAQUOKETA IA 52060 RIS MATTHIESEN B 115TH ST CLINTON IA 52732 RK MILLER 72 123RD AVE MAQUOKETA IA 52060	Title DIRECTOR           Hr/WK         1.5	0	0 0			Form <b>990-EZ</b> (2010)

rai	Check if the organization used Schedule O to respond to any question in this Part V			_
	The state of the s	<u>.</u>	Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed		163	140
	description of each activity in Schedule O	33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	İ		ŀ
	change on Schedule O (see instructions)	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but	,		1
	not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T	4 4	177 3	12.5
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4),			
h	501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?  If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?	35a	X	<u> </u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	35b	_^_	
•	during the year? If "Yes," complete applicable parts of Schedule N	36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a	3	# 18 F	- 2.1%
	Did the organization file Form 1120-POL for this year?	37b	Della   12200	x
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	- (" )	*	1.3
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			J.
	Initiation fees and capital contributions included on line 9		2 16	30
	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:			9
<b>h</b>	section 4911 ►			
D	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	# +305E		100
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40ь		
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	1		2
	reimbursed by the organization			0
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	<b>1</b>	Tags.	
	transaction? If "Yes," complete Form 8886-T	40e		<u> </u>
41	List the states with which a copy of this return is filed. ► IA			
42 a	The organization's books are in care of ► THE ORGANIZATION Telephone no. ►	(563) 6	52-24	56
	Located at ► 102 S OLIVE STREET City MAQUOKETA ST IA ZIP + 4 ► 52	060-301	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	No
	account)?	42b	<del>-                                    </del>	<u>X</u>
	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	<b>2</b> 1.3	; `\	
	and Financial Accounts.	5		(5 - 2) (-
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	3,1 1	A. a. X
	If "Yes," enter the name of the foreign country:		1	
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			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	.		٠
_	completed instead of Form 990-EZ	44a		<u> X</u>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	-	ž.	· , .
_	completed instead of Form 990-EZ.  Did the organization receive any payments for indoor tanning services during the year?	44b 44c		X
d C	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	446		<del>. ^</del>
u	explanation in Schedule O	44d		Х
	Opportunition in Contractio C		90-F7	

Form 9	90-EZ (2010) JACKSON COUNTY FARM B	UREAU					42-03382	20	Page 4
				•				Yes	No
45	Is any related organization a controlled entity of t	the organization wi	thin the me	aning	of section 51	2(b)(13)?	45		Х
а	Did the organization receive any payment from o	r engage in any tra	insaction w	ith a c	ontrolled ent	ity within the	100		
	meaning of section 512(b)(13)? If "Yes," Form 99	90 and Schedule R	may need	to be o	completed in	stead of			
	Form 990-EZ		•				45a		X
46	Did the organization engage, directly or indirectly	, in political campa	aign activitie	es on b	ehalf of or II	opposition		Maria.	法证
	to candidates for public office? If "Yes," complete		-				46	14 m and Makes	X
<b>Part</b>	VI Section 501(c)(3) organizations and	section 4947(a)	(1) nonex	empt	charitable	trusts only. A	Il section	 1	
	501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47								
	and 52, and complete the tables for lines 50 and 51								
	Check if the organization used Schedu	lle O to respond t	o any que	stion i	n this Part \	<b>√I</b>			
								Yes	No
47	Did the organization engage in lobbying activities	s? If "Yes." comple	te Schedule	e C. Pa	art II.		47		140
48	Is the organization a school as described in secti	•				E .	48		
49 a	Did the organization make any transfers to an exc			•			49a		
b	If "Yes," was the related organization a section 52			Ū			49b		
50	Complete this table for the organization's five high	hest compensated	employees	s (othe	r than office	s, directors, trus	tees and	key	
	employees) who each received more than \$100,0						r "None "		
	(a) Name and address of each employee paid more	(b) Title and av hours per w		(c) C	ompensation	<ul><li>(d) Contributions to employee benefit plans</li></ul>		) Expens	
	than \$100,000	devoted to po				deferred compensation		r allowar	
Name	None Str	Title							
City	ST ZIP	Hr/WK	00			<del></del>			
Name	Str	Title							
City		Hr/WK	00			· · · · · · · · · · · · · · · · · · ·			
Name		Title							
City		Hr/WK	00						
Name		Title	00						
City		Hr/WK					-		
Name City	•	Title Hr/WK	00						
	Total number of other employees paid over \$100,	<del></del>	<u> </u>			····			
51	Complete this table for the organization's five high		independe	nt con	tractors who	each received n	nore than	1	
	\$100,000 of compensation from the organization	·	•			040111000110411	nore trial		
	(a) Name and address of each independent contractor				( <b>b</b> ) Typ	e of service	(c) Con	npensati	on
Name	None Str								
City	ST	ZIP							
Name	Str								
City	ST	ZIP							
Name	Str								
City	ST	ZIP			<del> </del>				
Name	Str								
City		ZIP			<del></del>				
Name									
City	ST Total number of other independent contractors ea	ZIP	\$100,000			1			
52 52	Did the organization complete Schedule A? <b>Note</b>	•		ations	and 4947/a	(1)			
	nonexempt charitable trusts must attach a comple	` '	(O) Organiz	.0110113	and 4347 (a)	(1)	► □ va	s X	No
	penalties of perjury, I declare that I have examined this		· ·	chodule	e and statem	ente and to the he			
and be	lief, it is true, correct, and complete Declaration of prep	parer (other than offic	er) is based	on all in	iformation of v	vhich preparer has	any know	ledge	ye 
	N		•						
Sign	Signatural officer	. 1	١	1 /	2201	Date			
Here	I NAME TO NOT IN MASSIVE TO	Sk	ott Ger	it 1	resolant	7/6/11			
	Type or print name and title		<u>- 11                                  </u>	<del> , -1</del>		<del>'''</del>			
n_::		er's signature	Date		Check if	PTIN			
Paid	MAX STUDER , M	loxd. Truger of	6/3	/2011	self- employed	X P0127256	6		
Prepa	rers Firm's name MAY N STUDER CP					Firm's EIN ▶			
Use O	Firm's address PO BOX 1463, JOHN					Phone no (515	5) 238-17	66	
May tl	lay the IRS discuss this return with the preparer shown above? See instructions ▶ X Yes No								

### SCHEDULE O

(Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

42-0338220

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

JACKSON COUNTY FARM BUREAU

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Employer identification number

JACKSON COUNTY FARM BUREAU		<u>   42-03362</u>	20
EODM 000 E7 DADT LLINE 16 OTHER EVENISES: \$74.246			
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: \$74,346 SUPPLIES	596		
0011 1120	000		
TELEPHONE	1277		
,			
EQUIPMENT RENT & MAINTENANCE	1128		
OCONCOLATION .	4204		
DEPRECIATION	1391		
FEDERATION DUES	34,566		
,			
REGIONAL & CAMPAIGN MANAGER	2,157		
,			
ACQUISITION	869		
MEETINGS & ACTIVITIES	7,510		
WEETINGS GASTITUES	,,,,,,		
MEMBER PROTECTOR POLICY	1,531		
,			
SPOKESMAN	3,417		
REGIONAL, DISTRICT, STATE MEETINGS & CONFERENCES	628		
NEGIONAL, BIOTHIOT, OTHER MEETINGS & CONTENENCES	020		
INSURANCE	1,186	•••••	
,			
SCHOLARHIPS	1,000		
AG & COMMUNITY SUPPORT	3,671		
AG & COMMUNITY SUFFORT	3,071		
PER 990-T	13,419		
INCOME TAXES	0		
OTHER			
OTHER	0		
	74,346		
FORM 990-EZ, PART I, LINE 20, OTHER CHANGES IN NET ASSET			
UNREALIZED GAIN (LOSS) ON MARKETABLE SECURITIES	0		
ACCOUNTS RECEIVABLE & PREPAIDS BEG OF YEAR	1,094	END OF YEAR	2,094
FORM 990-EZ, PART II, LINE 26, LIABILITIES  ACCOUNTS PAYABLE AND RESERVES BEG OF YEAR		END OF YEAR	 0
ACCOUNTS FATABLE AND NEGLINES BES OF TEAK	· ·	END OF TEAR	· ·
······			

Part IV (990-EZ) - List of Officers, D	irectors, Truste	es, an	d Key Employe	es Page 1	of 1 of Part IV	
	Title and averag			Contributions to	Expense	
Name and address	hours per week		Compensation	emp benefit plans &	account and	
	devoted to position	on		deferred compensation	other allowances	
KHRISTIAN BECKER						
2129 HWY 136	Title DIRECTOR					
DELMAR IA 52037	Hr/WK	1 50	0	0	0	
DAVE MARTIN						
22318 S GARRYOWEN RD	Title DIRECTOR	ĺ				
BERNARD IA 52032	Hr/WK	1 50	o	0	0	
JOHN STENDER				×		
6874 33RD ST	Title DIRECTOR				•	
BALDWIN IA 52207	Hr/WK	1.50	0	0	•	
	HITANK	1.50			0	
MARTY KRAMER	0.0550700					
36637 308TH ST	Title DIRECTOR					
BELLEVUE IA 52031	Hr/WK	1 50	0	0	0	
MIKE MCLAUGHLIN		1				
9161 ESGATE RD	Title DIRECTOR					
MAQUOKETA IA 52060	Hr/WK	1 50	0	0	0	
BLAINE BOCK						
14522 HWY 64	Title DIRECTOR					
MAQUOKETA IA 52060	] Hr/WK	1.50	0	0	0	
PAUL CARSTENSEN						
42448 45TH ST	Title DIRECTOR					
PRESTON IA 52069	Hr/WK	1 50	0:	0	0	
MARK BANOWETZ	THIVVI	1 30			<u> </u>	
44079 161ST ST	Title DIRECTOR					
	1	4.50	6			
BELLEVUE IA 52069	Hr/WK	1.50	0	0	0	
KEN LANE						
39415 82ND ST	Title DIRECTOR				_	
SPRAGUEVILLE IA 52074	Hr/WK	1 50	0	0	0	
TONY PORTZ						
14802 328TH AVE	Title DIRECTOR					
BELLEVUE IA 52031	Hr/WK	1 50		0	0	
	Title					
	Hr/WK	00	0	0	0	
	Title					
	1 Hr/WK	00	ol	o	0	
				_		
	Title					
	Hr/WK	00	o	o	0	
	THIVAN	- 00				
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	Title				_	
	Hr/WK	00	0	0	0	
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	Title					
	Hr/WK	00	0	0	0	
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	Title					
	Hr/WK	00	0	0	0	
	Title					
	Hr/WK	00	ol	ol	0	
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