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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

- 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.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning , and ending

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
JEFFERSON COUNTY FARM BUREAU
 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 ZIP + 4
FAIRFIELD IA 52556

D Employer identification number
42-0681390

E Telephone number
(641) 472-2128

F Group Exemption Number ► **0626**

G Accounting Method: ☐ Cash ☒ Accrual Other (specify) ►

I Website: ► **N/A**

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 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 \$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 (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ **107,867**

Part I 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 ☒

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	18,260	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2	20,806	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)
3	Membership dues and assessments	3	64,575	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4	4,226	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a			
5b	Less: cost or other basis and sales expenses	5b			
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0		
6	Gaming and fundraising events				
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
6b	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)	6b			
6c	Less: direct expenses from gaming and fundraising events	6c			
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0		
7a	Gross sales of inventory, less returns and allowances	7a			
7b	Less: cost of goods sold	7b			
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0		
8	Other revenue (describe in Schedule O)	8			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	107,867		
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	21,384		
13	Professional fees and other payments to independent contractors	13	605		
14	Occupancy, rent, utilities, and maintenance	14	8,580		
15	Printing, publications, postage, and shipping	15	532		
16	Other expenses (describe in Schedule O)	16	70,113		
17	Total expenses. Add lines 10 through 16	17	101,214		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,653		
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	284,820		
20	Other changes in net assets or fund balances (explain in Schedule O)	20	21,148		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	312,621		

For Paperwork Reduction Act Notice, see the separate instructions.
(HTA)

Form **990-EZ** (2010)

65 9

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Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	283,684	22 309,562
23 Land and buildings	1,238	23 979
24 Other assets (describe in Schedule O)	2,662	24 2,978
25 Total assets	287,584	25 313,519
26 Total liabilities (describe in Schedule O)	2,764	26 898
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	284,820	27 312,621

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☐**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

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

28 AN ORGANIZATION DEDICATED TO HELPING FARM FAMILIES PROSPER AND IMPROVE THEIR QUALITY OF LIFE. PROVIDED INFORMATION ON AGRICULTURAL ISSUES THROUGH NEWSLETTERS, MEETINGS, ETC. 1,437 MEMBERS WERE BENEFITTED IN 2010. (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 (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ☐	31a	
32 Total program service expenses. (add lines 28a through 31a)	32	0

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this 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
JEREMY ATWOOD 1639 PACKWOOD RD FAIRFIELD IA 52556	Title PRESIDENT Hr/WK 2.50	0		
JD HOLLINGSWORTH 502 E PIERCE FAIRFIELD IA 52556	Title VICE PRESIDENT Hr/WK 2.50	0		
BOB MOSINSKI 1695 120TH ST PACKWOOD IA 52585	Title SECRETARY Hr/WK 2.50	0		
JEFF ENGWALL 3005 190TH ST FAIRFIELD IA 52556	Title TREASURER Hr/WK 2.50	0		
JIM FLINSPACH 1740 HWY 1 FAIRFIELD IA 52556	Title VOTING DELEGATE Hr/WK 2.50	0		
SHIRLEY STANLEY 2166 GREENBRIER CIR FAIRFIELD IA 52556	Title WOMENS CHAIR Hr/WK 2.50	0		
TONY ADRIAN 1323 HWY 1 FAIRFIELD IA 52556	Title DIRECTOR Hr/WK 1.50	0		
MELVIN DIEHL 2636 167TH FAIRFIELD IA 52556	Title DIRECTOR Hr/WK 1.50	0		
DUSTIN UNKRICH 2392 256TH ST FAIRFIELD IA 52556	Title DIRECTOR Hr/WK 1.50	0		
JAMES KASKA 1769 HWY 1 FAIRFIELD IA 52556	Title DIRECTOR Hr/WK 1.50	0		
TOM ADAM 2773 SALINA RD FAIRFIELD IA 52556	Title DIRECTOR Hr/WK 1.50	0		
STEVE PACHA 10193 HWY 1 BIRMINGHAM IA 52535	Title DIRECTOR Hr/WK 1.50	0		
JASON STEELE 3079 180TH ST LOCKRIDGE IA 52635	Title DIRECTOR Hr/WK 1.50	0		

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.		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 change on Schedule O (see instructions).		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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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 (see instructions)?	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
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a		
b Did the organization file Form 1120-POL for this year?		X
38 a 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 tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 40a ; section 4912 40b ; section 4955 40c		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		
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 40c		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d		
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. 41		
42 a The organization's books are in care of 42a THE ORGANIZATION Telephone no 42a (641) 472-2128		
Located at 42b 106 N. 28TH STREET, P.O. BC City FAIRFIELD ST IA ZIP + 4 42b 52556		
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: 42c		
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: 42d		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here 43		
and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b		X
c Did the organization receive any payments for indoor tanning services during the year? 44c		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d		X

- 45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- a** Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ.
- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

	Yes	No
45		X
45a		X
46		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 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.
- 48** Is the organization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E.
- 49 a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization a section 527 organization?
- 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."

	Yes	No
47		
48		
49a		
49b		

(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
Name None	Title			
City ST ZIP	Hr/WK 00			
Name	Title			
City ST ZIP	Hr/WK 00			
Name	Title			
City ST ZIP	Hr/WK 00			
Name	Title			
City ST ZIP	Hr/WK 00			
Name	Title			
City ST ZIP	Hr/WK 00			

f Total number of other employees paid over \$100,000 **►**

- 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
Name None		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		

d Total number of other independent contractors each receiving over \$100,000 **►**

- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

► ☐ Yes ☒ No

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** *6/27/11*

Type or print name and title *Jeremy Atwood President*

Paid Preparer's Use Only

Print/Type preparer's name MAX STUDER	Preparer's signature <i>Max Studer</i>	Date 6/6/2011	Check if self-employed ☒	PTIN P01272566
Firm's name MAX N STUDER CPA	Firm's EIN 51-5111111		Phone no (515) 238-1766	
Firm's address PO BOX 1463, JOHNSTON, IA 50131				

May the IRS discuss this return with the preparer shown above? See instructions.

► ☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

Employer identification number

JEFFERSON COUNTY FARM BUREAU

42-0681390

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: \$70,113

SUPPLIES	1378
TELEPHONE	1122
EQUIPMENT RENT & MAINTENANCE	600
DEPRECIATION	259
FEDERATION DUES	30,135
REGIONAL & CAMPAIGN MANAGER	2,745
ACQUISITION	288
MEETINGS & ACTIVITIES	16,240
MEMBER PROTECTOR POLICY	1,335
SPOKESMAN	2,672
REGIONAL, DISTRICT, STATE MEETINGS & CONFERENCES	1,096
INSURANCE	817
SCHOLARSHIPS	0
AG & COMMUNITY SUPPORT	2,378
PER 990-T	8,290
INCOME TAXES	514
OTHER	244
	<u>70,113</u>

FORM 990-EZ, PART I, LINE 20, OTHER CHANGES IN NET ASSETS

UNREALIZED GAIN (LOSS) ON MARKETABLE SECURITIES 21,148

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS

ACCOUNTS RECEIVABLE & PREPAIDS BEG OF YEAR 2,662 END OF YEAR 2,978

FORM 990-EZ, PART II, LINE 26, LIABILITIES

ACCOUNTS PAYABLE AND RESERVES BEG OF YEAR 2,764 END OF YEAR 898

Page 1 of 1 of Part IV

[illegible]

**Federal
Tax Return
for
JEFFERSON COUNTY FARM BUREAU
2010**

**MAX N STUDER CPA
PO BOX 1463
JOHNSTON, IA 50131
Phone: (515) 238-1766
Fax: (515) 270-1902
maxs@studercpa.com**