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Return of Organization Exempt From Income Tax

2012

Department of the Treasury
Internal Revenue ServiceUnder 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.

Open to Public
Inspection

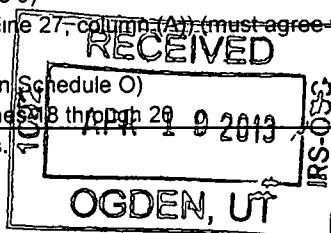
A For the 2012 calendar year, or tax year beginning	, and ending		
B Check if applicable	C Name of organization		
Address change	BLACK HAWK COUNTY FARM BUREAU		
Name change	Number and street (or P O box, if mail is not delivered to street address)		
Initial return	Room/suite		
Terminated	3315 WEST 4TH STREET		
Amended return	City or town	state or country	
Application pending	WATERLOO	ZIP + 4 IA 50701	
D Employer identification number		42-0142423	
E Telephone number		(319) 234-2747	
F Group Exemption Number ►		0626	
G Accounting Method	<input type="checkbox"/> Cash	<input checked="" type="checkbox"/> Accrual	Other (specify) ►
I Website:	► N/A		
J Tax-exempt status (check only one) —	<input type="checkbox"/> 501(c)(3)	<input checked="" type="checkbox"/> 501(c) (5)	◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 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			H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
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			► \$ 177,513

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	1 Contributions, gifts, grants, and similar amounts received	1 15,000
		2 Program service revenue including government fees and contracts	2
		3 Membership dues and assessments	3 92,785
		4 Investment income	4 59,499
		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 Gaming and fundraising events	6
		a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
		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)	6b
		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 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 in Schedule O)	8 10,229
		9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 177,513
	Expenses	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 31,051
		13 Professional fees and other payments to independent contractors	13 670
		14 Occupancy, rent, utilities, and maintenance	14 11,773
		15 Printing, publications, postage, and shipping	15 1,401
		16 Other expenses (describe in Schedule O)	16 102,343
		17 Total expenses. Add lines 10 through 16	17 147,238
	Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 30,275
		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)	19 452,022
		20 Other changes in net assets or fund balances (explain in Schedule O)	20
		21 Net assets or fund balances at end of year (Combine lines 18 through 20)	21 482,297

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

P5.8
33

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	329,334	22 364,887
23 Land and buildings	121,838	23 117,551
24 Other assets (describe in Schedule O)	1,654	24 4,407
25 Total assets	452,826	25 486,845
26 Total liabilities (describe in Schedule O)	804	26 4,548
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	452,022	27 482,297

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 What is the organization's primary exempt purpose? **PROVIDE CURRENT AG INFORMATION**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses

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

28 AN ORGANIZATION DEDICATED TO HELPING FARM FAMILIES PROSPER AND IMPROVE THEIR QUALITY OF LIFE PROVIDED INFORMATION ON AGRICULTURAL ISSUES THROUGH NEWSLETTERS, MEETINGS, ETC 2,608 MEMBERS WERE BENEFITTED IN 2012

(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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
LEN ORTH				
PRESIDENT	Hr/WK 2 50	0		
DUSTIN SAGE				
VICE PRESIDENT	Hr/WK 2 50	0		
SOO GREIMAN				
SECRETARY	Hr/WK 2 50	0		
BRAD JESSE				
TREASURER	Hr/WK 2 50	0		
ERIC SAGE				
VOTING DELEGATE	Hr/WK 2 50	0		
JIM BARZ				
DIRECTOR	Hr/WK 1 50	0		
EDDIE ENTZ				
DIRECTOR	Hr/WK 1 50	0		
ERNIE SAGE				
DIRECTOR	Hr/WK 1 50	0		
VIRGINIA SAGE				
WOMENS CHAIR	Hr/WK 2 50	0		
RON PULLIN				
DIRECTOR	Hr/WK 1 50	0		
ALLEN SAGE				
DIRECTOR	Hr/WK 1 50	0		
CRAIG SAGE				
DIRECTOR	Hr/WK 1 50	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed 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 change on Schedule O (see instructions) 34 X

35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a X
 b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b X
 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c 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

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? 37b 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? 38a 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 ► _____ ; section 4912 ► _____, section 4955 ► _____ 40b
 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 40c
 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 40d
 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40e X
 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 40f

41 List the states with which a copy of this return is filed ► IA 41

42 a The organization's books are in care of ► THE ORGANIZATION Telephone no ► (319) 234-2747
 Located at ► 3315 WEST 4TH ST City WATERLOO ST IA ZIP + 4 ► 50701 42b X
 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)? 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. 42c X

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

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 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X
 b 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 (see instructions) 45b X

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

46	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

47	<input type="checkbox"/>
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48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48	<input type="checkbox"/>
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49 a Did the organization make any transfers to an exempt non-charitable related organization?

49a	<input type="checkbox"/>
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b If "Yes," was the related organization a section 527 organization?

49b	<input type="checkbox"/>
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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 title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	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	Str	
City	ST	ZIP
Name	Str	
City	ST	ZIP
Name	Str	
City	ST	ZIP
Name	Str	
City	ST	ZIP
Name	Str	
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	► <i>Max N. Studer</i>	<i>4/10/13</i>
	Signature of officer	Date
	► <i>Sue J. Greiman Secretary</i>	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	MAX STUDER	<i>Max N. Studer CPA</i>	3/3/2013		P01272566
	Firm's name ► MAX N STUDER CPA				Firm's EIN ► 27-5346832
	Firm's address ► PO BOX 1463, JOHNSTON, IA 50131				Phone no (515) 238-1766

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

► Yes No

Department of the Treasury
Internal Revenue Service

Name of the organization

BLACK HAWK COUNTY FARM BUREAU

Employer identification number

42-0142423

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.

Form 990-EZ, Part I, Line 8, Other Revenue Expense Recoveries 10,229

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 2,559

Form 990-EZ, Part I, Line 16, Other Expenses Depreciation 4,286

Form 990-EZ, Part I, Line 16, Other Expenses Equipment rental and maintenance 4,703

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 3,223

Form 990-EZ, Part I, Line 16, Other Expenses Telephone 6,227

Form 990-EZ, Part I, Line 16, Other Expenses Federation Dues 55,671

Form 990-EZ, Part I, Line 16, Other Expenses Management Expense 2,651

Form 990-EZ, Part I, Line 16, Other Expenses Advertising & Public Relations 2,270

Form 990-EZ, Part I, Line 16, Other Expenses Dues & Subscriptions 4,723

Form 990-EZ, Part I, Line 16, Other Expenses Insurance 1,270

Form 990-EZ, Part I, Line 16, Other Expenses Program Services 2,695

Form 990-EZ, Part I, Line 16, Other Expenses Board of Director Expense 861

Form 990-EZ, Part I, Line 16, Other Expenses Womens Committee 622

Form 990-EZ, Part I, Line 16, Other Expenses Ag & Community Support 10,570

Form 990-EZ, Part I, Line 16, Other Expenses Other 12

Form 990-EZ, Part II, Line 24, Other Assets Accounts Receivable Beginning of year 1,654

End of year 3,907

Form 990-EZ, Part II, Line 24, Other Assets Prepaid Expense Beginning of year 0, End of

year 500

Form 990-EZ, Part II, Line 26, Liabilities Accounts Payable Beginning of year 0, End of

year 4,548

Form 990-EZ, Part II, Line 26, Liabilities Income Tax Payable Beginning of year 804, End of

year 0