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

OMB No 1545-1150

2012**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 2012 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
JACKSON COUNTY FARM BUREAU
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
102 S OLIVE STREET
 City or town state or country ZIP + 4
MAQUOKETA IA 52060-3014

D Employer identification number
42-0338220

E Telephone number
(563) 652-2456

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 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.

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. ▶ \$ **132,519**

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	15,000	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2		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	74,465	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4	36,500	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			
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				
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	6,554		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	132,519		
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	32,333		
13	Professional fees and other payments to independent contractors	13	610		
14	Occupancy, rent, utilities, and maintenance	14	10,825		
15	Printing, publications, postage, and shipping	15	558		
16	Other expenses (describe in Schedule O)	16	71,998		
17	Total expenses. Add lines 10 through 16	17	116,324		

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

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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	67,782	22	90,988
23 Land and buildings	210,904	23	204,250
24 Other assets (describe in Schedule O)	931	24	2,389
25 Total assets	279,617	25	297,627
26 Total liabilities (describe in Schedule O)		26	1,815
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	279,617	27	295,812

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 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.

28	AN ORGANIZATION DEDICATED TO HELPING FARM FAMILIES PROSPER AND IMPROVE THEIR QUALITY OF LIFE. PROVIDED INFORMATION ON AGRICULTURAL ISSUES THROUGH NEWSLETTERS, MEETINGS, ETC. 1,670 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
SCOTT HINGTGEN PRESIDENT	Hr/WK 2.50	0		
TONY PORTZ VICE PRESIDENT	Hr/WK 2.50	0		
KEVIN CORNELIUS SECRETARY	Hr/WK 2.50	0		
PAUL GERLACH TREASURER	Hr/WK 2.50	0		
RON KILBURG VOTING DELEGATE	Hr/WK 2.50	0		
SCOTT SCHECKEL DIRECTOR	Hr/WK 1.50	0		
DAVE BURMAHL DIRECTOR	Hr/WK 1.50	0		
JEFF LYNCH DIRECTOR	Hr/WK 1.50	0		
JAMES JOHNSON DIRECTOR	Hr/WK 1.50	0		
TIM KAMMEYER DIRECTOR	Hr/WK 1.50	0		
MARK BANOWETZ DIRECTOR	Hr/WK 1.50	0		
KEN LANE 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 ☐

	Yes	No
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		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 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)?		X
35 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		X
35 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		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		
37 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
38 b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations. Enter		
39 a Initiation fees and capital contributions included on line 9		
39 b 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: section 4911 40a ; section 4912 40a ; section 4955 40a		
40 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		
40 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		
40 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
40 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		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 (563) 652-2456		
Located at 42a 102 S OLIVE STREET City MAQUOKETA ST IA ZIP + 4 42a 52060-3014		
42 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 42b		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
42 c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country. 42c		X
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 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		X
44 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		X
44 c Did the organization receive any payments for indoor tanning services during the year?		X
44 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		X
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45 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)		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.

	Yes	No
46		X

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.
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? 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		X
49b		X

(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		
City		
Name		
City		
Name		
City		
Name		
City		
Name		
City		

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	Date			
	<i>Scott Hingtgen</i>	4-27-13			
Paid Preparer Use Only	Type or print name and title	Preparer's signature	Date	Check ☒ if self-employed	PTIN
	MAX STUDER	<i>Max Studer CPA</i>	4/27/2013		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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

**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

JACKSON COUNTY FARM BUREAU

42-0338220

Form 990-EZ, Part I, Line 8, Other Revenue. Expense Recoveries 6,554

Form 990-EZ, Part I, Line 16, Other Expenses Travel 686

Form 990-EZ, Part I, Line 16, Other Expenses. Conferences, conventions, and meetings 4,669

Form 990-EZ, Part I, Line 16, Other Expenses Depreciation: 6,654

Form 990-EZ, Part I, Line 16, Other Expenses Equipment rental and maintenance: 2,820

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 831

Form 990-EZ, Part I, Line 16, Other Expenses Telephone: 3,975

Form 990-EZ, Part I, Line 16, Other Expenses: Federation Dues 34,776

Form 990-EZ, Part I, Line 16, Other Expenses: Management Expense 1,656

Form 990-EZ, Part I, Line 16, Other Expenses Advertising & Public Relations: 4,848

Form 990-EZ, Part I, Line 16, Other Expenses Dues & Subscriptions 3,993

Form 990-EZ, Part I, Line 16, Other Expenses Insurance: 1,047

Form 990-EZ, Part I, Line 16, Other Expenses Program Services 1,807

Form 990-EZ, Part I, Line 16, Other Expenses: Young Farmer Activities: 292

Form 990-EZ, Part I, Line 16, Other Expenses Board of Director Expense: 933

Form 990-EZ, Part I, Line 16, Other Expenses Ag & Community Support 2,844

Form 990-EZ, Part I, Line 16, Other Expenses Miscellaneous 167

Form 990-EZ, Part II, Line 24, Other Assets Accounts Receivable. Beginning of year 931, End

of year 2,389

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

year 1,815

Page 1 of 1 of Part IV

Employer Identification number

42-0338220

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