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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, 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.*

OMB No 1545-1150

2012

Open to Public Inspection

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
BOONE COUNTY FARM BUREAU

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
1520 S STORY STREET

City or town | state or country | ZIP + 4
BOONE | IA | 50036

D Employer identification number
42-0680702

E Telephone number
(515) 432-1435

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 ▶ $ 172,771

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	74,240
	4	Investment income		4	43,418
	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	40,113
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	172,771
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	54,490
	13	Professional fees and other payments to independent contractors		13	620
	14	Occupancy, rent, utilities, and maintenance		14	18,956
	15	Printing, publications, postage, and shipping		15	1,033
	16	Other expenses (describe in Schedule O)		16	85,940
	17	**Total expenses.** Add lines 10 through 16 ▶		17	161,039
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	11,732
	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	324,172
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	7,884
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	343,788

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 X

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	268,359	22	295,452
23	Land and buildings	49,958	23	46,116
24	Other assets (describe in Schedule O)	7,364	24	4,595
25	**Total assets**	325,681	25	346,163
26	**Total liabilities** (describe in Schedule O)	1,509	26	2,375
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	324,172	27	343,788

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 1,839 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
BRANDON KING VICE-PRESIDENT	Hr/Wk 2 50	0		
BEN HOLLINGSHEAD PRESIDENT	Hr/Wk 2.50	0		
ARNE SWANSON DIRECTOR	Hr/Wk 1 50	0		
JEFF TOMS TREASURER	Hr/Wk 2 50	0		
LYNN SACKETT VOTING DELEGATE	Hr/Wk 2 50	0		
BRYON WESTRUM DIRECTOR	Hr/Wk 1 50	0		
BRETT HEINEMAN DIRECTOR	Hr/Wk 1 50	0		
DUANE HAGLUND DIRECTOR	Hr/Wk 1 50	0		
JEFF WESTRUM DIRECTOR	Hr/Wk 1 50	0		
GENE DORAN DIRECTOR	Hr/Wk 1 50	0		
RAY HANSEN DIRECTOR	Hr/Wk 1 50	0		
BRET PIERCE SECRETARY	Hr/Wk 2 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	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 ▶			
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	40b		
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 ▶			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶			
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. ▶ IA

42 a The organization's books are in care of ▶ THE ORGANIZATION Telephone no. ▶ (515) 432-1435

Located at ▶ 1520 S STORY STREET City BOONE ST IA ZIP + 4 ▶ 50036

			Yes	No
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.**	42b		X
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

			Yes	No
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
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)	45b		X

		Yes	No
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		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 ☐

			Yes	No
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		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and 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

Signature of officer Max N Studer Date 4-22-13

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
MAX STUDER	Max N. Studer CPA	4/10/2013		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)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization	Employer identification number
BOONE COUNTY FARM BUREAU	42-0680702

Form 990-EZ, Part I, Line 8, Other Revenue Expense Recoveries 40,113

Form 990-EZ, Part I, Line 16, Other Expenses Travel 290

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings: 7,109

Form 990-EZ, Part I, Line 16, Other Expenses Depreciation 3,842

Form 990-EZ, Part I, Line 16, Other Expenses Equipment rental and maintenance 5,939

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 1,074

Form 990-EZ, Part I, Line 16, Other Expenses: Telephone 5,646

Form 990-EZ, Part I, Line 16, Other Expenses Federation Dues 38,955

Form 990-EZ, Part I, Line 16, Other Expenses Management Expense 1,856

Form 990-EZ, Part I, Line 16, Other Expenses Advertising & Public Relations: 2,779

Form 990-EZ, Part I, Line 16, Other Expenses Dues & Subscriptions: 4,616

Form 990-EZ, Part I, Line 16, Other Expenses Insurance: 1,055

Form 990-EZ, Part I, Line 16, Other Expenses. Program Services 3,948

Form 990-EZ, Part I, Line 16, Other Expenses Young Farmer Activities: 220

Form 990-EZ, Part I, Line 16, Other Expenses Board of Director Expense 3,793

Form 990-EZ, Part I, Line 16, Other Expenses Ag & Community Support: 4,783

Form 990-EZ, Part I, Line 16, Other Expenses Miscellaneous 35

Form 990-EZ, Part I, Line 20, Net Assets: Unrealized Gain on Marketable Equity Securities 7,884

Form 990-EZ, Part II, Line 24, Other Assets Accounts Receivable Beginning of year 7,364, End of year 4,595

Form 990-EZ, Part II, Line 26, Liabilities: Accounts Payable Beginning of year 1,288, End of year 2,038

Form 990-EZ, Part II, Line 26, Liabilities Payroll Liabilities Beginning of year: 0, End of year 116

Form 990-EZ, Part II, Line 26, Liabilities Special Reserves. Beginning of year 221, End of

Name of the organization	Employer identification number
BOONE COUNTY FARM BUREAU	42-0680702

year 221

Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees

Name of Organization	Employer identification number
BOONE COUNTY FARM BUREAU	42-0680702

Name and title	Average hours per week devoted to position	Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	Health benefits contributions to employee benefit plans, and deferred compensation	Estimated amount of other compensation
ALAN SWANSON DIRECTOR	Hr/WK 1 50	0	0	0
LAWRENCE BICE DIRECTOR	Hr/WK 1 50	0	0	0
KRISS HAGLUND DIRECTOR	Hr/WK 1 50	0	0	0
GREG RINEHART DIRECTOR	Hr/WK 1 50	0	0	0
SCOTT PIERCE DIRECTOR	Hr/WK 1 50	0	0	0
STEVE PIERCE DIRECTOR	Hr/WK 1 50	0	0	0
JUSTIN CROCHECK DIRECTOR	Hr/WK 1 50	0	0	0
SCOTT SMITH DIRECTOR	Hr/WK 1 50	0	0	0
COREY DOERDER DIRECTOR	Hr/WK 1 50	0	0	0
ERIC CROSMAN DIRECTOR	Hr/WK 1 50	0	0	0
MOREY HILL DIRECTOR	Hr/WK 1 50	0	0	0
KELI MEIER DIRECTOR	Hr/WK 1.50	0	0	0
TRACY WESTRUM DIRECTOR	Hr/WK 1 50	0	0	0
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			