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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income TaxUnder 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
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 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. \$ 114,193

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 ☒

	1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	Contributions, gifts, grants, and similar amounts received	15,000																										
	2 Program service revenue including government fees and contracts																											
	3 Membership dues and assessments		65,385																									
	4 Investment income		20,025																									
	5a Gross amount from sale of assets other than inventory																											
	b Less cost or other basis and sales expenses																											
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																											
	6 Gaming and fundraising events																											
	a Gross income from gaming (attach Schedule G if greater than \$15,000)																											
	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)																											
	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															114,193												
Expenses	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															104,417												
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)															9,776												
	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)															306,550												
	20 Other changes in net assets or fund balances (explain in Schedule O)															20,848												
	21 Net assets or fund balances at end of year. Combine lines 18 through 20															337,174												

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

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SCANNED SEP 25 2013

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	304,501	22 337,933
23 Land and buildings	721	23 462
24 Other assets (describe in Schedule O)	2,353	24 2,837
25 Total assets	307,575	25 341,232
26 Total liabilities (describe in Schedule O)	1,025	26 4,058
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	306,550	27 337,174

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. 1,414 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
JD HOLLINGSWORTH PRESIDENT	Hr/WK 2 50	0		
SARA ADRIAN VICE PRESIDENT	Hr/WK 2 50	0		
BOB MOSINSKI SECRETARY	Hr/WK 2 50	0		
JEFF ENGWALL TREASURER	Hr/WK 2 50	0		
JOE LEDGER VOTING DELEGATE	Hr/WK 2 50	0		
SHIRLEY STANLEY WOMENS CHAIR	Hr/WK 2 50	0		
TONY ADRIAN DIRECTOR	Hr/WK 1 50	0		
MELVIN DIEHL DIRECTOR	Hr/WK 1 50	0		
KYLE CLINGAN DIRECTOR	Hr/WK 1.50	0		
TONY FRITZ DIRECTOR	Hr/WK 1 50	0		
JEREMY ATWOOD DIRECTOR	Hr/WK 1 50	0		
STEVE PACHA 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
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		
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	
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 (641) 472-2128		
Located at 106 N 28TH STREET P.O. BC City FAIRFIELD ST IA ZIP + 4 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)? 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	
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	
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

- 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

	Yes	No
47		

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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- 49 a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
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- b If "Yes," was the related organization a section 527 organization?

49b		X
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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		
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

Date

J. B. Hollingsworth

9-3-13

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 A. Studer CPA

8/15/2013

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

Employer identification number

42-0681390

[illegible]

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Employer identification number

JEFFERSON COUNTY FARM BUREAU

42-0681390

Form 990-EZ, Part I, Line 8, Other Revenue: Expense Recoveries 13,783

Form 990-EZ, Part I, Line 16, Other Expenses: Travel 304

Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings 7,368

Form 990-EZ, Part I, Line 16, Other Expenses: Depreciation 259

Form 990-EZ, Part I, Line 16, Other Expenses: Equipment rental and maintenance 1,550

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies 4,762

Form 990-EZ, Part I, Line 16, Other Expenses: Telephone 3,654

Form 990-EZ, Part I, Line 16, Other Expenses: Federation Dues 30,513

Form 990-EZ, Part I, Line 16, Other Expenses: Management Expense 1,453

Form 990-EZ, Part I, Line 16, Other Expenses: Advertising & Public Relations 1,623

Form 990-EZ, Part I, Line 16, Other Expenses: Dues & Subscriptions 2,703

Form 990-EZ, Part I, Line 16, Other Expenses: Insurance 889

Form 990-EZ, Part I, Line 16, Other Expenses: Program Services 3,385

Form 990-EZ, Part I, Line 16, Other Expenses: Young Farmer Activities 345

Form 990-EZ, Part I, Line 16, Other Expenses: Board of Director Expense 2,641

Form 990-EZ, Part I, Line 16, Other Expenses: Ag & Community Support 2,766

Form 990-EZ, Part I, Line 16, Other Expenses: Miscellaneous 168

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

20,848

Form 990-EZ, Part II, Line 24, Other Assets: Accounts Receivable: Beginning of year 2,353

End of year 2,837

Form 990-EZ, Part II, Line 26, Liabilities: Accounts Payable: Beginning of year 180, End of

year 4,058

Form 990-EZ, Part II, Line 26, Liabilities: Income Taxes Payable: Beginning of year 845, End

of year 0