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

OMB No 1545-1150

2013**Open to Public Inspection**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ **Do not enter Social Security numbers on this form as it may be made public.**▶ **Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning , and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BREMER COUNTY FARM BUREAU Number and street (or P O box, if mail is not delivered to street address) Room/suite 2018 E BREMER AVE , P O. BOX 615 City or town State ZIP code WAVERLY IA 50677 Foreign country name Foreign province/state/county Foreign postal code
D Employer identification number 42-0680736	
E Telephone number (319) 352-3667	
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 Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **198,309**

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	16,200
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	89,955
	4 Investment income	4	57,074
	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		
	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	35,080	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	198,309	
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	57,347
	13 Professional fees and other payments to independent contractors	13	665
	14 Occupancy, rent, utilities, and maintenance	14	19,351
	15 Printing, publications, postage, and shipping	15	6,329
	16 Other expenses (describe in Schedule O)	16	121,794
	17 Total expenses. Add lines 10 through 16 ▶	17	205,486
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-7,177
	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	441,709
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	28,304
	21 Net assets or fund balances at end of year Combine lines 18 through 20 ▶	21	462,836

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

SCANNED MAY 21 2014

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	286,830	22	322,073
23 Land and buildings	152,880	23	145,816
24 Other assets (describe in Schedule O)	5,889	24	5,635
25 Total assets	445,599	25	473,524
26 Total liabilities (describe in Schedule O)	3,890	26	10,688
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	441,709	27	462,836

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. 1,979 MEMBERS WERE BENEFITTED IN 2013. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29	 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	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
DENNIS SCHNADT PRESIDENT	Hr/WK 2.50	0		
LUKE SCHULDT VICE PRESIDENT	Hr/WK 2.50	0		
KATIE SCHWARTZ SECRETARY	Hr/WK 2.50	0		
ROBERT CASTERTON TREASURER	Hr/WK 2.50	0		
BRAD BUNCE VOTING DELEGATE	Hr/WK 2.50	0		
STEVE REYNOLDS DIRECTOR	Hr/WK 1.50	0		
BOB BREMNER DIRECTOR	Hr/WK 1.50	0		
VIRGIL PRIES DIRECTOR	Hr/WK 1.50	0		
WARREN SCHWAKE DIRECTOR	Hr/WK 1.50	0		
BRIAN POTTEBAUM DIRECTOR	Hr/WK 1.50	0		
MELVIN ROTH DIRECTOR	Hr/WK 1.50	0		
MARK MUELLER 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	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	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	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	40a	
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 40c	40c	
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d	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	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 (319) 352-3667 Located at 42a 2018 E BREMER AVE, P.O. Box City WAVERLY ST IA ZIP + 4 42a 50677		
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 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	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 43	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	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	44b	X
c Did the organization receive any payments for indoor tanning services during the year? 44c	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	44d	X
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a	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	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		
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- b** If "Yes," was the related organization a section 527 organization?

49b		
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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	(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"

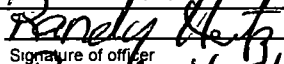
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None		
City		
Name		
City		
Name		
City		
Name		
City		
Name		
City		

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

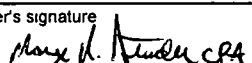
- 52** Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☐ 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  **Date** 4/29/14
Type or print name and title Randy Heitz, Regional Manager

Paid Preparer Use Only

Print/Type preparer's name: MAX STUDER
 Preparer's signature: 
 Date: 4/26/2014
 Check ☒ if self-employed
 PTIN: 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

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Employer identification number

BREMER COUNTY FARM BUREAU

42-0680736

Form 990-EZ, Part I, Line 8, Other Revenue Expense Recoveries 34,635

Form 990-EZ, Part I, Line 8, Other Revenue Other 445

Form 990-EZ, Part I, Line 16, Other Expenses Travel 217

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 2,947

Form 990-EZ, Part I, Line 16, Other Expenses Equipment rental and maintenance 2,788

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 4,083

Form 990-EZ, Part I, Line 16, Other Expenses Telephone 5,973

Form 990-EZ, Part I, Line 16, Other Expenses Depreciation 7,063

Form 990-EZ, Part I, Line 16, Other Expenses Federation Dues 41,979

Form 990-EZ, Part I, Line 16, Other Expenses Management Expense 1,999

Form 990-EZ, Part I, Line 16, Other Expenses Advertising & Public Relations 7,790

Form 990-EZ, Part I, Line 16, Other Expenses Dues & Subscriptions 4,150

Form 990-EZ, Part I, Line 16, Other Expenses Insurance 945

Form 990-EZ, Part I, Line 16, Other Expenses Program Services 3,145

Form 990-EZ, Part I, Line 16, Other Expenses Young Farmer Activities 678

Form 990-EZ, Part I, Line 16, Other Expenses Board of Director Expense 832

Form 990-EZ, Part I, Line 16, Other Expenses Ag & Community Support 18,724

Form 990-EZ, Part I, Line 16, Other Expenses Ag In The Classroom 18,441

Form 990-EZ, Part I, Line 16, Other Expenses Other 40

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

28,304

Form 990-EZ, Part II, Line 24, Other Assets Accounts Receivable Beginning of year 5,889,

End of year 5,635

Form 990-EZ, Part II, Line 26, Liabilities Accounts Payable Beginning of year 3,890, End of

year 10,688

Page 1 of 1 of Part IV

Employer identification number

42-0680736

[illegible]