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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 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.

OMB No 1545-1150

2014**Open to Public
Inspection**

A For the 2014 calendar year, or tax year beginning , and ending

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
MAHASKA COUNTY FARM BUREAU
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
214 N G STREET
 City or town State ZIP code
OSKALOOSA IA 52577
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number
42-0680726

E Telephone number
(641) 673-3478

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

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ 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. ▶ \$ **131,729**

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	16,400
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	83,120
	4	Investment income	4	32,209
	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		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. ▶	9	131,729	
Expenses	10	Grants and similar amounts paid (first in Schedule O)	10	5,000
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	28,613
	13	Professional fees and other payments to independent contractors	13	680
	14	Occupancy, rent, utilities, and maintenance	14	7,553
	15	Printing, publications, postage, and shipping	15	175
	16	Other expenses (describe in Schedule O)	16	84,037
	17	Total expenses. Add lines 10 through 16. ▶	17	126,058
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,671
	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	476,680
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-3,388
	21	Net assets or fund balances at end of year. Combine lines 18 through 20. ▶	21	478,963

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2014)

HTA

6518

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	478,655	22	479,120
23 Land and buildings	41	23	20
24 Other assets (describe in Schedule O)	971	24	2,953
25 Total assets	479,667	25	482,093
26 Total liabilities (describe in Schedule O)	2,987	26	3,130
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	476,680	27	478,963

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, 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 2,049 MEMBERS WERE BENEFITTED IN 2014.

(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
STEVE WANDERS PRESIDENT	Hr/WK 2 50	0	0	0
STACY BOENDER VICE PRESIDENT	Hr/WK 2.50	0	0	0
ROBERT VAN WYK SECRETARY	Hr/WK 2 50	0	0	0
TOM JACKSON TREASURER	Hr/WK 2 50	0	0	0
STEVE PARKER VOTING DELEGATE	Hr/WK 2 50	0	0	0
BONNIE VOS DIRECTOR	Hr/WK 1 50	0	0	0
DUANE VOS DIRECTOR	Hr/WK 1 50	0	0	0
LARRY LINSLEY DIRECTOR	Hr/WK 1 50	0	0	0
ALAN DE BRUIN DIRECTOR	Hr/WK 1 50	0	0	0
DON VOS DIRECTOR	Hr/WK 1.50	0	0	0
PETE FYNAARDT DIRECTOR	Hr/WK 1 50	0	0	0
SHERWIN PLATE DIRECTOR	Hr/WK 1 50	0	0	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		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		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?		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
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 40a ; section 4912 40b ; section 4955 40c		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 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		X
41 List the states with which a copy of this return is filed. 41a		
42 a The organization's books are in care of 42a THE ORGANIZATION Telephone no. 42b (641) 673-3478		
Located at 42c 214 N G STREET City OSKALOOSA ST IA ZIP + 4 42d 52577		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
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 43		
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		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.

	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		
49a		
49b		

- 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."

(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	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 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>Max N Studer</i>		7-9-2015	
Paid Preparer Use Only	Type or print name and title		Preparer's signature	
	MAX N STUDER		<i>Max N Studer CPA</i>	
	Firm's name MAX N STUDER CPA		Date	Check ☒ if self-employed
	Firm's address PO BOX 1463, JOHNSTON, IA 50131		6/16/2015	PTIN P01272566
		Firm's EIN	Phone no	
		27-5346832	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

MAHASKA COUNTY FARM BUREAU

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

2014

**Open to Public
Inspection**

Employer identification number

42-0680726

Form 990-EZ, Part I, Line 16, Other Expenses: Travel: 210

Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings: 3,217

Form 990-EZ, Part I, Line 16, Other Expenses: Equipment rental and maintenance: 2,786

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 1,219

Form 990-EZ, Part I, Line 16, Other Expenses: Telephone: 1,355

Form 990-EZ, Part I, Line 16, Other Expenses: Depreciation: 20

Form 990-EZ, Part I, Line 16, Other Expenses: Federation Dues: 43,638

Form 990-EZ, Part I, Line 16, Other Expenses: Management Expense: 2,078

Form 990-EZ, Part I, Line 16, Other Expenses: Advertising & Public Relations: 5,691

Form 990-EZ, Part I, Line 16, Other Expenses: Dues & Subscriptions: 4,803

Form 990-EZ, Part I, Line 16, Other Expenses: Insurance: 1,117

Form 990-EZ, Part I, Line 16, Other Expenses: Program Services: 2,870

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: 1,194

Form 990-EZ, Part I, Line 16, Other Expenses: Ag & Community Support: 2,680

Form 990-EZ, Part I, Line 16, Other Expenses: Miscellaneous: 3,180

Form 990-EZ, Part I, Line 16, Other Expenses: Ag In The Classroom: 7,759

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

-3,388

Form 990-EZ, Part II, Line 24, Other Assets: Accounts Receivable: Beginning of year: 398, End of

of year: 2,380

Form 990-EZ, Part II, Line 24, Other Assets: Security Deposit: Beginning of year: 573, End of

year: 573

Form 990-EZ, Part II, Line 26, Liabilities: Accounts Payable: Beginning of year: 2,987, End of

year: 2,854

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization

Employer identification number

MAHASKA COUNTY FARM BUREAU

42-0680726

year 276

Page 1 of 1 of Part IV

Employer identification number

42-0680726

[illegible]