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Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2015**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 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.**A For the 2015 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

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

ZIP code

BOONE

IA

50036

Foreign country name

Foreign province/state/county

Foreign postal code

D Employer identification number

42-0680702

E Telephone number

(515) 432-1435

F Group Exemption

Number ▶ 0626

Accounting Method ☐ Cash ☒ Accrual

Other (specify) ▶

Website: ▶ N/A

Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

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

▶ \$ 170,768

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	76,960
	4	Investment income	4	37,213
	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	40,195	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	170,768	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	2,500
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	57,898
	13	Professional fees and other payments to independent contractors	13	660
	14	Occupancy, rent, utilities, and maintenance	14	15,365
	15	Printing, publications, postage, and shipping	15	914
	16	Other expenses (describe in Schedule O)	16	95,118
	17	Total expenses. Add lines 10 through 16	17	172,455
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,687
	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	380,460
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-7,536
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	371,237

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2015)

HTA

98

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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

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	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	340,121	22	332,939
23 Land and buildings	39,419	23	36,746
24 Other assets (describe in Schedule O)	4,787	24	5,191
25 Total assets	384,327	25	374,876
26 Total liabilities (describe in Schedule O)	3,867	26	3,639
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	380,460	27	371,237

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, 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. 1,932 MEMBERS WERE BENEFITTED IN 2015 (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

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(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
BRET PIERCE PRESIDENT	Hr/WK 2 50	0	0	40
JEFF WESTRUM VICE PRESIDENT	Hr/WK 2 50	0	0	40
ERIC CROSMAN SECRETARY	Hr/WK 2 50	0	0	40
SCOTT SMITH TREASURER	Hr/WK 2 50	0	0	40
BEN HOLLINGSHEAD VOTING DELEGATE	Hr/WK 2 50	0	0	40
BRYON WESTRUM DIRECTOR	Hr/WK 1 50	0	0	40
BRETT HEINEMAN DIRECTOR	Hr/WK 1 50	0	0	40
DUANE HAGLUND DIRECTOR	Hr/WK 1 50	0	0	40
BRANDON KING DIRECTOR	Hr/WK 1 50	0	0	40
GENE DORAN DIRECTOR	Hr/WK 1 50	0	0	40
RAY HANSEN DIRECTOR	Hr/WK 1 50	0	0	40
JEFF TOMS DIRECTOR	Hr/WK 1 50	0	0	40

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 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 41		
42 a The organization's books are in care of 42a THE ORGANIZATION Telephone no 42a (515) 432-1435 Located at 42a 1520 S STORY STREET City 42a BOONE ST 42a IA ZIP + 4 42a 50036		
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
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		
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		
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 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 <i>Bret Pierce</i>	Date 5/11/16
	Type or print name and title Bret Pierce President	

Paid Preparer Use Only	Print/Type preparer's name MAX STUDER	Preparer's signature <i>Max N Studer CPA</i>	Date 5/6/2016	Check ☒ if self-employed	PTIN P01272566
	Firm's name MAX N STUDER CPA	Firm's EIN 27-5346832		Phone no 515-238-1766	
	Firm's address PO BOX 1463, JOHNSTON, IA 50131				

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Page 1 of 1 of Part IV

Employer identification number

42-0680702

[illegible]

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.

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

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

BOONE COUNTY FARM BUREAU

Employer identification number

42-0680702

Form 990-EZ, Part I, Line 8, Other Revenue Expense Recoveries 40,195

Form 990-EZ, Part I, Line 16, Other Expenses Travel 224

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 4,611

Form 990-EZ, Part I, Line 16, Other Expenses Equipment rental and maintenance 4,884

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 1,670

Form 990-EZ, Part I, Line 16, Other Expenses Telephone 5,822

Form 990-EZ, Part I, Line 16, Other Expenses Depreciation 2,673

Form 990-EZ, Part I, Line 16, Other Expenses Federation Dues 40,404

Form 990-EZ, Part I, Line 16, Other Expenses Management Expense 1,924

Form 990-EZ, Part I, Line 16, Other Expenses Advertising & Public Relations 3,632

Form 990-EZ, Part I, Line 16, Other Expenses Dues & Subscriptions 4,870

Form 990-EZ, Part I, Line 16, Other Expenses Insurance 967

Form 990-EZ, Part I, Line 16, Other Expenses Program Services 3,916

Form 990-EZ, Part I, Line 16, Other Expenses Young Farmer Activities 275

Form 990-EZ, Part I, Line 16, Other Expenses Board of Director Expense 6,801

Form 990-EZ, Part I, Line 16, Other Expenses Ag & Community Support 5,100

Form 990-EZ, Part I, Line 16, Other Expenses Ag In The Classroom 1,003

Form 990-EZ, Part I, Line 16, Other Expenses Membership Acquisition 6,324

Form 990-EZ, Part I, Line 16, Other Expenses Miscellaneous 18

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

-7,536

Form 990-EZ, Part II, Line 24, Other Assets Accounts Receivable Beginning of year 4,787,

End of year 5,191

Form 990-EZ, Part II, Line 26, Liabilities Accounts Payable Beginning of year 2,290, End of

year 2,003

Form 990-EZ, Part II, Line 26, Liabilities Payroll Liabilities Beginning of year 1,356, End

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

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization

Employer identification number

BOONE COUNTY FARM BUREAU

42-0680702

of year 1,415

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

year 221