

2018

Open to Public Inspection

990-EZ

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.

Go to www.irs.gov/Form990EZ for instructions and the latest information.Department of the Treasury
Internal Revenue Service

A For the 2018 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
05

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

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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 181,160**

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 ☒

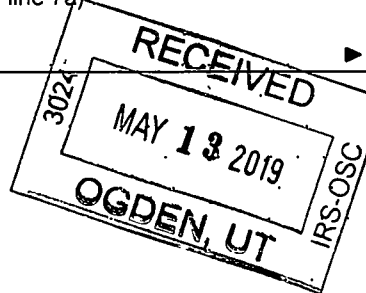
Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	24,350	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2		19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
3	Membership dues and assessments	3	73,920	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4	50,330	21	Net assets or fund balances at end of year. Combine lines 18 through 20
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				
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
6b	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			
6c	Less direct expenses from gaming and fundraising events	6c			
6d	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			
7b	Less cost of goods sold	7b			
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0		
8	Other revenue (describe in Schedule O)	8	32,560		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	181,160		
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	46,233		
13	Professional fees and other payments to independent contractors	13	675		
14	Occupancy, rent, utilities, and maintenance	14	13,688		
15	Printing, publications, postage, and shipping	15	365		
16	Other expenses (describe in Schedule O)	16	99,933		
17	Total expenses. Add lines 10 through 16	17	160,894		
		18	20,266		
		19	394,961		
		20	-23,342		
		21	391,885		

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2018)

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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	351,098	22	350,353
23 Land and buildings	40,179	23	37,831
24 Other assets (describe in Schedule O)	7,312	24	6,332
25 Total assets	398,589	25	394,516
26 Total liabilities (describe in Schedule O)	3,628	26	2,631
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	394,961	27	391,885

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. 1,842 MEMBERS WERE BENEFITTED IN 2018 (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
JEFF WESTRUM PRESIDENT	Hr/WK 2 50	0	0	40
BRETT HEINEMAN VICE PRESIDENT	Hr/WK 2 50	0	0	40
ARNE SWANSON SECRETARY	Hr/WK 2 50	0	0	40
MARC FUQUA TREASURER	Hr/WK 2 50	0	0	40
BRET PIERCE VOTING DELEGATE	Hr/WK 2 50	0	0	40
BRYON WESTRUM DIRECTOR	Hr/WK 1 50	0	0	40
BEN HOLLINGSHEAD DIRECTOR	Hr/WK 1 50	0	0	40
GREG RINEHART DIRECTOR	Hr/WK 1 50	0	0	40
GENE DORAN DIRECTOR	Hr/WK 1 50	0	0	40
ERIC CROSMAN DIRECTOR	Hr/WK 1 50	0	0	40
MOREY HILL DIRECTOR	Hr/WK 1 50	0	0	40
LYNN SACKETT 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		
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 BOONE ST 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 United States? 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		
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
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
- 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"

	Yes	No
47		
48		
49a		
49b		

(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"

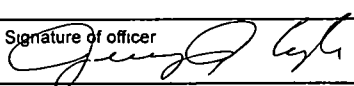
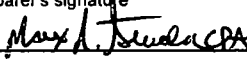
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None		
City	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	

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 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 4/30/19		
	Type or print name and title Jeremy J Coyle Regional Manager				
Paid Preparer Use Only	Pnn/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
	MAX N STUDER		4/25/2019		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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

BOONE 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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

42-0680702

Form 990-EZ, Part I, Line 8, Other Revenue Expense Recoveries 32,560

Form 990-EZ, Part I, Line 16, Other Expenses Travel 60

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 2,325

Form 990-EZ, Part I, Line 16, Other Expenses Equipment rental and maintenance 5,644

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 704

Form 990-EZ, Part I, Line 16, Other Expenses Telephone 5,515

Form 990-EZ, Part I, Line 16, Other Expenses Depreciation 2,348

Form 990-EZ, Part I, Line 16, Other Expenses Federation Dues 38,808

Form 990-EZ, Part I, Line 16, Other Expenses Management Expense 1,848

Form 990-EZ, Part I, Line 16, Other Expenses Advertising & Public Relations 3,847

Form 990-EZ, Part I, Line 16, Other Expenses Membership Acquisition 6,310

Form 990-EZ, Part I, Line 16, Other Expenses Dues & Subscriptions 4,745

Form 990-EZ, Part I, Line 16, Other Expenses Insurance 1,102

Form 990-EZ, Part I, Line 16, Other Expenses Program Services 8,830

Form 990-EZ, Part I, Line 16, Other Expenses Ag In The Classroom 2,040

Form 990-EZ, Part I, Line 16, Other Expenses Young Farmer Activities 974

Form 990-EZ, Part I, Line 16, Other Expenses Board of Director Expense 6,795

Form 990-EZ, Part I, Line 16, Other Expenses Ag & Community Support 6,190

Form 990-EZ, Part I, Line 16, Other Expenses Accounting Fees 1,848

Form 990-EZ, Part I, Line 20, Net Assets Unrealized Loss on Marketable Securities -23,342

Form 990-EZ, Part II, Line 24, Other Assets Accounts Receivable Beginning of year 6,971,

End of year 6,083

Form 990-EZ, Part II, Line 24, Other Assets Prepaid Expenses Beginning of year 341, End of

year 249

Form 990-EZ, Part II, Line 26, Liabilities Accounts Payable Beginning of year 3,628, End of

year 2,631

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

Schedule O (Form 990 or 990-EZ) (2018)

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