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Form 990EZ

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.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-1150

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020

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

C Name of organization
MADISON COUNTY FARM BUREAU

Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
PO BOX 32 115 WEST COURT

City or town, state or province, country, and ZIP or foreign postal code
WINTERSET, IA 50273

D Employer identification number
42-0680738

E Telephone number
(515) 462-2661

F Group Exemption Number
0626

G Accounting Method: ☐ Cash ☒ Accrual Other (specify) _____

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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 \$ 130,733

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 22,100

2 Program service revenue including government fees and contracts

3 Membership dues and assessments 80,775

4 Investment income 24,699

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

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

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

8 Other revenue (describe in Schedule O) 8 3,159

9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 130,733

Expenses

10 Grants and similar amounts paid (list in Schedule O) 10 25,000

11 Benefits paid to or for members 11

12 Salaries, other compensation, and employee benefits 12 35,231

13 Professional fees and other payments to independent contractors 13 750

14 Occupancy, rent, utilities, and maintenance 14 2,400

15 Printing, publications, postage, and shipping 15 220

16 Other expenses (describe in Schedule O) 16 69,117

17 Total expenses. Add lines 10 through 16 17 132,718

Net Assets

18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -1,985

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) 19 447,103

20 Other changes in net assets or fund balances (explain in Schedule O) 20 3,902

21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 449,020

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form 990-EZ (2020)

Check if the organization used Schedule O to respond to any question in this Part II ☒

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)	Expenses
	Check if the organization used Schedule O to respond to any question in this Part III <input checked="" type="checkbox"/>	(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
	What is the organization's primary exempt purpose? Schedule O	
	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.	

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.)

32 Total program service expenses (add lines 28a through 31a)

Check if the organization used Schedule O to respond to any question in this Part IV. ☐

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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	No
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	No
35a 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	No
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	
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	No
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	No
37a 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	No
38a 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	No
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	
40a 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), 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	40b	
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 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	No
41 List the states with which a copy of this return is filed. ▶ IA		
42a The organization's books are in care of ▶ <u>THE ORGANIZATION</u> Telephone no. ▶ <u>(515) 462-2661</u>		
Located at ▶ <u>PO BOX 32 115 WEST COURT WINTERSET , IA</u> ZIP + 4 ▶ <u>50273</u>		
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)?	42b	No
If "Yes," enter the name of the foreign country: ▶ _____		
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.?	42c	No
If "Yes," enter the name of the foreign country: ▶ _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
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	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b 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	No

		Yes	No
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.		No

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 ☐

		Yes	No
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		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	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
NONE				

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
NONE		

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		2021-05-24 Date		
	Tim Prunty Regional Manager Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MAX N STUDER CPA	Preparer's signature	Date 2021-06-09	Check <input type="checkbox"/> if self-employed	PTIN P01272566
	Firm's name ▶ GARDINERCOMPANY PC			Firm's EIN ▶	
	Firm's address ▶ 10555 New York Ave Des Moines, IA 50322			Phone no. (515) 270-1446	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

Additional Data

Software ID: 20011406
Software Version: 20.0.2.0
EIN: 42-0680738
Name: MADISON COUNTY FARM BUREAU

Form 990EZ, Part III - Statement of Program Service Accomplishments

<p>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.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>28 Schedule O (Grants \$)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	28a	

Form 990EZ, Part III - Statement of Program Service Accomplishments	
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<p>29 Schedule O</p> <p>(Grants \$)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>

Form 990EZ, Part III - Statement of Program Service Accomplishments		
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	30a	
30 Schedule O (Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	

Form 990EZ, 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
JEFF RIDGWAY PRESIDENT	002.50	0		45
ROBERT WITT JR VICE PRESIDENT	002.50	0		45
JODIE BEACH SECRETARY	002.50	0		45
JAMES BAUR TREASURER	002.50	0		45
JOHN LA FRATTE VOTING DELEGATE	002.50	0		45
PAT LYNCH DIRECTOR	001.50	0		45
DREW VAN LAAR DIRECTOR	001.50	0		45
JEFF KOCH DIRECTOR	001.50	0		45
DAN HANRAHAN DIRECTOR	001.50	0		45
DIANE LAIR DIRECTOR	001.50	0		45
JUSTIN SULLIVAN DIRECTOR	001.50	0		45
DWIGHT HONNOLD DIRECTOR	001.50	0		45
LARRY WILDIN DIRECTOR	001.50	0		45

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization
MADISON 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

2020

**Open to Public
Inspection**

Employer identification number

42-0680738

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 8, Other Revenue	Expense Recoveries 3,159

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part I, Line 10, Grants Paid	Activity Donation, Grantee Madison County Foundation for Environmental Education PO Box 12 9 Winterset IA 50273, Cash Grant 25,000, Relationship Donor

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Travel 20

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Conferences, conventions, and meetings 4,099

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Equipment rental and maintenance 2,919

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Supplies 687

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Telephone 3,873

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Depreciation 275

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Federation Dues 39,487

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Management Expense 1,795

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Advertising Public Relations 475

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Membership Acquisition 926

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Dues Subscriptions 3,915

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Insurance 1,242

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Program Services 1,669

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Board of Director Expense 1,185

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part I, Line 16, Other Expenses	Ag Community Support 6,550

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part I, Line 20, Net Assets	Unrealized Gain on Marketable Securities 3,902

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part II, Line 24, Other Assets	Accounts Receivable Beginning of year 2,130, End of year 2,463

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part II, Line 24, Other Assets	Notes Receivable Beginning of year 49,852, End of year 41,996

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part II, Line 26, Liabilities	Accounts Payable Beginning of year 3,495, End of year 2,255

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part III, Line 1	To create a vibrant future for agriculture, farm families their communities.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part III, Line 28	<p>Public Policy The Company is very active in their Policy Development and Policy Implementation activities. An opinionnaire is sent to approximately 266 members each year with issues dealing with local, state, and national issues. Proposed resolutions are formulated and presented at a board meeting and thoroughly debated and amended. Adopted resolutions are then supported by the voting delegate at the state policy conference. The Companys board and members then support local and state policy by contacting the representatives and lawmakers. The Company hosts Legislative forum meetings every month to stay in touch with lawmakers. The Company board members attend meetings held at the capital to support Farm Bureau policy. The Company meets National representatives to discuss national issues at a regional board meeting.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part III, Line 29	Ag Education The Company is a strong supporter of agricultural education. The Company awarded 4 scholarships that totaled 2,500. The Company continues to work with the local FFA Chapters and 4-H Clubs to promote agriculture in the community.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part III, Line 30	<p>Public Relations The company sponsors and hosts the Madison county Fair queen contest, a photo contest promoting agriculture in the pictures in five different classes with a wide variety of ages from kids to adults during the county fair. The company will give donations to the local schools for their after-prom parties to help promote safe proms. The company will buy trophies for the County Fair from the local commodity groups. The company donated Platte Books to the Winterset Firefighters Association. Donation was given to the local food pantry. We donate to 4-H clubs that clean trash along the Madison County Farm Bureaus assigned Adopt-A-Highway area and donated to the local SWCD.</p>