

Short Form Return of Organization Exempt From Income Tax

2009

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 black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning 7/1, 2009, and ending 6/30/2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions.	C Name of organization CASS COUNTY FARM BUREAU Number and street (or P O box, if mail is not delivered to street address) Room/suite 805 W MECHANIC City or town, state or country, and ZIP + 4 HARRISONVILLE, MO 64701	D Employer identification number 44-0559873 E Telephone number 816-380-4591 F Group Exemption Number . . . ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

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: ▶

J Tax-exempt status (check only one) - 501(c) (5) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$ 31,166.85

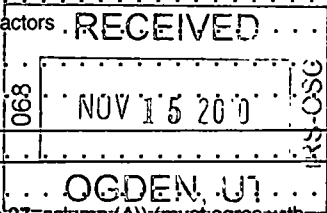
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	2,207.50
	3	Membership dues and assessments	3	13,725.71
	4	Investment income	4	15,083.64
	5 a	Gross amount from sale of assets other than inventory	5a	
	5 b	Less: cost or other basis and sales expenses	5b	
	5 c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6 a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	6 b	Less: direct expenses other than fundraising expenses	6b	
	6 c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7 a	Gross sales of inventory, less returns and allowances	7a	
	7 b	Less: cost of goods sold	7b	
	7 c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶ MEMBERSHIP CONTEST INCOME)	8	150.00
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	31,166.85
	Expenses	10	Grants and similar amounts paid (attach schedule)	10
11		Benefits paid to or for members	11	
12		Salaries, other compensation, and employee benefits	12	1,661.28
13		Professional fees and other payments to independent contractors	13	1,165.59
14		Occupancy, rent, utilities, and maintenance	14	15,116.63
15	Printing, publications, postage, and shipping	15		
16	Other expenses (describe ▶ SEE ATTACHED)	16	17,701.88	
17	Total expenses. Add lines 10 through 16 ▶	17	35,645.38	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-4,478.53
	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	8,068.35
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	3,589.82

Part II Balance Sheets. If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	38,421.68	35,940.69
23	Land and buildings	40,659.43	33,261.53
24	Other assets (describe ▶ MISC ACCTS RECEIVABLE)	185.00	185.00
25	Total assets	79,266.11	69,387.22
26	Total liabilities (describe ▶ MORTGAGE PAYABLE)	71,197.76	65,797.40
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	8,068.35	3,589.82

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118

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	X	
35b	If "Yes," has it filed a tax return on Form 990-T for this year?	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
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
37b	Did the organization file Form 1120-POL for this year?		X
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 period covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	0.00	
39	Section 501(c)(7) organizations. Enter:		
39a	Initiation fees and capital contributions included on line 9	0.00	
39b	Gross receipts, included on line 9, for public use of club facilities	0.00	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
40b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40c	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 ▶ N/A		
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ N/A		
40e	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		X
41	List the states with which a copy of this return is filed. ▶ MISSOURI		
42a	The organization's books are in care of ▶ OFFICE SECRETARY Telephone no. ▶ 816-380-4591 Located at ▶ 805 W MECHANIC; HARRISONVILLE MO ZIP + 4 ▶ 64704		
42b	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: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
42c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶		X
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 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- | | Yes | No |
|---|-----|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | |
| b If "Yes," was the related organization a section 527 organization? | 49b | |
- 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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors receiving over \$100,000 ▶ _____

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: Dennis Kurzweil Date: 11-2-10
 Type or print name and title: Dennis Kurzweil President

Paid Preparer's Use Only
 Preparer's signature: Martha Jensen Date: 10/25/10 Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: MISSOURI FARM BUREAU FEDERATION EIN:
PO BOX 888 Phone no: 573-893-1570
JEFFERSON CITY MO 65102-0658

May the IRS discuss this return with the preparer shown above? Yes No

CASS COUNTY FARM BUREAU FED ID #44-0559873
 SUPPLEMENTARY SCHEDULE FORM FORM 990EZ
 FOR YEAR ENDING JUNE 30, 2010

NAME	ADDRESS	CITY, STATE, ZIP	TITLE	HOURS	COMPENSATION
Dennis H Kurzweil	30821 SE Outer Rd	Harrisonville, MO 64701	President	Part Time	None
Diane Bollinger	24900 S Kirchner Rd	Harrisonville, MO 64701	Vice-President	Part Time	None
Sheri Kurzweil	7401 E 271st	Freeman, MO 64746	Secretary	Part Time	None
Matt Moreland	24401 E 227th St	Harrisonville, MO 64701	Treasurer	Part Time	None
Vicky Hartzler	22804 E 299th St	Harrisonville, MO 64701	Board Member	Part Time	None
Mike Moreland	23800 S. Jefferson Pkwy	Harrisonville, MO 64701	Board Member	Part Time	None
Ed Hesse	19515 S Parris Rd	Pleasant Hill, MO 64080	Board Member	Part Time	None
David Clickner	35900 E 275th St	Garden City, MO 64747	Board Member	Part Time	None
Jayne Clickner	35900 E 275th St	Garden City, MO 64747	Board Member	Part Time	None
Chuck Logue	34312 S Fields Rd	Archie, MO 64725	Board Member	Part Time	None
Gene McIntyre	39608 E State Route 2	Latour, MO 64747	Board Member	Part Time	None
Patrick Anderson	15704 E 319th St	Archie, MO 64725	Board Member	Part Time	None