

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 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 \$1,000,000 and total assets less than \$2,500,000 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.

OMB No 1545-1150

2008

Open to Public Inspection

A For 2008 calendar year, or tax year beginning **OCTOBER 01**, 2008, and ending **SEPTEMBER 30**, 20 09

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 PIERCE COUNTY FARM BUREAU	D Employer identification number 45-0368034
		No. & street (or P.O. box, if mail is not delivered to street address) Room/suite	E Telephone number (701) 776-6950
		213 SOUTH MAIN AVE City or town, state or country, and ZIP + 4 Rugby ND 58368	F Group Exemption Number . . . ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

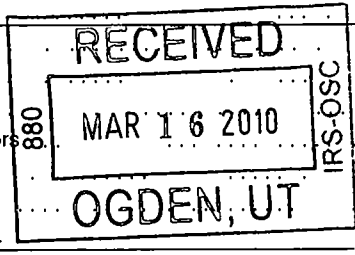
I Website: ▶ N/A
J Organization type (check only one) -- 501(c)(5) (Insert no) 4947(a)(1) or 527
G Accounting method Cash Accrual Other (specify) ▶
H Check if organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

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 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 8,439

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	
	3 Membership dues and assessments	3	7,493
	4 Investment income	4	946
	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) (attach schedule)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming , check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b Less: direct expenses other than fundraising expenses	6b		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
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 ▶ _____)	8		
9 Total revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	8,439	
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	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	1,070
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶ See attachment #1)	16	5,865
17 Total expenses. Add lines 10 through 16	17	6,935	
ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,504
	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	21,745
	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	23,249



Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

		(See instructions for Part II)		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments				21,745	22 23,249
23 Land and buildings					23
24 Other assets (describe ▶ _____)					24
25 Total assets				21,745	25 23,249
26 Total liabilities (describe ▶ _____)				0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)				21,745	27 23,249

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990. Form **990-EZ** (2008)

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

		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 but not reported to the IRS? 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 your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
36	Was there a liquidation, dissolution, termination, or substantial contraction 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	0
b	Did the organization file Form 1120-POL for this year?	37b	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 unpaid at the start of the period covered by this return?	38a	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	
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) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	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	X
41	List the states with which a copy of this return is filed	ND	
42a	The books are in care of	See attachment #4	
	Located at		
	Telephone no		
	ZIP + 4		
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	X
	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.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
	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 and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	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	45	X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows 46-49a.

50 Complete this table for the 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"

Table with 5 columns: (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. Row 1: NONE.

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation. Row 1: NONE.

Sign Here: 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. Signature of officer: [Signature], Date: 3-11-10. Type or print name and title: LYNESEY N OLSON SECRETARY TREASURER.

Paid Preparer's Use Only: Preparer's signature: [Signature], Date: 3-5-10, Check if self-employed: [], Preparer's Identifying Number (See instr.): P00104216, Firm's name (or yours if self-employed), address, and ZIP + 4: Rugby H&R Block, 123 S Main ST, Rugby, ND 58368-1732, EIN: 45-0453399, Phone no: 701-776-6305.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

SCHEDULE OF OTHER EXPENSES

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection	For calendar year 2008 or tax period beginning	10-01-2008, and ending	09-30-2009.
Name of Organization		Employer Identification Number	
PIERCE COUNTY FARM BUREAU		45-0368034	

Description of Other Expenses	Amount
PROFESSIONAL AND LEGAL	85
ADVERTISING	114
YOUNG FARM AND RANCH	124
ROUTE 1000	159
SCHOLARSHIPS	1,000
BOARD MEETING EXPENSE	1,090
COUNTY ANNUAL MEETING	1,122
FIDELITY BOND	50
NDFB STATE ANNUAL MEETING	1,206
MEMORIAL	7
MISCELLANEOUS EXPENSE	357
E MEMBERSHIP	51
CHARITY ADVERTISING	500
Total	5,865

PRIMARY EXEMPT PURPOSE

Attachment 2: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2008 or tax period beginning 10-01, and ending 09-30-2009.
Name of Organization PIERCE COUNTY FARM BUREAU	Employer Identification Number 45-0368034

Primary Purpose

FARM AND RANCH EDUCATION AND LEADERSHIP TRAINING

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 3: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2008 or tax period beginning 10-01-2008, and ending 09-30-2009.			
Name of Organization PIERCE COUNTY FARM BUREAU			Employer Identification Number 45-0368034	
(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben Plans & Def. Comp	(E) Expense Account & Other Allowances
CHRIS BROSSART 4510 HWY 17 WOLFORD ND 58385 Wolford, ND 58385	PRESIDENT 1.00	0	0	0
KIPP JOHNSON 808 5TH ST SE Rugby, ND 58368	VICE PRESIDENT 1.00	0	0	0
LYNESEY OLSON 312 6TH ST SE Rugby, ND 58368	TREASURER SECRETARY 1.00	0	0	0
NICK SCHMALTZ 5652 9TH AVE NE Towner, ND 58788	DIRECTOR 1.00	0	0	0
CURT VOELLER 5870 20TH AVE NE Rugby, ND 58368	DIRECTOR 1.00	0	0	0
JOE SCHMALTZ 319 9TH ST SE Rugby, ND 58368	DIRECTOR 1.00	0	0	0
SCOTT STUTRUD 7093 13TH AVE NE Towner, ND 58788	DIRECTOR 1.00	0	0	0
LEVI HEISLER 510 5TH AVE SE Rugby, ND 58368	DIRECTOR 1.00	0	0	0
RICHI GROSS 501 N WOODLAND DR Thompson, ND 58278	DIRECTOR 1.00	0	0	0
DAVID KRAFT 3081 77TH ST NE Barton, ND 58384	DIRECTOR 1.00	0	0	0

BOOKS ARE IN CARE OF

Attachment 4 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2008 or tax period beginning 10-01, and ending 09-30-2009.
Name of Organization PIERCE COUNTY FARM BUREAU	Employer Identification Number 45-0368034
Part V - Line 42a	

Individual Name _____
 or
 Business Name: Pierce County Farm Bureau

Street Address _____ 213 South Main Ave

U.S. Address
 Zip code 58308 City Rugby State ND

Foreign Address
 City _____
 Province or State _____
 Country _____
 Postal code _____
 Phone Number _____ 701-746-6950
 Fax Number _____