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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 \$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

OMB No 1545-1150

**2009****Open to Public  
Inspection****A For the 2009 calendar year, or tax year beginning****, 2009, and ending****, 20****B Check if applicable**

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please  
use IRS  
label or  
print or  
type.  
See  
Specific  
Instruc-  
tions.**C Name of organization**

BENTON COUNTY FARM BUREAU

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

1105 W 9TH

City or town, state or country, and ZIP + 4

VINTON, IA 52349

**D Employer identification number**

42-0137360

**E Telephone number**

(319) 472-5231

**F Group Exemption**

Number ► 0626

• 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) ►

**I Website:** ►**J Tax-exempt status** (check only one) — ☒ 501(c) ( 5 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**H Check** ► ☒ if the organization is not  
required to attach Schedule 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  
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** ► \$ 147,324**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	20,100
	2	Program service revenue including government fees and contracts	2	27,465
	3	Membership dues and assessments	3	69,577
	4	Investment income	4	10,182
	5a	Gross amount from sale of assets other than inventory	5a	
	b	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	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). RENT	6a	20,000
b	Less: direct expenses other than fundraising expenses	6b	18,281	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	1,719	
7a	Gross sales of inventory, less returns and allowances	7a		
b	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 ► _____)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	129,043	
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	27,327
	13	Professional fees and other payments to independent contractors	13	650
	14	Occupancy, rent, utilities, and maintenance PER ATTACHED SCHEDULE	14	3,895
	15	Printing, publications, postage, and shipping	15	954
	16	Other expenses (describe ► PER ATTACHED SCHEDULE)	16	73,864
17	Total expenses. Add lines 10 through 16	17	106,690	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	22,353
	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	409,144
	20	Other changes in net assets or fund balances (attach explanation)	20	1,535
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	433,032

**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	355,804	22 386,553
23 Land and buildings	52,220	23 46,125
24 Other assets (describe ► ACCOUNTS RECEIVABLE & PREPAID)	1,120	24 376
25 Total assets	409,144	25 433,054
26 Total liabilities (describe ► ACCOUNTS PAYABLE & ACCRUED EXPENSE)	0	26 22
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	409,144	27 433,032

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

SCANNED JUN 29 2010

65 5

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others )

28	PROVIDED INFORMATION TO MEMBERS ON CURRENT AGRICULTURAL ISSUES THROUGH NEWSLETTERS, MEETINGS, ETC. 1776 MEMBERS WERE BENEFITTED IN 2009		
	(Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	28a	
29			
	(Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	29a	
30			
	(Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	30a	
31	Other program services (attach schedule) . . . . .		
	(Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) . . . . . ▶	32	

[illegible]

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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<b>33</b>	X
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	<b>34</b>	X
<b>35</b> 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		
<b>a</b> 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? . . . . .	<b>35a</b>	X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>35b</b>	X
<b>36</b> 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 . . . . .	<b>36</b>	X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> N/A		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	X
<b>38a</b> 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? . . . . .	<b>38a</b>	X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	N/A
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	N/A
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	N/A
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
<b>b</b> 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 . . . . .	<b>40b</b>	N/A
<b>c</b> 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		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ N/A		
<b>e</b> 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. . . . .	<b>40e</b>	X
<b>41</b> List the states with which a copy of this return is filed. ▶ IOWA		
<b>42a</b> The organization's books are in care of ▶ THE ORGANIZATION Telephone no. ▶ (319) 472-5231		
Located at ▶ AS ON PAGE 1 ZIP + 4 ▶		
<b>b</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)? . . . . .	<b>42b</b>	X
If "Yes," enter the name of the foreign country: ▶		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .	<b>42c</b>	X
If "Yes," enter the name of the foreign country: ▶ N/A		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ▶ N/A and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> N/A		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44</b>	X
<b>45</b> 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 . . . . .	<b>45</b>	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.

- 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** ☐ **Yes** ☒ **No**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . . **47** ☐ **Yes** ☒ **No**
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . **48** ☐ **Yes** ☒ **No**
- 49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . . **49a** ☐ **Yes** ☒ **No**
- b** If "Yes," was the related organization a section 527 organization? . . . . . **49b** ☐ **Yes** ☒ **No**
- 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
NONE	N/A	N/A	N/A	N/A

**f** Total number of other employees paid over \$100,000 . . . . . **NONE**

- 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
NONE	N/A	N/A

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . **NONE**

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: Robert C Ritscher Date: 5-12-10  
Type or print name and title: Robert C Ritscher VP

**Paid Preparer's Use Only**

Preparer's signature: Max H. Thomsen Date: 5/31/10 Check if self-employed: ☐ Preparer's identifying number (See instructions): 485-92-2775  
Firm's name (or yours if self-employed), address, and ZIP + 4: GARDINER THOMSEN, P.C. EIN: 42-1186197  
10555 NEW YORK AVE, URBAN DALE, IA 50322 Phone no: 515-270-1446

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

**Benton County Farm Bureau  
Vinton, Iowa**

FORM 990EZ, PART I, LINE 14

Supplies	\$ 813
Telephone	1,143
Equipment Rent	1,020
Depreciation	919
Repairs - Equipment	-
Total	<u>\$ 3,895</u>

FORM 990EZ, PART I, LINE 16

Federation Dues	\$ 35,637
Regional Manager	1,773
Campaign Manager	1,332
Acquisition	1,519
Meetings & Activities	5,937
Member Protector Policies	1,578
Spokesman	3,596
Regional, District and State Meetings	1,590
Insurance	4,194
Scholarships	2,300
Promotions	530
Womens's Activities	-
Per 990-T	13,878
Income Taxes	-
Other	-
	<u>\$ 73,864</u>

FORM 990EZ, PART I, LINE 20

Marketable Equity Securities - Market Value @ December 31, 2008	\$ 7,725
Marketable Equity Securities - Market Value @ December 31, 2009	9,260
Unrealized Gain (Loss) in Market Value	<u>\$ 1,535</u>

## 2009 BENTON COUNTY FARM BUREAU BOARD

### EXECUTIVE COMMITTEE:

President	David Wrage (Sharla) 1375 60 <sup>th</sup> St, Dysart 52224 EMAIL wragerealty@fctc coop WORK 319-476-7070 FAX 319-476-7072 CELL 319-640-8388	319-476-2069
Vice President	Robert Ritscher (Phyllis) 7176 16 <sup>th</sup> Ave, Keystone 52249 EMAIL rpacres@netins net	319-442-3291
Secretary	Karen Petersen (David) 3260 69 <sup>th</sup> St, Atkins 52206 EMAIL karen@bloomsburyfarm com CELL 319-521-1868	319-446-7667
Treasurer	Norman Sackett (Zelda) 3065 56 <sup>th</sup> St Trail, Center Point 52213 EMAIL znsackett@fmtcs com CELL 319-560-1705	319-443-2029
Voting Delegate	David McKechnie 3253 74 <sup>th</sup> St, Fairfax 52228 EMAIL davemac@commspeed net CELL 319-361-1924	319-446-7085

### DIRECTORS AT LARGE:

Robert Birker (Kris) 2781 55 <sup>th</sup> St, Vinton 52349 CELL 319-560-6161	319-472-2995
Howard Schoonover (Anne) 5939 15 <sup>th</sup> Ave, Garrison 52229 EMAIL ahschoony@netins net CELL 319-269-7155	319-477-6191
Ramona Harvey 104 Grove St, Shellsburg 52332	319-436-2873
Al Schafbuch (Ruth) 509 Sherman St, Dysart 52224 EMAIL schafbuch69@gmail com	319-476-3727
William Newton (Teddi) 5528 19 <sup>th</sup> Ave, Vinton 52349 CELL 319-551-8584	319-472-3027
Chad Newton (Kim) 5527 19 <sup>th</sup> Ave, Vinton 52349 EMAIL cknewton@fmtcs com CELL 319-721-4692	319-472-3386
Steve Thompson (Patti) 7281 22 <sup>nd</sup> Ave, Van Horne 52346 EMAIL beirff@netins net CELL 319-551-8104, WORK 1-800-472-0675 FAX 319-454-0034, PATTI WORK 319-398-5893	319-228-8712
Kevin Sash (MaryJo) 5150 11 <sup>th</sup> Avenue, La Porte City 50651 EMAIL Kevin.sash@greatlakeshybrids com CELL 319-269-1427	319-342-3583
Mark Kotouc (Sheila) 1375 59 <sup>th</sup> St, Garrison 52229 CELL 319-721-3349	319-476-3542

OFFICE 319-472-4710, FAX: 319-472-2707, EMAIL: benton.county@ifbf.org