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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

COUNTY FARM BUREAUS IN IOWA - WEBSTER CO.

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

217 S. 25TH STREET, STE C-12

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

FORT DODGE, IA 50501

D Employer identification number

42-0681391

E Telephone number

(515) 955-3898

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 ► \$ 145,694**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	33,048
	3	Membership dues and assessments	3	78,812
	4	Investment income	4	13,734
	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	
b	Less: direct expenses other than fundraising expenses	6b		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	
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	145,694	
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	25,482
	13	Professional fees and other payments to independent contractors	13	605
	14	Occupancy, rent, utilities, and maintenance PER ATTACHED SCHEDULE	14	13,013
	15	Printing, publications, postage, and shipping	15	544
	16	Other expenses (describe ► PER ATTACHED SCHEDULE	16	87,585
17	Total expenses. Add lines 10 through 16	17	127,229	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	18,465
	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	331,682
	20	Other changes in net assets or fund balances (attach explanation)	20	3,221
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	353,368

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	249,615	22 282,406
23 Land and buildings	892	23 766
24 Other assets (describe ► ACCOUNTS/NOTES RECEIVABLE & PREPAID)	82,534	24 73,755
25 Total assets	333,041	25 356,927
26 Total liabilities (describe ► ACCOUNTS PAYABLE & ACCRUED EXPENSE)	1,359	26 3,559
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	331,682	27 353,368

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

Form **990-EZ** (2009)

SCANNED JUL 08 2010

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Part III **Statement of Program Service Accomplishments** (See the instructions for Part III.)

Expenses

What is the organization's primary exempt purpose? PROVIDE CURRENT AG INFORMATION
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

(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. 2205 MEMBERS WERE
BENEFITTED IN 2009

28a

(Grants \$ _____) If this amount includes foreign grants, check here ☐

29 _____

29a

(Grants \$ _____) If this amount includes foreign grants, check here ▶ ☐

30 _____

30a

(Grants \$) If this amount includes foreign grants, check here . . . ☐

31 Other program services (attach schedule)

31a

(Grants \$ _____) If this amount includes foreign grants, check here ☐

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

32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)

[illegible]

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	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	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		
a 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?	35a X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b 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	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a N/A		
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 outstanding at the end of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b N/A	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b N/A	
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 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	40b	N/A
c 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		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ N/A		
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 ▶ IOWA		
42a The organization's books are in care of ▶ THE ORGANIZATION Telephone no. ▶ (515) 955-3898 Located at ▶ AS ON PAGE 1 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.? If "Yes," enter the name of the foreign country ▶ N/A	42c	X
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 N/A		
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 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	X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	X

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."

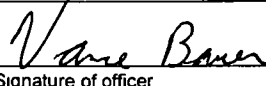
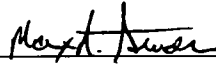
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE	N/A	N/A	N/A	N/A

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

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 		Date 5/10/10	
	Type or print name and title Vance Bauer President			
Paid Preparer's Use Only	Preparer's signature 	Date 5/4/10	Check if self-employed <input type="checkbox"/>	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. 10555 NEW YORK AVE, URBANDALE, IA 50322			EIN 42-1186197
				Phone no 515-270-1446
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

**Webster County Farm Bureau
Fort Dodge, Iowa**

FORM 990EZ, PART I, LINE 14

Supplies	\$ 908
Telephone	2,233
Rent & Utilities	8,400
Equipment Rent	1,020
Depreciation	452
Repairs - Equipment	-
Total	<u>\$ 13,013</u>

FORM 990EZ, PART I, LINE 16

Federation Dues	\$ 43,533
Regional Manager	2,226
Campaign Manager	832
Acquisition	1,220
Meetings & Activities	11,121
Member Protector Policies	1,928
Spokesman	3,982
Regional, District and State Meetings	1,587
Insurance	1,374
Farm Bureau Advertising	937
Member Services	-
Ag Promotion & Education	4,162
Per 990-T	14,040
Income Taxes	633
Other	10
	<u>\$ 87,585</u>

FORM 990EZ, PART I, LINE 20

Marketable Equity Securities - Market Value @ December 31, 2008	\$ 14,099
Dividends Reinvested During 2009	1,021
Marketable Equity Securities Purchased During 2009	-
	<u>15,120</u>
Marketable Equity Securities - Market Value @ December 31, 2009	<u>18,341</u>
Unrealized Gain (Loss) on Marketable Equity Securities	<u>\$ 3,221</u>

2009-2010
WEBSTER COUNTY FARM BUREAU BOARD OF DIRECTORS
 217 S 25th Street, Ste. C-12, FORT DODGE, IA 50501
 515-955-3898 - FAX: 515-955-7233

PRESIDENT	Vance Bauer (Sibyl)	1128 340 th St., Gowrie 50543-7589	515-351-0102 Cell
#6208013		Email: vancebauer@hotmail.com	515-352-3794 Gowrie
VICE-PRES.	Larry Alliger (Jill)	3845 Easter Ave, Gowrie 50543-7521	515-352-3577 Gowrie
#6206195		Email: alligerfarm@wccta.net	515-351-1030 Cell
SECRETARY	Sarah Black (Perry)	1361 – 220 th St, Barnum 50518	515-542-3272 Barnum
#4183354		Email: psblack@wccta.net	515-351-0263 Cell
TREASURER	Donald Christopherson (Cheryl)	2667 Samson Ave., Duncombe 50532	515-359-2040 Lehigh
#2118331		Email: dcsmfarm@lvcta.com	515-351-1167 Cell
VOTING	David Seil (Barbara)	1120 390 th St. Gowrie 50543-7501	515-544-3791 Farnville
DELEGATE	#6119428	Email: dbseil@wccta.net	515-351-1151 Cell
AREA DIRECTORS:			
AREA 1 – Jackson, Deer Creek, Johnson, Douglas & Fulton			
5016324	DeWayne Newell (Robin)	2671 Dakota Ave, Callender 50523	515-549-3377 Moorland
AREA 2 – Badger, Newark, Cooper, Colfax, Pleasant Valley & Washington			
#6810973	Sean Stewart (Melinda)	2620 N. 14 th St, Fort Dodge 50501	515-573-3897-FD
		Email: stewartseeds@mchsi.com	515-570-4171 Cell
AREA 3 – Elkhorn, Roland, Clay, Gowrie & Lost Grove			
#6905028	Tracy Burger (Angela)	Email: taburger@wccta.net	515-352-3963 Gowrie
		3728 Hayes Ave., Gowrie 50543	515-351-1052 Cell
AREA 4 – Otho, Burnside, Webster, Yell, Dayton & Harden			
#6801487	Ben Van Sickle (Katie)	3964 Taylor Ave, Dayton 50530	515-547-2652 Dayton
		Email: bkvan@lvcta.com	515-571-1046 Cell
AT LARGE -			
#6258900	Chad Lambert (Christine)	2926 Paragon Ave. Lehigh 50557-7531	515-359-2080 Lehigh
		Email: lambertfarm@lvcta.co	515-351-7322 Cell
	John D. Fredrickson (Dawn)	1078 350 th St., Gowrie 50543-7589	515-544-3774 Farnville
#6131346		Email: john@wccta.net	641-431-0086 Cell
	Jesse Green	2344 360 th St. Harcourt 50544	515-547-2793 Harcourt
#6879971		Email: jessegreen23@hotmail.com	515-351-9761 Cell
AITC Coord.	Meredith Mickelson (Jason)	2195 Vasse Ave. Duncombe 50532	515-543-8486 Duncombe
#6260851		Email: jmmickelson@wccta.com	515-