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Form **990-EZ****Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

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**, 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 - WINNESHIEK CO.

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

Room/suite

214 WINNEBAGO, P.O. BOX 259

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

DECORAH, IA 52101

D Employer identification number

42-0684996

E Telephone number

(563) 382-8713

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 ► \$ 150,759**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	27,336
	3	Membership dues and assessments	3	83,520
	4	Investment income	4	4,125
	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	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	15,372
b	Less: direct expenses other than fundraising expenses	6b	17,994	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	(2,622)	
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	0	
8	Other revenue (describe ► POP FUND, 146; MISCELLANEOUS, 160)	8	306	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	132,765	
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	25,946
	13	Professional fees and other payments to independent contractors	13	630
	14	Occupancy, rent, utilities, and maintenance PER ATTACHED SCHEDULE	14	6,649
	15	Printing, publications, postage, and shipping	15	2,008
	16	Other expenses (describe ► PER ATTACHED SCHEDULE)	16	84,554
	17	Total expenses. Add lines 10 through 16	17	119,787
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	12,978
	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	199,958
	20	Other changes in net assets or fund balances (attach explanation)	20	108
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	213,044

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	165,650	22 175,714
23 Land and buildings	38,122	23 41,398
24 Other assets (describe ► ACCOUNTS RECEIVABLE & PREPAID)	10,324	24 10,351
25 Total assets	214,096	25 227,463
26 Total liabilities (describe ► ACCOUNTS PAYABLE & ACCRUED EXPENSE)	14,138	26 14,419
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	199,958	27 213,044

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

Form **990-EZ** (2009)

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. 2232 MEMBERS WERE
BENEFITTED IN 2009

28a

29

29a

30

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

30a

31 Other program services (attach schedule)

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

31a

32 Total program service expenses (add lines 28a through 31a) **10,000.00**

32

[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		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		
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?	X	
b 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 N/A		
b 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
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. ▶ (563) 382-8713 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.? 42c X If "Yes," enter the name of the foreign country. ▶ N/A		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input checked="" type="checkbox"/> N/A 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	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b	<input checked="" type="checkbox"/>

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."

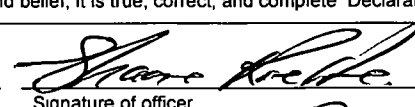
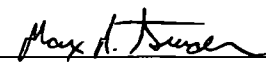
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE	N/A	N/A	N/A	N/A

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		5-3-10 Date	
	Shane Riehle County President 5-3-10 Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	 Max H. Thomsen	4/23/10		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				

**Winneshiek County Farm Bureau
Decorah, Iowa**

FORM 990EZ, PART I, LINE 14

Supplies	\$ 1,640
Telephone	1,642
Equipment Rent	1,159
Depreciation	1,840
Repairs - Equipment	368
Total	<u>\$ 6,649</u>

FORM 990EZ, PART I, LINE 16

Federation Dues	\$ 43,848
Regional Manager	2,252
Campaign Manager	-
Acquisition	1,955
Meetings & Activities	9,148
Member Protector Policies	1,942
Spokesman	5,105
Regional, District and State Meetings	1,342
Insurance	2,748
Member Services	679
Community Promotions	1,195
Scholarships	1,500
Womens Activities	-
Per 990-T	12,686
Income Taxes	154
Other	-
	<u>\$ 84,554</u>

FORM 990EZ, PART I, LINE 20

Marketable Equity Securities @ December 31, 2008	\$ 19,444
Marketable Equity Securities Purchased During 2009	-
Dividends & Capital Gains Reinvested During 2009	920
	<u>20,364</u>
Marketable Equity Securities @ December 31, 2009	20,472
Unrealized Gain (Loss) in Market Value	<u>\$ 108</u>

WINNESHIEK COUNTY FARM BUREAU BOARD OF DIRECTORS 2009-2010

NAME	OFFICE	ADDRESS	PHONE
Shane Riehle	President	2917 172 nd St , Ft Atkinson	534-7768 – 380-0528
Randy Brincks	Vice President	1634 140 th St , Ossian	532-9429 hp farms@acegroup cc 563-419-2240
Derrick Vagts	Secretary	1126 185 th Ave , Ossian	563-379-8146 dsvagts@hotmail com
Mason Riehle	Treasurer	1712 295 th Ave , Ft Atkinson	379-3309 heimer26@hotmail com
Kyle Holthaus	Voting Delegate	2168 Winnmakec Rd , Waukon	382-5734 380-8877 (takes office 01-01-2010)

NORTHEAST AREA (Hesper, Highland, Pleasant, Canoe, Glenwood)

Bill Littlejohn	Hesper	3576 198 th Ave , Mabel 55954	735-5848
Steve Langland	Highland	1277 380 th St , Decorah	492-5734 farmbear@springgrove coop
(Steve Langland - voting delegate through December 31, 2009)			
Neal Lovstuen	Hesper	3493 218 th Ave , Decorah	735-5695

NORTHWEST AREA (Fremont, Burr Oak, Orleans, Bluffton, Lincoln)

Jeff Springer	Orleans	3119 310 th St , Cresco 52136	641-330-6654 sprinsim@iowatelecom net
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SOUTHEAST AREA (Decorah, Springfield, Frankville, Military, Bloomfield)

Raymond Ransom	Decorah	2536 143 rd Ave , Decorah	382-9408
John Hegg	Decorah	2424 Emerald Rd , Decorah	382-4131 johnhegg5@hotmail com
Ron Ludeking	Frankville	1421 200 th St , Decorah	382-4974 379-4428
Carly Lyon	Military	131 Military Rd , Castalia	563-419-2808 lyonscl1762@portal nicc edu
Josh Kuennen	Military	2227 125 th St , Ft Atkinson	563-380-0559

SOUTHWEST AREA (Madison, Sumner, Calmar, Jackson, Washington)

Alice Klimesh	Sumner	3305 210 th St., Calmar, 52132	737-2329
Anne Bushman	Washington	30975 Lincoln Rd , Ft Atkinson	534-7760 563-419-8225
Duane Tlusty	Jackson	22477 200 th St , Cresco	563-419-8480 duane@vikingstatebank com

DIRECTORS AT LARGE

Dave Baumler	Director At Large	3278 River Rd , Decorah, IA 52101	546-8553
Jim Artes	Regional Manager	214 Winnebago, Decorah 52101	382-5298
Mike Wold	Agency Manager	2548 Pebble Beach Rd , Decorah 52101	382-5134
Carlton Kjos	District Director	3278 River Rd , Decorah, IA 52101	382-2727 cljos@fbx om 380-8727

Kyle – Windridge Implements, 563-382-3614; Ext 113, decorahparts@windridgeimplements com