See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

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 Instructions

C Name of organization
COUNTY FARM BUREAUS IN IOWA - WORTH CO.

Number and street (or P O box, if mail is not delivered to street address) Room/suite
601 CENTRAL AVENUE

City or town, state or country, and ZIP + 4
NORTHWOOD, IA 50459

D Employer identification number
42-0686470

E Telephone number
(641) 324-1472

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) ▶

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 ▶ $ 73,718

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	14,341
	3	Membership dues and assessments		3	30,240
	4	Investment income		4	2,352
	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 ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1) . RENT	6a	6,685	
	b	Less direct expenses other than fundraising expenses	6b	7,926	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	(1,241)
	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 ▶)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	65,792
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	15,502
	13	Professional fees and other payments to independent contractors		13	550
	14	Occupancy, rent, utilities, and maintenance PER ATTACHED SCHEDULE		14	3,284
	15	Printing, publications, postage, and shipping		15	433
	16	Other expenses (describe ▶ PER ATTACHED SCHEDULE)		16	41,821
	17	**Total expenses.** Add lines 10 through 16 ▶		17	61,590
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	4,202
	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	157,597
	20	Other changes in net assets or fund balances (attach explanation)		20	8,286
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	170,085

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	127,248	22	142,975
23	Land and buildings	28,761	23	25,371
24	Other assets (describe ▶ ACCOUNTS RECEIVABLE & PREPAID)	1,588	24	1,739
25	**Total assets**	157,597	25	170,085
26	**Total liabilities** (describe ▶ ACCOUNTS PAYABLE & ACCRUED EXPENSE)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	157,597	27	170,085

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

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.

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. 768 MEMBERS WERE BENEFITTED IN 2009		
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	
29			
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	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) ▶	32	

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE SCHEDULE ATTACHED	VARIOUS	0	NONE	NONE

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. ▶ (641)324-1472
Located at ▶ AS ON PAGE 1 ZIP + 4 ▶

			Yes	No
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 ▶ N/A
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

			Yes	No
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 4/30/2010

Ronald C. Davidson Treasurer

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instructions)
Max A. Thomsen	4/23/10		485-92-2775

Firm's name (or yours if self-employed), address, and ZIP + 4	EIN ▶	Phone no ▶
GARDINER THOMSEN, P.C. 10555 NEW YORK AVE, URBANDALE, IA 50322	42-1186197	515-270-1446

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

Worth County Farm Bureau
Northwood, Iowa

FORM 990EZ, PART I, LINE 14

Supplies	$	428
Telephone		1,147
Equipment Rent		516
Depreciation		1,193
Repairs - Equipment		-
Total	$	3,284

FORM 990EZ, PART I, LINE 16

Federation Dues	$	15,855
Regional Manager		761
Campaign Manager		832
Acquisition		63
Meetings & Activities		4,790
Member Protector Policies		702
Spokesman		1,856
Regional, District and State Meetings		662
Insurance		488
Ag Promotion & Education		5,647
Scholarships		2,000
Welcome Center		-
Temporary Help		17
Per 990-T		8,134
Income Taxes		-
Other		14
	$	41,821

FORM 990EZ, PART I, LINE 20

Marketable Equity Securities - Market Value @ December 31, 2008	$	32,910
Marketable Equity Securities Purchased During 2009		-
Marketable Equity Securities Sold During 2009 @ Basis		-
Marketable Equity Securities - Reinvested Dividends & Capital Gains in 2009		76
		32,986
Marketable Equity Securities - Market Value @ December 31, 2009		41,272
Unrealized Gain (Loss) in Market Value	$	8,286

2009 WORTH COUNTY FARM BUREAU BOARD

					FB Acct No
President	Andy Hill	S: Michelle	641-454-2456/430-2012		6220490
	3472 Orchid Avenue	Manly	hiland@myclearwave.net	50456	
Vice President					
Secretary	Larry Foley	S: Karen	641-845-2558/903-9309		6205213
	1654 430th St.	Northwood	lkfoley@wctatel net	50459	
Treasurer	Ron Davidson	S: Michelle	641-324-1141/390-0329		6147210
	2010 Hwy 105	Northwood	rmdavidson@myclearwave.net	50459	
Voting Delegate	Jim Neel	S: Margo	641-454-2437/512-3663		6205205
	3447 Lark Avenue	Manly	neelfarm@myclearwave net	50456	
Tier 1 Board Members					
Clair Hengesteg		S: Fay	641-324-1044		2719917
717 485th : Street		Northwood		50459	
Doug Wallin		S: Julie	641-324-2793		2719766
5043 Killdeer Avenue		Northwood		50459	
Jim Krull		S: Teresa	641-324-2171/390-0775		3713509
1774 Hwy 105		Northwood	324jak@gmail com	50459	
Tier 2 Board Members					
Morris Medlang		S: Janelle	641-845-2888		6752613
1264 410th Street		Kensett		50448	
Keith Braun		S: Sue	641-845-2320/390-0384		6006885
1649 430th St.		Northwood	braun@wctatel.net	50459	
Tier 3 Board Members					
Randy Oswald		S: Patty	641-797-2119/430-0960		6255870
334 370th Street		Joice	rposwald@wctatel net	50446	
Ryan Garnas		S: Sara	641-845-2956/420-7190		6925690
3833 Killdeer Avenue		Kensett	rcgarnas@myclearwave.net	50448	
At Large Directors					
Wayne Trenhaile		S: Barb	641-324-2642		3182843
1591 440th Street		Northwood	wctren@myclearwave.net	50459	