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| A For the 2009 calendar year, or tax year beginning 10-01-2009, and ending 09-30-2010                                                                                                                                                                                                        |                                                                          |                                                                                                  |  |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--|-------------------------------------------------------|
| <b>B</b> Check if applicable<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>Please use IRS label or print or type. See Specific Instructions.</b> | <b>C</b> Name of organization<br>WASHINGTON COUNTY FARM BUREAU                                   |  | <b>D</b> Employer identification number<br>93-0515824 |
|                                                                                                                                                                                                                                                                                              |                                                                          | Number and street (or P O box, if mail is not delivered to street address)<br>885 SW BASELINE ST |  | <b>E</b> Telephone number                             |
|                                                                                                                                                                                                                                                                                              |                                                                          | City or town, state or country, and ZIP + 4<br>HILLSBORO, OR 97123                               |  | <b>F</b> 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).**

**G Accounting method** ☒ Cash ☐ Accrual  
Other (specify) ▶

|                                                                                                                                                                             |  |                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>I Website:</b> N/A                                                                                                                                                       |  | <b>H</b> Check <input checked="" type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF) |
| <b>J Tax-Exempt status</b> (check only one) <input checked="" type="checkbox"/> 501(c)(5)  (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 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 ▶ \$ 93,008

| 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  | 38,807  |
|                                                                                                         | 2  | Program service revenue including government fees and contracts . . . . .                                                                                                                            | 2  |         |
|                                                                                                         | 3  | Membership dues and assessments . . . . .                                                                                                                                                            | 3  | 21,505  |
|                                                                                                         | 4  | Investment income . . . . .                                                                                                                                                                          | 4  | 9,057   |
|                                                                                                         | 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 |         |
|                                                                                                         | 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) . . . . .                                                                                                                     | 6a |         |
|                                                                                                         | b  | Less direct expenses other than fundraising expenses . . . . .                                                                                                                                       | 6b |         |
| Expenses                                                                                                | 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  | 23,639  |
|                                                                                                         | 9  | Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .                                                                                                                                     | 9  | 93,008  |
|                                                                                                         | 10 | Grants and similar amounts paid (attach schedule)                                                                 | 10 | 22,529  |
|                                                                                                         | 11 | Benefits paid to or for members . . . . .                                                                                                                                                            | 11 |         |
|                                                                                                         | 12 | Salaries, other compensation, and employee benefits . . . . .                                                                                                                                        | 12 | 4,544   |
|                                                                                                         | 13 | Professional fees and other payments to independent contractors . . . . .                                                                                                                            | 13 | 6,990   |
| Net Assets                                                                                              | 14 | Occupancy, rent, utilities, and maintenance . . . . .                                                                                                                                                | 14 | 6,250   |
|                                                                                                         | 15 | Printing, publications, postage, and shipping . . . . .                                                                                                                                              | 15 |         |
|                                                                                                         | 16 | Other expenses (describe  _____)                                                                                  | 16 | 21,881  |
|                                                                                                         | 17 | Total expenses. Add lines 10 through 16 . . . . .                                                                                                                                                    | 17 | 62,194  |
|                                                                                                         | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .                                                                                                                            | 18 | 30,814  |
|                                                                                                         | 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 | 400,997 |
|                                                                                                         | 20 | Other changes in net assets or fund balances (attach explanation)                                                 | 20 | 9,750   |
|                                                                                                         | 21 | Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .                                                                                                                     | 21 | 441,561 |

**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                                                            | . | . | . | . | . | . | . | . | 314,214               | 22 | 356,592         |  |
| 23                                  | Land and buildings                                                                        | . | . | . | . | . | . | . | . | 86,783                | 23 | 84,969          |  |
| 24                                  | Other assets (describe _____)                                                             |   |   |   |   |   |   |   |   |                       | 24 |                 |  |
| 25                                  | <b>Total assets</b>                                                                       | . | . | . | . | . | . | . | . | 400,997               | 25 | 441,561         |  |
| 26                                  | <b>Total liabilities</b> (describe _____)                                                 |   |   |   |   |   |   |   |   |                       | 26 |                 |  |
| 27                                  | <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) | . |   |   |   |   |   |   |   | 400,997               | 27 | 441,561         |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )                                                                                                                                                                                                                                                                                                                            |  | <b>Expenses</b><br>(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others ) |  |
| What is the organization's primary exempt purpose?<br>TO ADVANCE AND IMPROVE THE ECONOMIC, EDUCATIONAL, SOCIAL AND CULTURAL INTERESTS OF AGRICULTURE INCLUDING FAMILY AND COMMUNITY DEVELOPMENT COOPERATE WITH OTHER AGENCIES SUCH AS OREGON FARM BUREAU, USDA,AND OSU TO ENCOURAGE AND FOSTER DEVELOPMENT OF COMMODITY MARKETING AND PURCHASE OF SERVICES ON A COOP BASIS AND TO SERVE THE ECONOMIC NEEDS OF THE MEMBERSHIP |  |                                                                                                                                      |  |
| 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                                                                                                                                                                                          |  |                                                                                                                                      |  |
| <b>28</b> THE ADVANCEMENT AND IMPROVEMENT OF ECONOMIC, SOCIAL, AND CULTURAL INTERESTS IN AGRICULTURE, INCLUDING FAMILY AND COMMUNITY DEVELOPMENT<br>(Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>                                                                                                                                                                           |  | <b>28a</b>                                                                                                                           |  |
| <b>29</b><br><br>(Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>                                                                                                                                                                                                                                                                                                              |  | <b>29a</b>                                                                                                                           |  |
| <b>30</b><br><br>(Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>                                                                                                                                                                                                                                                                                                              |  | <b>30a</b>                                                                                                                           |  |
| <b>31</b> Other program services (attach schedule) . . . . .<br>(Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>                                                                                                                                                                                                                                                               |  | <b>31a</b>                                                                                                                           |  |
| <b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .                                                                                                                                                                                                                                                                                                                                               |  | <b>32</b>                                                                                                                            |  |

| <b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> 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 |
|                                                                                                                                                    |                                                          |                                            |                                                                     |                                          |
|                                                                                                                                                    |                                                          |                                            |                                                                     |                                          |
|                                                                                                                                                    |                                                          |                                            |                                                                     |                                          |
|                                                                                                                                                    |                                                          |                                            |                                                                     |                                          |
|                                                                                                                                                    |                                                          |                                            |                                                                     |                                          |
|                                                                                                                                                    |                                                          |                                            |                                                                     |                                          |

| Part VOther 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  | No |
| 34                                                                                        | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .                                                                                                                                                                                                                                                                                                                       | 34  | No |
| 35                                                                                        | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> 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 | No |
| b                                                                                         | If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .                                                                                                                                                                                                                                                                                                                                                                | 35b |    |
| 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  | No |
| 37a                                                                                       | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶                                                                                                                                                                                                                                                                                                                                                   | 37a |    |
| b                                                                                         | Did the organization file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                                                                                                          | 37b | No |
| 38a                                                                                       | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . .                                                                                                                                                                                                        | 38a | No |
| 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 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 |    |
| 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 . . . . . ▶ _____                                                                                                                                                                                                                                                 |     |    |
| d                                                                                         | Section 501(c)(3) and 501(c)(4) organizations 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 | No |
| 41                                                                                        | List the states with which a copy of this return is filed ▶ _____                                                                                                                                                                                                                                                                                                                                                                                |     |    |
| 42a                                                                                       | The organization's books are in care of ▶ <u>DELORIS GROSSEN</u> Telephone no ▶ <u>(503) 292-4743</u><br>8320 SW CANYON RD<br>Located at ▶ <u>PORTLAND, OR</u> ZIP + 4 ▶ <u>97225</u>                                                                                                                                                                                                                                                            |     |    |
| 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)?<br>If "Yes," enter the name of the foreign country ▶ _____<br>See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> . | 42b | No |
| c                                                                                         | At any time during the calendar year, did the organization maintain an office outside of the U S ?<br>If "Yes," enter the name of the foreign country ▶ _____                                                                                                                                                                                                                                                                                    | 42c | No |
| 43                                                                                        | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/><br>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? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>                                                                                                                                                                                                                                                                                                                       | 44  | No |
| 45                                                                                        | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>                                                                                                                                                                                                                                                                | 45  | No |

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 | Yes | No |
| 47  | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II                                                                                           |     |    |
| 48  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                    |     |    |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization?                                                                                            |     |    |
| 49b | If "Yes," was the related organization a section 527 organization?                                                                                                                   |     |    |

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 |
|----------------------------------------------------------------|----------------------------------------------------------|------------------|---------------------------------------------------------------------|------------------------------------------|
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |

50(f) Total number of other employees paid over \$100,000 . . . . .

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 |
|------------------------------------------------------------------------------|---------------------|------------------|
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |

51(d) Total number of other independent contractors each receiving over \$100,000 . . . . .

|                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                       |                                                                               |                    |                                                 |                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------|-------------------------------------------------|--------------------------------------------------|
| Please 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. |                                                                               |                    |                                                 |                                                  |
|                                                                                                                                                     | *****<br>Signature of officer                                                                                                                                                                                                                                                                                         |                                                                               | 2010-12-23<br>Date |                                                 |                                                  |
|                                                                                                                                                     | DELORIS GROSSEN SECRETARY/TREASURER<br>Type or print name and title                                                                                                                                                                                                                                                   |                                                                               |                    |                                                 |                                                  |
| Paid Preparer's Use Only                                                                                                                            | Preparer's signature                                                                                                                                                                                                                                                                                                  | ELIZABETH E MARLER                                                            | Date<br>2010-12-22 | Check if self-employed <input type="checkbox"/> | Preparer's identifying number (See instructions) |
|                                                                                                                                                     | Firm's name (or yours if self-employed), address, and ZIP + 4                                                                                                                                                                                                                                                         | JONES & ROTH PC<br>5635 NE ELAM YOUNG PKWY STE 100<br>HILLSBORO, OR 971246488 |                    |                                                 | EIN                                              |
|                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                       |                                                                               |                    |                                                 | Phone no (503) 648-0521                          |
| May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                                                                                                                                                                                                                       |                                                                               |                    |                                                 |                                                  |

Additional Data

Software ID:

Software Version:

EIN: 93-0515824

Name: WASHINGTON COUNTY FARM BUREAU

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

| (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 |
|---------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------|------------------------------------------|
| DAVE VANASCHE<br>885 SW BASELINE ST<br>HILLSBORO, OR 97123    | PRESIDENT 0                                              | 0                                          |                                                                     |                                          |
| KEITH FISHBACK<br>885 SW BASELINE ST<br>HILLSBORO, OR 97123   | VICE PRESIDE 0                                           | 0                                          |                                                                     |                                          |
| DELORIS GROSSEN<br>885 SW BASELINE ST<br>HILLSBORO, OR 97123  | SECRETARY/TR 0                                           | 3,861                                      |                                                                     |                                          |
| ELMER GROSSEN<br>885 SW BASELINE ST<br>HILLSBORO, OR 97123    | DIRECTOR 0                                               | 0                                          |                                                                     |                                          |
| LILLIE GROSSEN<br>885 SW BASELINE ST<br>HILLSBORO, OR 97123   | DIRECTOR 0                                               | 0                                          |                                                                     |                                          |
| EDMUND DYUCK<br>885 SW BASELINE ST<br>HILLSBORO, OR 97123     | DIRECTOR 0                                               | 0                                          |                                                                     |                                          |
| LARRY DUYCK<br>885 SW BASELINE ST<br>HILLSBORO, OR 97123      | DIRECTOR 0                                               | 0                                          |                                                                     |                                          |
| TERRY PETERS<br>885 SW BASELINE ST<br>HILLSBORO, OR 97123     | DIRECTOR 0                                               | 0                                          |                                                                     |                                          |
| TAD VANDERZANDEN<br>885 SW BASELINE ST<br>HILLSBORO, OR 97123 | DIRECTOR 0                                               | 0                                          |                                                                     |                                          |
| DAVE TONGES<br>885 SW BASELINE ST<br>HILLSBORO, OR 97123      | DIRECTOR 0                                               | 0                                          |                                                                     |                                          |
| BOB VANDERZANDEN<br>885 SW BASELINE ST<br>HILLSBORO, OR 97123 | DIRECTOR 0                                               | 0                                          |                                                                     |                                          |
| HOLLY HAWORTH<br>885 SW BASELINE ST<br>HILLSBORO, OR 97123    | DIRECTOR 0                                               | 0                                          |                                                                     |                                          |
| ED BARTHOLEMY<br>885 SW BASELINE ST<br>HILLSBORO, OR 97123    | DIRECTOR 0                                               | 0                                          |                                                                     |                                          |

Form

4562

Depreciation and Amortization  
(Including Information on Listed Property)

OMB No 1545-0172

2009

Attachment  
Sequence No 67

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

|                                                          |                                                                          |                                  |
|----------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------|
| Name(s) shown on return<br>WASHINGTON COUNTY FARM BUREAU | Business or activity to which this form relates<br>INDIRECT DEPRECIATION | Identifying number<br>93-0515824 |
|----------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------|

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

|                                                                                                                                                  |   |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---|---------|
| 1 Maximum amount See the instructions for a higher limit for certain businesses . . . . .                                                        | 1 | 250,000 |
| 2 Total cost of section 179 property placed in service (see instructions) . . . . .                                                              | 2 |         |
| 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .                                             | 3 | 800,000 |
| 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- . . . . .                                                       | 4 |         |
| 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions . . . . . | 5 |         |

|                                                                                                                                |                              |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------|--|
| 6 (a) Description of property                                                                                                  | (b) Cost (business use only) | (c) Elected cost |  |
| 6                                                                                                                              |                              |                  |  |
| 7 Listed property Enter the amount from line 29 . . . . .                                                                      | 7                            |                  |  |
| 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 . . . . .                                | 8                            |                  |  |
| 9 Tentative deduction Enter the smaller of line 5 or line 8 . . . . .                                                          | 9                            |                  |  |
| 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 . . . . .                                             | 10                           |                  |  |
| 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . . | 11                           |                  |  |
| 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 . . . . .                              | 12                           |                  |  |
| 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 .▶                                               | 13                           |                  |  |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions )

|                                                                                                                                                |    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 |  |
| 15 Property subject to section 168(f)(1) election . . . . .                                                                                    | 15 |  |
| 16 Other depreciation (including ACRS) . . . . .                                                                                               | 16 |  |

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

|                                                                                                                                                 |    |       |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|
| Section A                                                                                                                                       |    |       |
| 17 MACRS deductions for assets placed in service in tax years beginning before 2009 . . . . .                                                   | 17 | 1,814 |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . .▶ |    |       |

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|----------------------------------------------------------------------------|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |                                                                            |                     |                |            |                            |
| b 5-year property              |                                      |                                                                            |                     |                |            |                            |
| c 7-year property              |                                      |                                                                            |                     |                |            |                            |
| d 10-year property             |                                      |                                                                            |                     |                |            |                            |
| e 15-year property             |                                      |                                                                            |                     |                |            |                            |
| f 20-year property             |                                      |                                                                            |                     |                |            |                            |
| g 25-year property             |                                      |                                                                            | 25 yrs              |                | S/L        |                            |
| h Residential rental property  |                                      |                                                                            | 27 5 yrs            | MM             | S/L        |                            |
|                                |                                      |                                                                            | 27 5 yrs            | MM             | S/L        |                            |
| i Nonresidential real property |                                      |                                                                            | 39 yrs              | MM             | S/L        |                            |
|                                |                                      |                                                                            |                     | MM             | S/L        |                            |

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

|                |  |  |        |    |     |  |
|----------------|--|--|--------|----|-----|--|
| 20a Class life |  |  |        |    | S/L |  |
| b 12-year      |  |  | 12 yrs |    | S/L |  |
| c 40-year      |  |  | 40 yrs | MM | S/L |  |

Non-Res Prop Type 1 count 0 Non-Res Prop Type 2 count 0 Non-Res Prop Totals count 0

Part IV Summary (see instructions)

|                                                                                                                                                                                                                       |    |       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|
| 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions . . . . . | 22 | 1,814 |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .                                                                  | 23 |       |

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

|                                                                                                                                                                             |  |                               |                                            |                            |                                                              |        |                        |                           |                                        |                                |  |                                 |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------|--------------------------------------------|----------------------------|--------------------------------------------------------------|--------|------------------------|---------------------------|----------------------------------------|--------------------------------|--|---------------------------------|--|--|
| 24a Do you have evidence to support the business/investment use claimed?                                                                                                    |  |                               |                                            |                            |                                                              | Yes No |                        |                           | 24b If "Yes," is the evidence written? |                                |  | Yes No                          |  |  |
|                                                                                                                                                                             |  |                               |                                            |                            |                                                              |        |                        |                           |                                        |                                |  |                                 |  |  |
| (a)<br>Type of property (list vehicles first)                                                                                                                               |  | (b)<br>Date placed in service | (c)<br>Business/ investment use percentage | (d)<br>Cost or other basis | (e)<br>Basis for depreciation (business/investment use only) |        | (f)<br>Recovery period | (g)<br>Method/ Convention |                                        | (h)<br>Depreciation/ deduction |  | (i)<br>Elected section 179 cost |  |  |
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) |  |                               |                                            |                            |                                                              |        |                        | 25                        |                                        |                                |  |                                 |  |  |
| 26 Property used more than 50% in a qualified business use                                                                                                                  |  |                               |                                            |                            |                                                              |        |                        |                           |                                        |                                |  |                                 |  |  |
|                                                                                                                                                                             |  |                               | %                                          |                            |                                                              |        |                        |                           |                                        |                                |  |                                 |  |  |
|                                                                                                                                                                             |  |                               | %                                          |                            |                                                              |        |                        |                           |                                        |                                |  |                                 |  |  |
|                                                                                                                                                                             |  |                               | %                                          |                            |                                                              |        |                        |                           |                                        |                                |  |                                 |  |  |
| 27 Property used 50% or less in a qualified business use                                                                                                                    |  |                               |                                            |                            |                                                              |        |                        |                           |                                        |                                |  |                                 |  |  |
|                                                                                                                                                                             |  |                               | %                                          |                            |                                                              |        | S/L -                  |                           |                                        |                                |  |                                 |  |  |
|                                                                                                                                                                             |  |                               | %                                          |                            |                                                              |        | S/L -                  |                           |                                        |                                |  |                                 |  |  |
|                                                                                                                                                                             |  |                               | %                                          |                            |                                                              |        | S/L -                  |                           |                                        |                                |  |                                 |  |  |
| 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1                                                                                         |  |                               |                                            |                            |                                                              |        |                        | 28                        |                                        |                                |  |                                 |  |  |
| 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1                                                                                                      |  |                               |                                            |                            |                                                              |        |                        |                           |                                        | 29                             |  |                                 |  |  |

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person  
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

|                                                                                            |  |  |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
|--------------------------------------------------------------------------------------------|--|--|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|
| 30 Total business/investment miles driven during the year (do not include commuting miles) |  |  | (a)<br>Vehicle 1 |    | (b)<br>Vehicle 2 |    | (c)<br>Vehicle 3 |    | (d)<br>Vehicle 4 |    | (e)<br>Vehicle 5 |    | (f)<br>Vehicle 6 |    |
| 31 Total commuting miles driven during the year                                            |  |  |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| 32 Total other personal(noncommuting) miles driven                                         |  |  |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| 33 Total miles driven during the year Add lines 30 through 32                              |  |  |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| 34 Was the vehicle available for personal use during off-duty hours?                       |  |  | Yes              | No | Yes              | No | Yes              | No | Yes              | No | Yes              | No | Yes              | No |
| 35 Was the vehicle used primarily by a more than 5% owner or related person?               |  |  |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| 36 Is another vehicle available for personal use?                                          |  |  |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

|                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |  |  |     |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?                                                                                        |  |  |  |  |  |  |  |  |  |  | Yes | No |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners |  |  |  |  |  |  |  |  |  |  |     |    |
| 39 Do you treat all use of vehicles by employees as personal use?                                                                                                                                                         |  |  |  |  |  |  |  |  |  |  |     |    |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?                                                   |  |  |  |  |  |  |  |  |  |  |     |    |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions )                                                                                                                    |  |  |  |  |  |  |  |  |  |  |     |    |
| Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles                                                                                                                |  |  |  |  |  |  |  |  |  |  |     |    |

Part VI Amortization

|                                                                                    |  |                                 |                           |  |                     |                                           |    |                                    |  |
|------------------------------------------------------------------------------------|--|---------------------------------|---------------------------|--|---------------------|-------------------------------------------|----|------------------------------------|--|
| (a)<br>Description of costs                                                        |  | (b)<br>Date amortization begins | (c)<br>Amortizable amount |  | (d)<br>Code section | (e)<br>A mortization period or percentage |    | (f)<br>A mortization for this year |  |
| 42 A mortization of costs that begins during your 2009 tax year (see instructions) |  |                                 |                           |  |                     |                                           |    |                                    |  |
|                                                                                    |  |                                 |                           |  |                     |                                           |    |                                    |  |
|                                                                                    |  |                                 |                           |  |                     |                                           |    |                                    |  |
| 43 A mortization of costs that began before your 2009 tax year                     |  |                                 |                           |  |                     |                                           | 43 |                                    |  |
| 44 Total. Add amounts in column (f) See the instructions for where to report       |  |                                 |                           |  |                     |                                           | 44 |                                    |  |

**TY 2009 Compensation Explanation****Name:** WASHINGTON COUNTY FARM BUREAU**EIN:** 93-0515824

| Person Name      | Explanation |
|------------------|-------------|
| DAVE VANASCHE    |             |
| KEITH FISHBACK   |             |
| DELORIS GROSSEN  |             |
| ELMER GROSSEN    |             |
| LILLIE GROSSEN   |             |
| EDMUND DYUCK     |             |
| LARRY DUYCK      |             |
| TERRY PETERS     |             |
| TAD VANDERZANDEN |             |
| DAVE TONGES      |             |
| BOB VANDERZANDEN |             |
| HOLLY HAWORTH    |             |
| ED BARTHOLEMY    |             |

**TY 2009 Grants and Similar Amounts Paid Schedule****Name:** WASHINGTON COUNTY FARM BUREAU**EIN:** 93-0515824

|                                        |           |
|----------------------------------------|-----------|
| <b>Item No.</b>                        | 1         |
| <b>Class of Activity</b>               |           |
| <b>Donee's Name</b>                    | FFA & 4-H |
| <b>Donee's Address</b>                 |           |
| <b>Amount (FMV)</b>                    |           |
| <b>Purpose of Payment to Affiliate</b> |           |
| <b>Relationship</b>                    |           |
| <b>Description</b>                     |           |
| <b>Book Value</b>                      |           |
| <b>How BV Determined</b>               |           |
| <b>How FMV Determined</b>              |           |
| <b>Date of Gift</b>                    |           |

|                                 |              |
|---------------------------------|--------------|
| Item No.                        | 2            |
| Class of Activity               |              |
| Donee's Name                    | SCHOLARSHIPS |
| Donee's Address                 |              |
| Amount (FMV)                    |              |
| Purpose of Payment to Affiliate |              |
| Relationship                    |              |
| Description                     |              |
| Book Value                      |              |
| How BV Determined               |              |
| How FMV Determined              |              |
| Date of Gift                    |              |

TY 2009 Other Changes in Net Assets Schedule

**Name:** WASHINGTON COUNTY FARM BUREAU

**EIN:** 93-0515824

| Description     | Amount |
|-----------------|--------|
| OTHER INCREASES | 9,750  |

**TY 2009 Other Expenses Schedule****Name:** WASHINGTON COUNTY FARM BUREAU**EIN:** 93-0515824

| Description               | Amount |
|---------------------------|--------|
| EXPENSES                  |        |
| OFFICE                    | 474    |
| CONFERENCES & CONVENTIONS | 5,221  |
| ANNUAL MEETING            | 2,199  |
| NEWSLETTER                | 579    |
| OFBF CONTRACT SERVICES    | 12,158 |
| COMMUNITY ACTIVITY        | 1,131  |
| MISCELLANEOUS             | 119    |

## TY 2009 Other Revenues Schedule

**Name:** WASHINGTON COUNTY FARM BUREAU

**EIN:** 93-0515824

| Description    | Amount |
|----------------|--------|
| RENT           | 22,436 |
| ANNUAL MEETING | 1,203  |