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# Form **990-EZ**

Department of the Treasury

Internal Revenue Service

## **Short Form Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2010

**Open to Public** Inspection

B Check if applicable Address campain  Name change haddress campain  B REMER COUNTY FARM BUREAU  Amended return  Application periodic Method  Cash IX Account Other (specify)  MAVERLY  Amended return  Application periodic  WAVERLY  Amended return  Amended retur	Α	For th	ne 2010 caler	dar year, or tax year beginn	ing		, and	d ending			
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Application pending WAVERLY (A 50677 Number ▶ 0626 G Accounting Method		Termini	ated	2018 E BREMER AVE., P	O BOX 615				<u> </u>	(319)	352-3667
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Check     If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000	,									-	
A form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a complete return.  L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets.  Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)  Check if the organization used Schedule O to respond to any question in this Part I.  1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts. 3 Membership dues and assessments. 4 Investment income 5a Gross amount from sale of assets other than inventory. 5a Gross amount from sale of assets other than inventory. 5a Gross amount from sale of assets other than inventory (Subtract line 5b from line 5a). 5b Caming and fundraising events. 6 Gaming and fundraising events (not including \$ of contributions from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). 6 Less, direct expenses from gaming and fundraising events. 6 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7 a Gross sales of inventory, less returns and allowances. 7 b Less, cost of goods sold. 8 Other revenue (describe in Schedule O). 9 Total revenue, describe in Schedule O). 9 Total revenue, describe in Schedule O). 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salares, other compensation, and employee behefts. 13 Professional fees and other payments to independent contributions. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses, Add lines 10 through 16. 17 Total expenses, Add lines 10 through 16. 17 Total expenses, Add lines 10 through 16. 17	J	Tax-exe	mpt status (ch	eck only one) —501(c)(3)	X 501(c) ( 5	) <b>◀</b> (insert no )	4947(a)(1)	or527	(1 01111	<del></del>	CZ, 01 990-FF)
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Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9)  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)  Other changes in net assets or fund balances at end of year Combine lines 18 through 20  Total expenses, other compensation, and employee balletts  13  615  13  615  13  615  17  17  175,059  18  Excess or (deficit) for the year (Subtract line 17 from line 9)  19  10  10  11  12  33,190  13  615  13  615  14  27,040  15  17  175,059  18  267  267  27  287  298  200  21  21  21  22  23,730  23  24  25  267  27  288  299  200  21  21  21  22  23  24  25  25  26  27  289  290  200  27,509  200  27,509	_	+				ADD 9 @ 1	2011 10	-	· -		170,020
Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9)  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)  Other changes in net assets or fund balances at end of year Combine lines 18 through 20  Total expenses, other compensation, and employee balletts  13  615  13  615  13  615  17  17  175,059  18  Excess or (deficit) for the year (Subtract line 17 from line 9)  19  10  10  11  12  33,190  13  615  13  615  14  27,040  15  17  175,059  18  267  267  27  287  298  200  21  21  21  22  23,730  23  24  25  267  27  288  299  200  21  21  21  22  23  24  25  25  26  27  289  290  200  27,509  200  27,509		1			ocheddie 3)	Arksy	(v)	•			
Professional fees and other payments to independent contractors,  14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 451,509	ď	1			nnlovee henefits	<del></del>		•			33 190
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16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 451,509	e	14				L COMINECTOR 20			•		
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 451,509	×	1 1 1 1						•			
17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  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)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  17 175,059  18 267  19 423,733  20 27,509  21 451,509	ш	1	-	· · · · · · · · · · · · · · · · · · ·							
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21 Net assets of failed balances at end of year Combine lines to through 20	Š	פו וו									402 TOO
21 Net assets of failed balances at end of year Combine lines to through 20	Ã	30				n in Cohodula C		•			
21 Net assets of failed balances at end of year Combine lines to through 20	Š	20						•	_		
							11 20			41	

For Paperwork Reduction Act Notice, see the separate instructions.

Par	Check if the organization used Schedule O to		this Part II .			X
				ginning of year		(B) End of year
22	Cash, savings, and investments		,,	275,205	22	308,876
23	Land and buildings			146,307		139,039
24	Other assets (describe in Schedule O)			2,322		3,695
25	Total assets			423,834	25	451,610
26	Total liabilities (describe in Schedule O)			101	26	101
27	Net assets or fund balances (line 27 of column			423,733	27	451,509
Pa	rt III Statement of Program Service Acco	•				Expenses
	Check if the organization used Schedu	ıle Ο to respond to any qι	iestion in this P	art III 🔃		ured for section )(3) and 501(c)(4)
Wha	it is the organization's primary exempt purpose?	PROVIDE CURRENT AG II	VFORMATION			izations and section
Desc	ribe what was achieved in carrying out the organization's	s exempt purposes. In a clear ar	nd concise manner	describe	4947(	a)(1) trusts, optional
	ervices provided, the number of persons benefited, and				for oth	ners)
	AN ORGANIZATION DEDICATED TO HELPING I			THEIR		
	QUALITY OF LIFE. PROVIDED INFORMATION (					
•	NEWSLETTERS, MEETINGS, ETC. 2,109 MEME			· · · · · · · · · · · · · · · · · · ·		
	(Grants \$ ) If this amount	nt includes foreign grants, cl	neck here	. ▶ 🔝	28a	
29						
	(Grants \$ ) If this amou	nt includes foreign grants, cl	neck here	. ▶ 📙	29a	
30						
	/O					
		nt includes foreign grants, cl	neck here .	<u> </u>	30a	<u> </u>
	Other program services (describe in Schedule O)			·		
		nt includes foreign grants, cl	neck nere	<u> </u>	31a	
	Total program service expenses. (add lines 28a		<del></del>		32	0
ra	rt IV List of Officers, Directors, Trustees, and	i <b>Key Employees.</b> List each o	one even if not com	pensated (see	the ins	structions for Part IV
	Charle Alba accompanies and Cabadala O		- Abre Dest N/			1 1
	Check if the organization used Schedule O	<del>, , , , , , , , , , , , , , , , , , , </del>				L
	Check if the organization used Schedule O  (a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	employee benef	it plans &	(e) Expense account and
TIM	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation	1 '''	it plans &	1 ' '
	(a) Name and address	(b) Title and average hours per week devoted to position Title PRESIDENT	(c) Compensation (If not paid, enter -0)	employee benef deferred compa	it plans &	account and
1624	(a) Name and address DILLON TAHOE AVE SUMNER IA 50674	(b) Title and average hours per week devoted to position Title PRESIDENT Hr/WK 2.50	(c) Compensation (If not paid, enter -0)	employee benef	it plans &	account and
1624 DEN	(a) Name and address DILLON I TAHOE AVE SUMNER IA 50674 NIS SCHNADT	(b) Title and average hours per week devoted to position  Title PRESIDENT  Hr/WK 2.50  Title VICE PRESIDENT	(c) Compensation (If not paid, enter -0)	employee benef deferred compa	it plans &	account and
1624 DEN 3009	(a) Name and address DILLON TAHOE AVE SUMNER IA 50674 NIS SCHNADT 0 165TH ST SUMNER IA 50674	(b) Title and average hours per week devoted to position  Title PRESIDENT  Hr/WK 2.50  Title VICE PRESIDENT  Hr/WK 2.50	(c) Compensation (If not paid, enter -0)	employee benef deferred compa	it plans &	account and
1624 DEN 3009 WAF	(a) Name and address  DILLON  TAHOE AVE SUMNER IA 50674  NIS SCHNADT  0 165TH ST SUMNER IA 50674  RREN SCHWAKE	(b) Title and average hours per week devoted to position  Title PRESIDENT  Hr/WK 2.50  Title VICE PRESIDENT  Hr/WK 2.50  Title SECRETARY	(c) Compensation (if not paid, enter -0)	employee benef deferred compe	it plans &	account and
1624 DEN 3009 WAF 1992	(a) Name and address  DILLON  TAHOE AVE SUMNER IA 50674  NIS SCHNADT  0 165TH ST SUMNER IA 50674  RREN SCHWAKE  UTAH AVE SUMNER IA 50674	(b) Title and average hours per week devoted to position  Title PRESIDENT  Hr/WK 2.50  Title VICE PRESIDENT  Hr/WK 2.50  Title SECRETARY  Hr/WK 2.50	(c) Compensation (if not paid, enter -0)	employee benef deferred compa	it plans &	account and
1624 DEN 3009 WAF 1992 ROE	(a) Name and address  DILLON  TAHOE AVE SUMNER IA 50674  NIS SCHNADT  0 165TH ST SUMNER IA 50674  RREN SCHWAKE  2 UTAH AVE SUMNER IA 50674  ERT CASTERTON	(b) Title and average hours per week devoted to position  Title PRESIDENT  Hr/WK 2.50  Title VICE PRESIDENT  Hr/WK 2.50  Title SECRETARY  Hr/WK 2.50  Title TREASURER	(c) Compensation (If not paid, enter -0)	employee benef deferred compe 0	it plans &	account and
1624 DEN 3009 WAF 1992 ROE 2460	(a) Name and address  DILLON  TAHOE AVE SUMNER IA 50674  NIS SCHNADT  1 165TH ST SUMNER IA 50674  RREN SCHWAKE  2 UTAH AVE SUMNER IA 50674  BERT CASTERTON  0 OAKLAND AVE READLYN IA 50668	(b) Title and average hours per week devoted to position  Title PRESIDENT  Hr/WK 2.50  Title VICE PRESIDENT  Hr/WK 2.50  Title SECRETARY  Hr/WK 2.50  Title TREASURER  Hr/WK 2.50	(c) Compensation (If not paid, enter -0)	employee benef deferred compe	it plans &	account and
1624 DEN 3009 WAF 1992 ROE 2460 BRA	(a) Name and address  DILLON  TAHOE AVE SUMNER IA 50674  NIS SCHNADT  0 165TH ST SUMNER IA 50674  RREN SCHWAKE  2 UTAH AVE SUMNER IA 50674  BERT CASTERTON  0 OAKLAND AVE READLYN IA 50668  D BUNCE	(b) Title and average hours per week devoted to position  Title PRESIDENT  Hr/WK 2.50  Title VICE PRESIDENT  Hr/WK 2.50  Title SECRETARY  Hr/WK 2.50  Title TREASURER  Hr/WK 2.50  Title TREASURER	(c) Compensation (If not paid, enter -0)	employee benef deferred composition	it plans &	account and
1624 DEN 3009 WAF 1992 ROE 2460 BRA 1240	(a) Name and address  DILLON  TAHOE AVE SUMNER IA 50674  NIS SCHNADT  0 165TH ST SUMNER IA 50674  RREN SCHWAKE  UTAH AVE SUMNER IA 50674  DERT CASTERTON  0 OAKLAND AVE READLYN IA 50668  D BUNCE  0 NAVAHO RD SUMNER IA 50674	(b) Title and average hours per week devoted to position  Title PRESIDENT  Hr/WK 2.50  Title VICE PRESIDENT  Hr/WK 2.50  Title SECRETARY  Hr/WK 2.50  Title TREASURER  Hr/WK 2.50  Title VOTING DELEGATE  Hr/WK 2.50	(c) Compensation (If not paid, enter -0)	employee benef deferred compe 0	it plans &	account and
1624 DEN 3009 WAF 1992 ROE 2460 BRA 1240 RICH	(a) Name and address  DILLON  TAHOE AVE SUMNER IA 50674  NIS SCHNADT  0 165TH ST SUMNER IA 50674  RREN SCHWAKE  UTAH AVE SUMNER IA 50674  BERT CASTERTON  0 OAKLAND AVE READLYN IA 50668  D BUNCE  0 NAVAHO RD SUMNER IA 50674  HARD REYNOLDS	(b) Title and average hours per week devoted to position  Title PRESIDENT  Hr/WK 2.50  Title VICE PRESIDENT  Hr/WK 2.50  Title SECRETARY  Hr/WK 2.50  Title TREASURER  Hr/WK 2.50  Title VOTING DELEGATE  Hr/WK 2.50  Title	(c) Compensation (if not paid, enter -0)	employee benef deferred composition	it plans &	account and
1624 DEN 3009 WAF 1992 ROE 2460 BRA 1240 RICH 1357	(a) Name and address  DILLON  TAHOE AVE SUMNER IA 50674  NIS SCHNADT  165TH ST SUMNER IA 50674  RREN SCHWAKE  UTAH AVE SUMNER IA 50674  BERT CASTERTON  O OAKLAND AVE READLYN IA 50668  D BUNCE  O NAVAHO RD SUMNER IA 50674  HARD REYNOLDS  7 SABLE AVE SUMNER IA 50674	(b) Title and average hours per week devoted to position  Title PRESIDENT  Hr/WK 2.50  Title VICE PRESIDENT  Hr/WK 2.50  Title SECRETARY  Hr/WK 2.50  Title TREASURER  Hr/WK 2.50  Title VOTING DELEGATE  Hr/WK 2.50  Title Hr/WK 1.50	(c) Compensation (if not paid, enter -0)	employee benef deferred composition	it plans &	account and
1624 DEN 3009 WAF 1992 ROE 2460 BRA 1240 RICH 1357 BOB	(a) Name and address  DILLON  TAHOE AVE SUMNER IA 50674  NIS SCHNADT  165TH ST SUMNER IA 50674  RREN SCHWAKE  UTAH AVE SUMNER IA 50674  BERT CASTERTON  OAKLAND AVE READLYN IA 50668  D BUNCE  ONAVAHO RD SUMNER IA 50674  HARD REYNOLDS  SABLE AVE SUMNER IA 50674	(b) Title and average hours per week devoted to position  Title PRESIDENT  Hr/WK 2.50  Title VICE PRESIDENT  Hr/WK 2.50  Title SECRETARY  Hr/WK 2.50  Title TREASURER  Hr/WK 2.50  Title VOTING DELEGATE  Hr/WK 2.50  Title Hr/WK 1.50  Title Hr/WK 1.50  Title Hr/WK 1.50	(c) Compensation (if not paid, enter -0)	employee benef deferred compe 0 0 0	it plans &	account and
1624 DEN 3009 WAF 1992 ROE 2460 BRA 1240 RICH 1357 BOE	(a) Name and address  DILLON  TAHOE AVE SUMNER IA 50674  NIS SCHNADT  0 165TH ST SUMNER IA 50674  RREN SCHWAKE  UTAH AVE SUMNER IA 50674  SERT CASTERTON  0 OAKLAND AVE READLYN IA 50668  D BUNCE  0 NAVAHO RD SUMNER IA 50674  HARD REYNOLDS  7 SABLE AVE SUMNER IA 50674  B BREMNER  8 PIONEER AVE SUMNER IA 50674	(b) Title and average hours per week devoted to position  Title PRESIDENT  Hr/WK 2.50  Title VICE PRESIDENT  Hr/WK 2.50  Title SECRETARY  Hr/WK 2.50  Title TREASURER  Hr/WK 2.50  Title VOTING DELEGATE  Hr/WK 2.50  Title Hr/WK 1.50	(c) Compensation (if not paid, enter -0)	employee benef deferred composition	it plans &	account and
1624 DEN 3009 WAF 1992 ROE 2460 BRA 1240 RICH 1357 BOB 1363 VIRO	(a) Name and address  DILLON  TAHOE AVE SUMNER IA 50674  NIS SCHNADT  0 165TH ST SUMNER IA 50674  RREN SCHWAKE  UTAH AVE SUMNER IA 50674  BERT CASTERTON  0 OAKLAND AVE READLYN IA 50668  D BUNCE  0 NAVAHO RD SUMNER IA 50674  HARD REYNOLDS  7 SABLE AVE SUMNER IA 50674  BREMNER  8 PIONEER AVE SUMNER IA 50674  GIL PRIES	(b) Title and average hours per week devoted to position  Title PRESIDENT  Hr/WK 2.50  Title VICE PRESIDENT  Hr/WK 2.50  Title SECRETARY  Hr/WK 2.50  Title TREASURER  Hr/WK 2.50  Title VOTING DELEGATE  Hr/WK 1.50  Title	(c) Compensation (If not paid, enter -0)	employee benef deferred compe 0 0 0	it plans &	account and
1624 DEN 3009 WAR 1992 ROE 2460 BRA 1240 RICH 1357 BOE 1363 VIRQ 2177	(a) Name and address  DILLON  TAHOE AVE SUMNER IA 50674  NIS SCHNADT  0 165TH ST SUMNER IA 50674  RREN SCHWAKE  UTAH AVE SUMNER IA 50674  DERT CASTERTON  0 OAKLAND AVE READLYN IA 50668  D BUNCE  0 NAVAHO RD SUMNER IA 50674  HARD REYNOLDS  7 SABLE AVE SUMNER IA 50674  D BREMNER  B PIONEER AVE SUMNER IA 50674  GIL PRIES  7 LARRABEE AVE WAVERLY IA 50677	(b) Title and average hours per week devoted to position  Title PRESIDENT  Hr/WK 2.50  Title VICE PRESIDENT  Hr/WK 2.50  Title SECRETARY  Hr/WK 2.50  Title TREASURER  Hr/WK 2.50  Title VOTING DELEGATE  Hr/WK 2.50  Title Hr/WK 1.50  Title  Hr/WK 1.50  Title  Hr/WK 1.50	(c) Compensation (If not paid, enter -0)	employee benef deferred composition of the composit	it plans &	account and
1624 DENMAR 3009 WAR 1992 ROE 2460 BRA 124( RICL 1355 BOE 1363 VIRG 2177 RAN	(a) Name and address  DILLON  TAHOE AVE SUMNER IA 50674  NIS SCHNADT  0 165TH ST SUMNER IA 50674  RREN SCHWAKE  UTAH AVE SUMNER IA 50674  BERT CASTERTON  0 OAKLAND AVE READLYN IA 50668  D BUNCE  0 NAVAHO RD SUMNER IA 50674  HARD REYNOLDS  7 SABLE AVE SUMNER IA 50674  BREMNER  8 PIONEER AVE SUMNER IA 50674  GIL PRIES  7 LARRABEE AVE WAVERLY IA 50677  DY HAGENOW	(b) Title and average hours per week devoted to position  Title PRESIDENT  Hr/WK 2.50  Title VICE PRESIDENT  Hr/WK 2.50  Title SECRETARY  Hr/WK 2.50  Title TREASURER  Hr/WK 2.50  Title VOTING DELEGATE  Hr/WK 1.50  Title	(c) Compensation (if not paid, enter -0)	employee benef deferred composition of the composit	it plans &	account and
1624 DEN 3009 WAR 1992 2460 BRA 1240 RICH 1355 BOB 1363 VIRO 2177 RAN 2827	(a) Name and address  DILLON  TAHOE AVE SUMNER IA 50674  NIS SCHNADT  165TH ST SUMNER IA 50674  RREN SCHWAKE  UTAH AVE SUMNER IA 50674  BERT CASTERTON  OAKLAND AVE READLYN IA 50668  D BUNCE  ONAVAHO RD SUMNER IA 50674  HARD REYNOLDS  SABLE AVE SUMNER IA 50674  BREMNER  B PIONEER AVE SUMNER IA 50674  GIL PRIES  LARRABEE AVE WAVERLY IA 50677  IDY HAGENOW  7 230TH ST READLYN IA 50668	(b) Title and average hours per week devoted to position  Title PRESIDENT  Hr/WK 2.50  Title VICE PRESIDENT  Hr/WK 2.50  Title SECRETARY  Hr/WK 2.50  Title TREASURER  Hr/WK 2.50  Title VOTING DELEGATE  Hr/WK 1.50  Title  Hr/WK 1.50  Title  Hr/WK 1.50  Title  Hr/WK 1.50  Title  Hr/WK 1.50	(c) Compensation (if not paid, enter -0)	employee benef deferred composition of the composit	it plans &	account and
1624 DEN 3009 WAR 1992 2460 BRA 1240 RICK 1357 BOE 1363 VIRO 2177 RAN 2827 ANN	(a) Name and address  DILLON  TAHOE AVE SUMNER IA 50674  NIS SCHNADT  165TH ST SUMNER IA 50674  RREN SCHWAKE  UTAH AVE SUMNER IA 50674  BERT CASTERTON  OAKLAND AVE READLYN IA 50668  D BUNCE  NAVAHO RD SUMNER IA 50674  HARD REYNOLDS  SABLE AVE SUMNER IA 50674  BREMNER  B PIONEER AVE SUMNER IA 50674  GIL PRIES  LARRABEE AVE WAVERLY IA 50677  IDY HAGENOW  230TH ST READLYN IA 50668  ROSSOL	(b) Title and average hours per week devoted to position  Title PRESIDENT  Hr/WK 2.50  Title VICE PRESIDENT  Hr/WK 2.50  Title SECRETARY  Hr/WK 2.50  Title TREASURER  Hr/WK 2.50  Title VOTING DELEGATE  Hr/WK 1.50  Title  Hr/WK 1.50	(c) Compensation (if not paid, enter -0)	employee benef deferred composition of the composit	it plans &	account and
1624 DEN 3009 WAR 1992 ROE 2460 BRA 1240 RIC! 1357 BOE 1363 VIRO 2177 RAN 2827 ANN PO I	(a) Name and address  DILLON  TAHOE AVE SUMNER IA 50674  NIS SCHNADT  165TH ST SUMNER IA 50674  RREN SCHWAKE  UTAH AVE SUMNER IA 50674  BERT CASTERTON  OAKLAND AVE READLYN IA 50668  D BUNCE  ONAVAHO RD SUMNER IA 50674  HARD REYNOLDS  SABLE AVE SUMNER IA 50674  BREMNER  B PIONEER AVE SUMNER IA 50674  GIL PRIES  LARRABEE AVE WAVERLY IA 50677  IDY HAGENOW  7 230TH ST READLYN IA 50668	(b) Title and average hours per week devoted to position  Title PRESIDENT  Hr/WK 2.50  Title VICE PRESIDENT  Hr/WK 2.50  Title SECRETARY  Hr/WK 2.50  Title TREASURER  Hr/WK 2.50  Title VOTING DELEGATE  Hr/WK 1.50  Title  Hr/WK 1.50	(c) Compensation (if not paid, enter -0)	employee benef deferred competed of the compet	it plans &	account and
1624 DEN 3009 WAR 1992 ROE 2460 BRA 1240 RIC! 1357 BOE 1363 VIRO 2177 RAN PO I MEL	(a) Name and address  DILLON TAHOE AVE SUMNER IA 50674  NIS SCHNADT D 165TH ST SUMNER IA 50674  RREN SCHWAKE D UTAH AVE SUMNER IA 50674  DERT CASTERTON D OAKLAND AVE READLYN IA 50668 D BUNCE D NAVAHO RD SUMNER IA 50674  HARD REYNOLDS T SABLE AVE SUMNER IA 50674  BREMNER B PIONEER AVE SUMNER IA 50674  GIL PRIES T LARRABEE AVE WAVERLY IA 50677  DY HAGENOW T 230TH ST READLYN IA 50668  ROSSOL BOX 613, 1040 SOUTH ST DENVER IA 50622	(b) Title and average hours per week devoted to position  Title PRESIDENT  Hr/WK 2.50  Title VICE PRESIDENT  Hr/WK 2.50  Title SECRETARY  Hr/WK 2.50  Title TREASURER  Hr/WK 2.50  Title VOTING DELEGATE  Hr/WK 1.50  Title  Hr/WK 1.50	(c) Compensation (If not paid, enter -0)	employee benef deferred competed of the compet	it plans &	account and
1624 DEN 30099 WAR 1992 ROE 2460 BRA 124(1357 BOE 1363 VIR 22177 RAN PO I MEL 1763	(a) Name and address  DILLON  TAHOE AVE SUMNER IA 50674  NIS SCHNADT  0 165TH ST SUMNER IA 50674  RREN SCHWAKE  UTAH AVE SUMNER IA 50674  DERT CASTERTON  O OAKLAND AVE READLYN IA 50668  D BUNCE  O NAVAHO RD SUMNER IA 50674  HARD REYNOLDS  T SABLE AVE SUMNER IA 50674  BREMNER  B PIONEER AVE SUMNER IA 50674  GIL PRIES  T LARRABEE AVE WAVERLY IA 50677  IDY HAGENOW  T 230TH ST READLYN IA 50668  ROSSOL  BOX 613, 1040 SOUTH ST DENVER IA 50622  VIN ROTH	(b) Title and average hours per week devoted to position  Title PRESIDENT  Hr/WK 2.50  Title VICE PRESIDENT  Hr/WK 2.50  Title SECRETARY  Hr/WK 2.50  Title TREASURER  Hr/WK 2.50  Title VOTING DELEGATE  Hr/WK 1.50  Title  Hr/WK 1.50	(c) Compensation (If not paid, enter -0)	employee benefice deferred competed of the com	it plans &	account and
1624 DEN 3009 WAR 1992 ROE 2460 BRA 1240 RICL 1355 BOE 1363 VIRO 22177 RAN 2827 ANN PO I MEL 1763 MAR	(a) Name and address  DILLON  TAHOE AVE SUMNER IA 50674  NIS SCHNADT  0 165TH ST SUMNER IA 50674  RREN SCHWAKE  UTAH AVE SUMNER IA 50674  BERT CASTERTON  0 OAKLAND AVE READLYN IA 50668  D BUNCE  0 NAVAHO RD SUMNER IA 50674  HARD REYNOLDS  7 SABLE AVE SUMNER IA 50674  BREMNER  B PIONEER AVE SUMNER IA 50674  GIL PRIES  1 LARRABEE AVE WAVERLY IA 50677  DY HAGENOW  7 230TH ST READLYN IA 50668  ROSSOL  BOX 613, 1040 SOUTH ST DENVER IA 50622  VIN ROTH  8 MARQUIS RD JANESVILLE IA 50647	(b) Title and average hours per week devoted to position  Title PRESIDENT  Hr/WK 2.50  Title VICE PRESIDENT  Hr/WK 2.50  Title SECRETARY  Hr/WK 2.50  Title TREASURER  Hr/WK 2.50  Title VOTING DELEGATE  Hr/WK 1.50  Title  Hr/WK 1.50	(c) Compensation (if not paid, enter -0)	employee benefice deferred competed of the com	it plans &	account and
1624 DEN 3009 WAR 1992 ROE 2460 BRA 1240 RICH 1355 BOE 1363 VIRO 2177 RAN 2827 ANN PO I MEL 1763 MAR 1146	(a) Name and address  DILLON TAHOE AVE SUMNER IA 50674  NIS SCHNADT D 165TH ST SUMNER IA 50674  RREN SCHWAKE UTAH AVE SUMNER IA 50674  BERT CASTERTON D OAKLAND AVE READLYN IA 50668 D BUNCE D NAVAHO RD SUMNER IA 50674 HARD REYNOLDS T SABLE AVE SUMNER IA 50674 BREMNER B PIONEER AVE SUMNER IA 50674  GIL PRIES T LARRABEE AVE WAVERLY IA 50677 DY HAGENOW T 230TH ST READLYN IA 50668  ROSSOL BOX 613, 1040 SOUTH ST DENVER IA 50622 VIN ROTH B MARQUIS RD JANESVILLE IA 50647  RK MUELLER	(b) Title and average hours per week devoted to position  Title PRESIDENT  Hr/WK 2.50  Title VICE PRESIDENT  Hr/WK 2.50  Title SECRETARY  Hr/WK 2.50  Title TREASURER  Hr/WK 2.50  Title VOTING DELEGATE  Hr/WK 1.50  Title  Hr/WK 1.50  Title	(c) Compensation (if not paid, enter -0)	employee benef deferred competed of the compet	it plans &	account and
1624 DEN 3009 WAR 1992 ROE 2460 BRA 1240 RICK 1357 BOE 1363 VIRO 2177 ANN PO I MEL 1763 MAR 1146 DAV	(a) Name and address  DILLON  TAHOE AVE SUMNER IA 50674  NIS SCHNADT  0 165TH ST SUMNER IA 50674  RREN SCHWAKE  UTAH AVE SUMNER IA 50674  BERT CASTERTON  0 OAKLAND AVE READLYN IA 50668  D BUNCE  0 NAVAHO RD SUMNER IA 50674  HARD REYNOLDS  7 SABLE AVE SUMNER IA 50674  BREMNER  8 PIONEER AVE SUMNER IA 50674  GIL PRIES  7 LARRABEE AVE WAVERLY IA 50677  IDY HAGENOW  7 230TH ST READLYN IA 50668  ROSSOL  80X 613, 1040 SOUTH ST DENVER IA 50622  VIN ROTH  8 MARQUIS RD JANESVILLE IA 50647  IK MUELLER  8 220TH ST WAVERLY IA 50677	(b) Title and average hours per week devoted to position  Title PRESIDENT  Hr/WK 2.50  Title VICE PRESIDENT  Hr/WK 2.50  Title SECRETARY  Hr/WK 2.50  Title TREASURER  Hr/WK 2.50  Title VOTING DELEGATE  Hr/WK 1.50  Title  Hr/WK 1.50	(c) Compensation (if not paid, enter -0)	employee benef deferred competed of the compet	it plans &	account and

Par	Other Information (Note the statement requirements in the instructions for Part V)			1 ago c
	Check if the organization used Schedule O to respond to any question in this Part V			
•			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed			
	description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but	1 [	, ,	l
	not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T	استششد		
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4),			
	501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X	
	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b	Χ	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	36		
27.0	during the year? If "Yes," complete applicable parts of Schedule N  Enter amount of political expenditures, direct or indirect, as described in the instructions   37a	36		X
	Did the organization file Form 1120-POL for this year?	37b	·	X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	3,0		د,
<b></b>	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	:	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	(:4 ]	', ',	
39	Section 501(c)(7) organizations. Enter.		م المعرفية مركز فريخ	
а	Initiation fees and capital contributions included on line 9		to the	18
b	Gross receipts, included on line 9, for public use of club facilities	]: *	£ ,	4"
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1. 7/2	1	2 12
	section 4911 ▶, section 4912 ▶; section 4955 ▶	1 30	\$4.5° 's	1
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit	1 wo suff		Take
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			1
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	\$ 70°C 4	
С	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,	100 m	<b>A</b>	E - 83
d	4955, and 4958 .  Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c	8 3		10
u	reimbursed by the organization		11. 点	£
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	. \$ "x	ξ" - ή   έ:	1
·	transaction? If "Yes," complete Form 8886-T	40e	استامست	X
41	List the states with which a copy of this return is filed. ► IA	<u> </u>	_	<u></u>
42 a	The organization's books are in care of ► THE ORGANIZATION Telephone no. ►	(319) 3	52-36	 67
-	Located at ► 2018 E BREMER AVE , P O B City WAVERLY ST IA ZIP + 4 ► 50			
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	ſ	Yes	No
	account)?	42b		Х
	If "Yes," enter the name of the foreign country:	3		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		t	
	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			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶
	and enter the amount of tax-exempt interest received or accrued during the tax year . ▶ 43			
			Yes	No
44 a				
	completed instead of Form 990-EZ	44a		<u> </u>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		├^
a	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44d		x
	explanation in Schedule O		90-F	

Form 99	0-EZ (2	010)	BREME	R COUNT	Y FARM	BURE	AU							42-0680	736	Page 4
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#### **SCHEDULE O** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization Employer identification number **BREMER COUNTY FARM BUREAU** 42-0680736 FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES. \$112,894 **SUPPLIES** 1627 **TELEPHONE** 1497 **EQUIPMENT RENT & MAINTENANCE** 1209 **DEPRECIATION** 488 **FEDERATION DUES** 42.063 **REGIONAL & CAMPAIGN MANAGER** 2,692 ACQUISITION 2.011 **MEETINGS & ACTIVITIES** 8,720 MEMBER PROTECTOR POLICY 1,863 4,317 **SPOKESMAN** REGIONAL, DISTRICT, STATE MEETINGS & CONFERENCES 1,677 **INSURANCE** 924 **SCHOLARHIPS** 11,700 15,786 AG & COMMUNITY SUPPORT PER 990-T 16,300 INCOME TAXES **OTHER** 20 112,894 FORM 990-EZ, PART I, LINE 20, OTHER CHANGES IN NET ASSETS 27,509 UNREALIZED GAIN (LOSS) ON MARKETABLE SECURITIES FORM 990-EZ, PART II, LINE 24, OTHER ASSETS ACCOUNTS RECEIVABLE & PREPAIDS BEG OF YEAR 2,322 **END OF YEAR** 3,695 FORM 990-EZ, PART II, LINE 26, LIABILITIES ACCOUNTS PAYABLE AND RESERVES BEG OF YEAR 101 101 **END OF YEAR** 

Part IV (990-EZ) - List of Officers, Di			u ney Employe		of 1 of Part IV	
	Title and averag			Contributions to	Expense	
Name and address	hours per wee		Compensation	emp benefit plans &	account and	
	devoted to posit	on		deferred compensation	other allowances	
LUKE SCHULDT						
2361 210TH ST	Title					
TRIPOLI IA 50676	Hr/WK	1 50	o	0	0	
DON BUNCE	· · · · ·					
1751 PIEDMONT AVE	Title	t				
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