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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****A** For the 2010 calendar year, or tax year beginning 10/01/10, and ending 09/30/11**B** Check if applicable☐ Address change☐ Name change☐ Initial return☐ Terminated☐ Amended return☐ Application pending**C** Name of organization**WARREN COUNTY AGRICULTURAL ASSOC**

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

2612 W SECOND AVE

Room/suite

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

INDIANOLA**IA 50125****D** Employer identification number**42-1376233****E** Telephone number**515-961-5861****F** Group Exemption

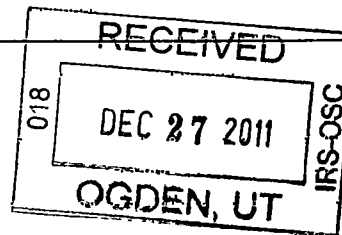
Number ▶

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶**H** Check ☒ if the organization is not required to attach Schedule B**I** Website: www.warrencofair.com**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (5) (insert no) ☐ 4947(a)(1) or ☐ 527 (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$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 return, be sure 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 II,

line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

▶ \$ **118,665****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 ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	41,891
	2	Program service revenue including government fees and contracts	2	63,348
	3	Membership dues and assessments	3	
	4	Investment income	4	10,491
	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	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income 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)	6b	2,935	
c	Less direct expenses from gaming and fundraising events	6c	1,699	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	1,236	
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 in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	116,966	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	18,413
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	5,526
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	1,639
	16	Other expenses (describe in Schedule O)	16	86,516
	17	Total expenses. Add lines 10 through 16	17	112,094
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,872
	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	89,204
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	94,076



Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	89,204	22	94,076
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	89,204	25	94,076
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	89,204	27	94,076

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose?

ORGANIZE & PRESENT AN ANNUAL AGRICULTURAL FAIR

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, or other relevant information for each program title

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 ORGANIZED & PRESENTED AN ANNUAL AGRICULTURAL FAIR		
(Grants \$ 18,413) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	112,094
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	112,094

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this 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
KEN CORE 18268 KEOKUK ST IA 50001	PRESIDENT 2.00	0	0	0
LARRY MCCONNELL 311 E FIRST ST IA 50125	VICE PRESIDENT 2.00	0	0	0
JOHN KEENEY 19150 FULTON ST IA 50047	TREASURER 2.00	0	0	0
JOELLEN REYNOLDS 2612 W SECOND AVE IA 50125	SECRETARY 5.00	0	0	0
JIM SCHIMELFENIG 6272 R57 HWY IA 50125	DIRECTOR 1.00	0	0	0
RICK PITT 9673 - 30TH AVE IA 50229	DIRECTOR 1.00	0	0	0
DAVE HANSEN 1724 BRISTOL ST IA 50211	DIRECTOR 1.00	0	0	0
DON ONSTOT 3376 S23 HWY IA 50047	DIRECTOR 1.00	0	0	0
MARVIN SPEAR 15788 - 160TH AVE IA 50125	DIRECTOR 1.00	0	0	0
VERLE MCGRAW 2350 KIRKWOOD ST IA 50225	DIRECTOR 1.00	0	0	0
JEREMY SNOW 22967 - 120TH AVE IA 50125	DIRECTOR 1.00	0	0	0
CHUCK CLEVELAND 15681 S31 HWY IA 50166	DIRECTOR 1.00	0	0	0
DAN DITTMER 20252 - 240TH AVE IA 50139	DIRECTOR 1.00	0	0	0

Part II **Balance Sheets.** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	0	22	
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	0	25	0
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	27	0

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

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

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, or other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28			
	(Grants \$ _____) If this amount includes foreign grants, check here	▶ <input type="checkbox"/>	28a
29			
	(Grants \$ _____) If this amount includes foreign grants, check here	▶ <input type="checkbox"/>	29a
30			
	(Grants \$ _____) If this amount includes foreign grants, check here	▶ <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O)		
	(Grants \$ _____) If this amount includes foreign grants, check here	▶ <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	▶ <input type="checkbox"/>	32

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

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address		(a) 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
HUGH LIVINGSTON	INDIANOLA	DIRECTOR			
1100 E SECOND AVE, APT 2	IA 50125	1.00	0	0	0
GIB MCCONNELL	INDIANOLA	DIRECTOR			
1203 N E ST, APT 2104	IA 50125	1.00	0	0	0
MARTIN REYNOLDS	INDIANOLA	DIRECTOR			
9856 R63 HWY	IA 50125	1.00	0	0	0
MERRILL BUTLER	INDIANOLA	DIRECTOR			
15384 - 118TH AVE	IA 50125	1.00	0	0	0
MIKE ERWIN	NEW VIRGINIA	DIRECTOR			
4805 TYLER ST	IA 50210	1.00	0	0	0
DOYLE JACOBS	ST CHARLES	DIRECTOR			
18378 - 55TH AVE	IA 50240	1.00	0	0	0
BOB BOSCH	INDIANOLA	DIRECTOR			
16864 FULTON ST	IA 50125	1.00	0	0	0
BOB BYERS	MILO	DIRECTOR			
21686 HWY 65	IA 602++	1.00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V)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		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attached 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)		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
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 40a ; section 4912 40a ; section 4955 40a		
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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its 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 40c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e		X
41 List the states with which a copy of this return is filed 41 <u>None</u>		
42a The organization's books are in care of 42a <u>JOELLEN REYNOLDS</u> Telephone no 42a <u>515-961-5861</u> 2612 W SECOND AVE Located at 42a <u>INDIANOLA</u> IA ZIP + 4 42a <u>50125</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)? 42b		X
If "Yes," enter the name of the foreign country 42b _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ? 42c		X
If "Yes," enter the name of the foreign country 42c _____		
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		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a		X
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
c Did the organization receive any payments for indoor tanning services during the year? 44c		X
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d		

Form 990-EZ (2010)

WARREN COUNTY AGRICULTURAL ASSOC

42-1376233

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- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)
- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
45		X
45a		X
46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as 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?
- b 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"

	Yes	No
47		
48		
49a		
49b		

(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

f Total number of other employees paid over \$100,000 ▶

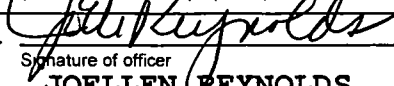
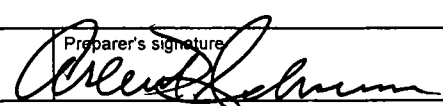
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

- 52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☐ No

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.

Sign Here	Signature of officer 		Date 11/14/11			
	JOELLEN REYNOLDS		SECRETARY			
Paid Preparer Use Only	Print/Type preparer's name ARLEN D SCHRUM		Preparer's signature 	Date 11/03/11	Check <input type="checkbox"/> if self-employed	PTIN P01254642
	Firm's name ▶ Shull & Company, P.C.			Firm's EIN ▶ 42-1172481		
	Firm's address ▶ 1111 N Jefferson St Indianola, IA 50125-1453			Phone no 515-961-2571		

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

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**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.

OMB No. 1545-0047

2010Open to Public
Inspection

Name of the organization

WARREN COUNTY AGRICULTURAL ASSOC

Employer identification number

42-1376233**Form 990-EZ, Part I, Line 10 - Grants/Similar Amts Paid to Organizations****Name and Address****Class of Activity****Date of Gift****Desc. of Property****Cash Contrib. Noncash Contrib.****Book Value****BV Expl.****FMV Expl.****WARREN COUNTY FAIR ASSOCIATION****18451 HWY G76****LACONA, IA 50139****\$ 15,413 \$****0****\$ 0****Form 990-EZ, Part I, Line 16 - Other Expenses****Description****Amount****Expenses****ADVERTISING****\$ 6,407****CONFERENCES & MEETINGS****\$ 1,999****INSURANCE****\$ 4,576****CASUAL LABOR****\$ 3,640****MEMBERSHIPS****\$ 605****EQUIPMENT****\$ 2,930****ATTRACTIONS COSTS****\$ 22,243****JUDGES HONORARIA****\$ 4,809****REPAIRS & MAINTENANCE****\$ 2,176****TROPHIES & PREMIUMS****\$ 13,217****SANITATION****\$ 6,972****SECURITY****\$ 2,629**

Name of the organization

WARREN COUNTY AGRICULTURAL ASSOC

Employer identification number

42-1376233

SUPPLIES	\$	7,557
CHECKOFF FEES	\$	371
TELEPHONE	\$	1,182
UTILITIES	\$	5,203
Total	\$	86,516