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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

- Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
- ▶ Sponsoring organizations of donor advised funds, 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.

A For the 2011 calendar year, or tax year beginning , and ending

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
BENTON COUNTY FARM BUREAU

Number and street (or P O box, if mail is not delivered to street address) Room/suite
1105 W 9TH

City or town state or country ZIP + 4
VINTON IA 52349

D Employer identification number
42-0137360

E Telephone number
(319) 472-5231

F Group Exemption Number ▶ 0626

G Accounting Method ☐ Cash ☒ Accrual Other (specify) ▶

I Website: ▶ N/A

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 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.

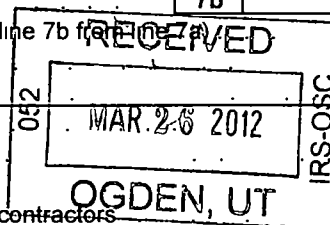
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 145,130

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	17,700	
	2	Program service revenue including government fees and contracts	2	28,351	
	3	Membership dues and assessments	3	69,290	
	4	Investment income	4	29,789	
	5a	Gross amount from sale of assets other than inventory	5a		
	5b	Less: cost or other basis and sales expenses	5b		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0	
	6	Gaming and fundraising events			
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
	6b	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		
6c	Less: direct expenses from gaming and fundraising events	6c			
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0		
Revenue	7a	Gross sales of inventory, less returns and allowances	7a		
	7b	Less: cost of goods sold	7b		
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
	8	Other revenue (describe in Schedule O)	8		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	145,130	
	Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
		11	Benefits paid to or for members	11	
12		Salaries, other compensation, and employee benefits	12	30,844	
13		Professional fees and other payments to independent contractors	13	660	
14		Occupancy, rent, utilities, and maintenance	14	19,360	
15		Printing, publications, postage, and shipping	15	286	
16		Other expenses (describe in Schedule O)	16	73,556	
17		Total expenses. Add lines 10 through 16	17	124,706	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	20,424	
	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	457,331	
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	2,675	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	480,430	

65 12

SCANNED APR 06 2012



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	416,824	22	439,042
23 Land and buildings	40,118	23	40,643
24 Other assets (describe in Schedule O)	389	24	747
25 Total assets	457,331	25	480,432
26 Total liabilities (describe in Schedule O)		26	2
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	457,331	27	480,430

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 ☐**Expenses**

(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? PROVIDE CURRENT AG INFORMATION

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 AN ORGANIZATION DEDICATED TO HELPING FARM FAMILIES PROSPER AND IMPROVE THEIR QUALITY OF LIFE. PROVIDED INFORMATION ON AGRICULTURAL ISSUES THROUGH NEWSLETTERS, MEETINGS, ETC. 1,706 MEMBERS WERE BENEFITTED IN 2011

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

28a

29

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

29a

30

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

30a

31 Other program services (describe in Schedule O)

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

31a

32 Total program service expenses. (add lines 28a through 31a)

32

0

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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DAVID WRAGE 1375 60TH ST DYSART IA 52224	Title VOTING DELEGA Hr/WK 2.50	0		
ROBERT RITSCHER 7176 16TH AVE KEYSTONE IA 52249	Title PRESIDENT Hr/WK 2.50	0		
KEVIN SASH 5150 11TH AVE LA PORTE CITY IA 50651	Title SECRETARY Hr/WK 2.50	0		
NORMAN SACKETT 3065 56TH ST TRAIL CENTER POINT IA 52213	Title TREASURER Hr/WK 2.50	0		
DAVID MCKENCHNIE 3253 74TH ST FAIRFAX IA 52228	Title DIRECTOR Hr/WK 1.50	0		
ROBERT BIRKER 2781 55TH ST VINTON IA 52349	Title DIRECTOR Hr/WK 1.50	0		
HOWARD SCHOONOVER 5939 15TH AVE GARRISON IA 52229	Title VICE PRESIDENT Hr/WK 2.50	0		
AL SCHAFBUCH 509 SHERMAN ST DYSART IA 52224	Title DIRECTOR Hr/WK 1.50	0		
WILLIAM NEWTON 5528 19TH AVE VINTON IA 52349	Title DIRECTOR Hr/WK 1.50	0		
CHAD NEWTON 5527 19TH AVE VINTON IA 52349	Title DIRECTOR Hr/WK 1.50	0		
STEVE THOMPSON 7281 22ND AVE VAN HORNE IA 52346	Title DIRECTOR Hr/WK 1.50	0		
WILLIAM KERKMAN 7027 31TH AVE ATKINS IA 52206	Title DIRECTOR Hr/WK 1.50	0		

Part V Other Information (Note the Schedule A and personal benefit contract 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 significant 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," 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).		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	X	
35 b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	X	
35 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a		
37 b Did the organization file Form 1120-POL for this year?		X
38 a 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
38 b If "Yes," complete Schedule L, Part II and enter the total amount involved.		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40 a 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 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		
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.		X
41 List the states with which a copy of this return is filed. IA		
42 a The organization's books are in care of THE ORGANIZATION Telephone no (319) 472-5231 Located at 1105 W 9TH City VINTON ST IA ZIP + 4 52349		
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)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42b		X
42c		X
c At any time during the calendar year, did the organization maintain an office outside the U.S.? 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		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
44c Did the organization receive any payments for indoor tanning services during the year?		X
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		X
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45 b 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)		X

- 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
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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		
48		
49a		
49b		

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

- 49 a 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"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None City ST ZIP	Title Hr/WK 00			
Name City ST ZIP	Title Hr/WK 00			
Name City ST ZIP	Title Hr/WK 00			
Name City ST ZIP	Title Hr/WK 00			
Name City ST ZIP	Title Hr/WK 00			

- 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
Name None City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		

- 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 <i>Norman Sachett</i>		Date 3-22-2012		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MAX STUDER	Preparer's signature <i>Max d. Studer CPA</i>	Date 3/3/2012	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01272566
	Firm's name MAX N STUDER CPA			Firm's EIN 27-5346832	
	Firm's address PO BOX 1463, JOHNSTON, IA 50131			Phone no (515) 238-1766	
	May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

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

2011

**Open to Public
Inspection**

BENTON COUNTY FARM BUREAU

Employer identification number
42-0137360

FORM 990 -EZ, PART I, LINE 16, OTHER EXPENSES

\$73,556

SUPPLIES	1,884
TELEPHONE	1,096
EQUIPMENT RENT & MAINTENANCE	1,020
DEPRECIATION	629
FEDERATION DUES	35,490
REGIONAL & CAMPAIGN MANAGER EXPENSE	1,665
ACQUISITION	1,437
MEETINGS & ACTIVITIES	6,364
MEMBER PROTECTOR POLICY	1,572
SPOKESMAN	3,745
REGIONAL, DISTRICT, STATE MEETINGS & CONFERENCES	1,327
INSURANCE	894
SCHOLARSHIPS	2,000
AG & COMMUNITY SUPPORT	76
PER 990-T	14,357
INCOME TAXES	0
OTHER	0
	73,556

FORM 990-EZ, PART I, LINE 20, OTHER CHANGES IN NET ASSETS

UNREALIZED GAIN (LOSS) ON MARKETABLE SECURITIES	2,675
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FORM 990-EZ, PART II, LINE 24, OTHER ASSETS

ACCOUNTS RECEIVABLE & PREPAIDS	BEG OF YEAR	389	END OF YEAR	747
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FORM 990-EZ, PART II, LINE 26, LIABILITIES

ACCOUNTS & RESERVE PAYABLES	BEG OF YEAR	0	END OF YEAR	2
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Page 1 of 1 of Part IV

Employer identification number

42-0137360

Name and title	Average hours per week devoted to position	Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	Contributions to emp benefit plans & deferred compensation	Estimated amount of other compensation
MARK KOTOUC DIRECTOR	1 50	0	0	0
DEAN JENSEN DIRECTOR	1 50	0	0	0
DUSTIN SCHIRM DIRECTOR	1 50	0	0	0
	.00	0	0	0
	00	0	0	0
	00	0	0	0
	00	0	0	0
	00	0	0	0
	00	0	0	0
	.00	0	0	0
	00	0	0	0
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	.00	0	0	0
	00	0	0	0
	00	0	0	0
	00	0	0	0
	.00	0	0	0
	00	0	0	0
	00	0	0	0
	.00	0	0	0
	00	0	0	0
	00	0	0	0
	.00	0	0	0