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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

Open to Public Inspection

Department 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 2012 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
WINNESHIEK COUNTY FARM BUREAU
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
214 WINNEBAGO, P O BOX 259
 City or town state or country ZIP + 4
DECORAH IA 52101

D Employer identification number
42-0684996

E Telephone number
(563) 382-8713

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 **\$ 163,332**

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		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	15,000	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2		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)
3	Membership dues and assessments	3	86,360	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4	37,783	21	Net assets or fund balances at end of year Combine lines 18 through 20
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		
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	24,189		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	163,332		
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	30,819		
13	Professional fees and other payments to independent contractors	13	680		
14	Occupancy, rent, utilities, and maintenance	14	13,872		
15	Printing, publications, postage, and shipping	15	2,070		
16	Other expenses (describe in Schedule O)	16	101,415		
17	Total expenses. Add lines 10 through 16	17	148,856		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	14,476		
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	245,120		
20	Other changes in net assets or fund balances (explain in Schedule O)	20	-962		
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	258,634		

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	217,113	22 239,156
23 Land and buildings	36,778	23 33,179
24 Other assets (describe in Schedule O)	5,915	24 3,792
25 Total assets	259,806	25 276,127
26 Total liabilities (describe in Schedule O)	14,686	26 17,493
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	245,120	27 258,634

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. 2,159 MEMBERS WERE BENEFITTED IN 2012. (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	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 title	(b) 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
SHANE RIEHLE VOTING DELEGATE	Hr/WK 2.50	0		
RANDY BRINCKS PRESIDENT	Hr/WK 2.50	0		
ANNE BUSHMAN SECRETARY	Hr/WK 2.50	0		
RAYMOND RANSOM TREASURER	Hr/WK 2.50	0		
JOHN HEGG VICE PRESIDENT	Hr/WK 2.50	0		
DERRICK VAGTS DIRECTOR	Hr/WK 1.50	0		
DAVE BAUMLER DIRECTOR	Hr/WK 1.50	0		
STEVE LANGLAND DIRECTOR	Hr/WK 1.50	0		
CARL SCHMITT DIRECTOR	Hr/WK 1.50	0		
KYLE HOLTHAUS DIRECTOR	Hr/WK 1.50	0		
BRANDON FRIEDLEIN DIRECTOR	Hr/WK 1.50	0		
LLOYD HAGEMAN 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
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
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		
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
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		
40 a 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		
42 a The organization's books are in care of 42a THE ORGANIZATION Telephone no 42a (563) 382-8713		
Located at 42a 214 WINNEBAGO, P O BOX 2 City DECORAH ST IA ZIP + 4 42a 52101		
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: 42b		X
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 the U.S.? If "Yes," enter the name of the foreign country: 42c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here 43		
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 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		X
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a		X
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). 45b		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 only

All section 501(c)(3) organizations 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		X
49b		X

- 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 title of each employee paid more than \$100,000	(b) 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				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
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		
Name		
City		
Name		
City		
Name		
City		
Name		
City		

- 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>Ann Bushman</i>		Date <i>4-8-13</i>		
	Type or print name and title <i>Ann Bushman, secretary</i>				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature <i>Max N Studer CPA</i>	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Firm's name		3/15/2013		P01272566
	Firm's address				
Firm's address <i>PO BOX 1463, JOHNSTON, IA 50131</i>			Firm's EIN	27-5346832	
			Phone no	(515) 238-1766	
May the IRS discuss this return with the preparer shown above? See instructions					<input checked="" type="checkbox"/> Yes <input 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

2012

**Open to Public
Inspection**

WINNESHIEK COUNTY FARM BUREAU

Employer identification number

42-0684996

Form 990-EZ, Part I, Line 8, Other Revenue: Expense Recoveries: 24,085

Form 990-EZ, Part I, Line 8, Other Revenue: Miscellaneous: 104

Form 990-EZ, Part I, Line 16, Other Expenses: Travel: 60

Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings: 3,415

Form 990-EZ, Part I, Line 16, Other Expenses: Depreciation: 3,598

Form 990-EZ, Part I, Line 16, Other Expenses: Equipment rental and maintenance: 5,833

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 1,981

Form 990-EZ, Part I, Line 16, Other Expenses: Telephone: 4,663

Form 990-EZ, Part I, Line 16, Other Expenses: Federation Dues: 45,297

Form 990-EZ, Part I, Line 16, Other Expenses: Management Expense: 2,157

Form 990-EZ, Part I, Line 16, Other Expenses: Advertising & Public Relations: 20,116

Form 990-EZ, Part I, Line 16, Other Expenses: Dues & Subscriptions: 4,480

Form 990-EZ, Part I, Line 16, Other Expenses: Insurance: 1,151

Form 990-EZ, Part I, Line 16, Other Expenses: Program Services: 2,954

Form 990-EZ, Part I, Line 16, Other Expenses: Young Farmer Activities: 30

Form 990-EZ, Part I, Line 16, Other Expenses: Board of Director Expense: 1,876

Form 990-EZ, Part I, Line 16, Other Expenses: Ag & Community Support: 3,499

Form 990-EZ, Part I, Line 16, Other Expenses: Other: 305

Form 990-EZ, Part I, Line 20, Net Assets: Unrealized Loss on Marketable Equity Securities:

-962

Form 990-EZ, Part II, Line 24, Other Assets: Accounts Receivable: Beginning of year: 5,910,

End of year: 3,792

Form 990-EZ, Part II, Line 24, Other Assets: Prepaid Expenses: Beginning of year: 5, End of

year: 0

Form 990-EZ, Part II, Line 26, Liabilities: Accounts Payable: Beginning of year: 129, End of

year: 3,355

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2012)

HTA

Name of the organization

Employer identification number

WINNESHIEK COUNTY FARM BUREAU

42-0684996

Form 990-EZ, Part II, Line 26, Liabilities Special Reserves Beginning of year 14,138, End

of year 14,138

Form 990-EZ, Part II, Line 26, Liabilities Income Tax Payable Beginning of year 419, End of

year 0

Page 1 of 1 of Part IV

Employer identification number

42-0684996

[illegible]