

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



_{Eom} 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

<u>Z</u>@13

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

→ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

B Check #applicable Address change BREMER COUNTY FARM BUREAU Address change BREMER COUNTY FARM BUREAU Address change Address chang	Α	For th	ne 2013 caler	ndar year, or tax year beginning , and endi	ng		
Number exhapper Number exh	<u>B</u>	Check I	ıf applıcable	C Name of organization		D Employer id	entification number
Internation Control Termanded return Amended retur		Address	s change	BREMER COUNTY FARM BUREAU			
Terminated Amended return WAVERLY IA 50677 Gosphar Substitution Su		Name o	change	Number and street (or P O box, if mail is not delivered to street address) Room/s	suite	42	2-0680736
Amended return		Initial re	eturn	2018 E BREMER AVE , P O. BOX 615		E Telephone n	umber
Application pending Foreign country name Foreign province/stateticiounty Foreign postal code F Group Exemption Number 0626		Termina	ated	City or town State ZIP code			
Number 0626		Amende	ed return	WAVERLY IA 50677		(31	9) 352-3667
Accounting Method		Applica	tion pending	Foreign country name Foreign province/state/county Foreign postal of	code	F Group Exe	mption
Website: N/A Note Solicic So						Number ▶	0626
Website: N/A Note Solicic So	<u> </u>	Accour	ntına Method	Cash X Accrual Other (specify)	Н	Check	if the organization is
Tax-exempt status (check only one)			•	Casil [X] Accidal Office (specify)	- '''		-
From of organization X Corporation Trust Association Other					īl	•	
Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		Tax-exe	mpt status (che	ck only one) —501(c)(3)X_501(c) (5494/(a)(1) or	1527		
Part II Column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 188,309	Κ	Form o	of organization	on X Corporation Trust Association Other		. <u></u>	
Part II Column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 188,309	L	Add lin	es 5b, 6c, a	nd 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or	more, o	r if total assets	S
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. 1 1 16,200 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 1 Investment income 4 4 57,074 5a Gross amount from sale of assets other than inventory 5 Less cost or other basis and sales expenses. 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than st15,000) 6 Gaming and fundraising events from the sale of sasets other than inventory (Subtract line 5b from line 5a) 6 Caming and fundraising events from gaming and fundraising events. 6 Caming and fundraising events reported of line (1) (attach Schedule G if the sum of such gross income from fundraising events (not including for fundraising events reported of line (1) (attach Schedule G if the sum of such gross income from gaming and fundraising events. 6 Net income or (loss) from gaming and fundraising events (sudd lines 6a and 6b and subtract line 6c) 7 Gross sales of inventory, less returns and allowables from line 5a and 6b and subtract line 6c) 7 Caross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 Caros grofit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 13 Gets 14 Occupancy, rent, utilities, and maintenance 14 19,351 15 Printing, publications, postage, and shipping 15 G.329 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16. 17 from line 9 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-y					•		
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 57,074 55 Gross amount from sale of assets other than inventory. 56 Gross amount from sale of assets other than inventory. 57 C Gaming and fundraising events 58 Gross income from gaming and fundraising events and successful from fundraising events are from fundraising events (not including.) 59 C Less direct expenses from gaming and fundraising events. 60 Net income or (loss) from gaming and fundraising events. 61 Net income or (loss) from gaming and fundraising events. 62 C Gross profit or (loss) from sales of inventory. Less returns and allowances. 63 Net income or (loss) from sales of inventory (Subtract line 7b from line 7a) 64 Other revenue (describe in Schedule O) 65 Other revenue (describe in Schedule O) 66 Other revenue (describe in Schedule O) 67 Other changes in and amaintenance. 68 Other revenue (describe in Schedule O) 69 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 70 Grants and similar amounts paid (list in Schedule O) 71 Denefits paid to or for members 72 Salaries, other compensation, and employee benefits 73 Professional fees and other payments to independent contractors 74 December 1 Salaries, other compensation, and employee benefits 75 Printing, publications, postage, and shipping 76 Other expenses (describe in Schedule O) 77 December 1 Salaries, other compensation, and employee benefits 78 Excess or (deflict) for the year (Subtract line 17 from line 9) 79 Net assets or (deflict) for the year (Subtract line 17 from line 9) 70 Other changes in net assets or fund balances (explain in Schedule O) 71 Other changes in net assets or fund balances (explain in Schedule O) 79 Other changes in net assets or fund balances (explain in Schedule O) 79 Other changes in net assets or fund balances (explain in Schedule O) 79 Other changes in net assets o		_			the in	structions fo	
1 Contributions, gifts, grants, and similar amounts received 1 16,200							
2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Less cost or other basis and sales expenses 6 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 7 Gaming and fundraising events 8 Gross income from gaming (attach Schedule G if greater than \$15,000) 8 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) 8 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) 8 Less direct expenses from gaming and fundraising events. 9 Less of costs of goods sold. 10 Gross sales of inventory, less returns and allowances. 10 Less cost of goods sold. 11 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salanes, other compensation, and employee benefits 12 Sortias and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members 12 Salanes, other compensation, and employee benefits 13 Gets 14 Occupancy, rent, utilities, and maintenance. 14 19,351 15 G.329 16 Other expenses (describe in Schedule O). 17 Total revenue. Add lines 10 through 16. 18 Excess or (defict) for the year (Subtract line 17 from line 9) 18 Excess or (defict) for the year (Subtract line 17 from line 9) 19 Cother expenses (describe in Schedule O). 10 Cother expenses (describe in Schedule O). 11 Benefits paid to or for do balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 A41,709 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year (from	$\overline{}$	4					
4 Sp.955 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses. c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). c Garning and fundraising events a Gross income from fundraising events. (not.including 5 of contributions from fundraising events reported oil line (b) (attach Schedule G if the sum of such gross income from gaming and fundraising events. (not.including 5 of contributions from fundraising events reported oil line (b) (attach Schedule G if the sum of such gross income from gaming and fundraising events. d Net income or (loss) from gaming and fundraising events. d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances. b Less cost of goods sold. c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 198,309 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 57,347 13 Professional fees and other payments to independent contractors 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (defict) for the year (Subtract line 17 from line 9) 18 Excess or (defict) for the year (Subtract line 17 from line 9) 19 Cher expenses (describe in Schedule O). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 21 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year (from line 27 and through 20 20 28,304					•	<u> </u>	10,200
4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses. c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000). b Gross income from fundraising events. (not including \$ of contributions from fundraising events (not line 6a) In the including fundraising events (not including \$ of contributions from fundraising events (not line 6a) In the including fundraising events (not including \$ of contributions from fundraising events (not including \$ of contributions from fundraising events (not line 6a) In the including fundraising events (not line 5a) In the including fundraising events (not line			-			· -	80 055
5a Gross amount from sale of assets other than inventory				•	•		
b Less cost or other basis and sales expenses. c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000). 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). c Less direct expenses from gaming and fundraising events. d Net income or (loss) from gaming and fundraising events. d Net income or (loss) from gaming and fundraising events. b Less cost of goods sold. 7a b Less cost of goods sold. 7b c Gross sales of inventory, less returns and allowances. 7a b Less cost of goods sold. 7a b Less cost of goods sold. 7a c Gross sales of inventory (Subtract line 7b from line 7a) 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0 8 Other revenue (describe in Schedule O) 8 3 35,080 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 19 198,309 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 57,347 13 Professional fees and other payments to independent contractors 13 665 14 Occupancy, rent, utilities, and maintenance. 14 19,351 15 6,329 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) 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) 21 440,2836	- 1	-			• •		37,074
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000). b Gross income from fundraising events. (not including \$ of contributions from fundraising events reported on line () (attach Schedule G if the sum of such gross income and contributions-exceeds \$15,000). c Less direct expenses from gaming and fundraising events. d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances. 7a				· ·			
6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000). b Gross income from fundraising events. (not.including \$ of contributions from fundraising events reported on line \$\frac{1}{2}\$ (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). c Less direct expenses from gaming and fundraising events. d Net income or (loss) from gaming and fundraising events. c Gross sales of inventory, less returns and allowances							0
a Gross income from gaming (attach Schedule G if greater than \$15,000). b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line to (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). c Less direct expenses from gaming and fundraising events. d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold. C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 198,309 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 665 14 Occupancy, rent, utilities, and maintenance. 15 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7c) 15 Grants and similar amounts paid (list in Schedule O). 16 Grants and similar amounts paid (list in Schedule O). 17 Total expenses. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 18 Cocupancy, rent, utilities, and maintenance. 19 Grants and similar amounts paid (list in Schedule O). 19 Total expenses. Add lines 1, 2 is a 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) 19 441,709 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) 19 441,709 20 Other changes in net assets or fund balances (explain in Schedule O) 20 28,304 21 462,836			•	· ·	•		
\$15,000) b Gross income from fundraising events (not including			•				
sum of such gross income and contributions exceeds \$15,000). c Less direct expenses from gaming and fundraising events. d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances. 7b Less cost of goods sold. 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Gest 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) 19 441,709 20 Qher changes in net assets or fund balances (explain in Schedule O). 20 28,304 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances at end of year Combine lines 18 through 20	ဈ	a					
sum of such gross income and contributions exceeds \$15,000). c Less direct expenses from gaming and fundraising events. d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances. 7b Less cost of goods sold. 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Gest 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) 19 441,709 20 Qher changes in net assets or fund balances (explain in Schedule O). 20 28,304 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances at end of year Combine lines 18 through 20	립	h			ons		
sum of such gross income and contributions exceeds \$15,000). c Less direct expenses from gaming and fundraising events. d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances. 7b Less cost of goods sold. 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Gest 14 Occupancy, rent, utilities, and maintenance. 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 pror year's return) 19 441,709 20 Other changes in net assets or fund balances (explain in Schedule O). 20 28,304 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Vet assets or fund balances at end of year Combine lines 18 through 20	Š				0.10		
c Less direct expenses from gaming and fundraising events. 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	~		sum of suc	h gross income and contributions-exceeds \$15,000)			
d Net income or (loss) from gaming and fundratising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances. b Less cost of goods sold. 7b C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 198,309 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 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) 19 441,709 20 28,304 21 Net assets or fund balances at end of year Combine lines 18 through 20	-	c					
line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold. Callin N. Calling Tob c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.		_	Net income	or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	act		
Ta Gross sales of inventory, less returns and allowances below the Less cost of goods sold control of the State of the Less cost of goods sold control of the State of the Sta		_		144,		. 6d	0
b Less cost of goods sold————————————————————————————————————		7a	,				
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0 8 Other revenue (describe in Schedule O) 8 35,080 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 198,309 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 57,347 13 Professional fees and other payments to independent contractors 13 665 14 Occupancy, rent, utilities, and maintenance 14 19,351 15 Printing, publications, postage, and shipping 15 6,329 16 Other expenses (describe in Schedule O) 16 121,794 17 Total expenses. Add lines 10 through 16 17 205,486 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -7,177 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) 19 441,709 20 Other							
8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 198,309 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 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) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 28,304 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Vet assets or fund balances at end of year Combine lines 18 through 20 21 462,836		С				. 7c	0
10 Grants and similar amounts paid (list in Schedule O)		8	Other rever	nue (describe in Schedule O)		. 8	35,080
11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 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 Net assets or fund balances at end of year Combine lines 18 through 20 22 462,836	\perp	9	Total rever	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.		. ▶ 9	198,309
12 Salaries, other compensation, and employee benefits 13 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 Net assets or fund balances at end of year Combine lines 18 through 20 22 462,836		10	Grants and	similar amounts paid (list in Schedule O)		. 10	
Professional fees and other payments to independent contractors 13 665 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) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 28,304 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 462,836	i	11	Benefits pa	ıd to or for members		. 11	
16 Other expenses (describe in Schedule O)	S		Salaries, ot	her compensation, and employee benefits			
16 Other expenses (describe in Schedule O)	SLIS						
16 Other expenses (describe in Schedule O)	트립						
16 Other expenses (describe in Schedule O)	3⊕					<u> </u>	
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) 10 Other changes in net assets or fund balances (explain in Schedule O) 11 Net assets or fund balances at end of year Combine lines 18 through 20 12 1 Net assets or fund balances at end of year Combine lines 18 through 20 13 18 203,430 14 21 21 21 21 21 25 25 25 25 25 25 25 25 25 25 25 25 25	- 1						
18 Excess or (defict) 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 22 462,836							
20 Other changes in net assets or fund balances (explain in Schedule O)	<u>ب</u>					18	-7,177
20 Other changes in net assets or fund balances (explain in Schedule O)	Z SS	19					
21 Net assets or fund balances at end of year Combine lines 18 through 20	ڄ اڳ		•	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
							
	لست			·			

	Balance Sheets. (see the instructions for Check if the organization used Schedule O to re	spond to any question in	this Part II				. X
				(A) Begu	nning of year		(B) End of year
22	Cash, savings, and investments			(A) Degii	286,830	22	322,073
23	Land and buildings					\rightarrow	
24	Other assets (describe in Schedule O)						
25	Total assets						
26	Total liabilities (describe in Schedule O)				3,890	26	10,688
27						$\overline{}$	462,836
Pa	rt Statement of Program Service Accomplish	hments (see the instruct	ons for Part III)			/Per	Expenses
\		· - · · · · · · · · · · · · · · · · · ·	152,880 23				
				conucoc			
						for o	thers)
	sons benefited, and other relevant information for eac		orovided, the nam	DEI OI			
	AN ORGANIZATION DEDICATED TO HELPING FA		R AND IMPROVE	THEIR			
	QUALITY OF LIFE PROVIDED INFORMATION OF						
	NEWSLETTERS, MEETINGS, ETC 1,979 MEMBE						
					▶ □	28a	
29			ULTURAL ISSUES THROUGH RE BENEFITTED IN 2013.				
			### stricts three largest program services, ervices provided, the number of ### PROSPER AND IMPROVE THEIR ### AL ISSUES THROUGH ### EFITTED IN 2013. ### grants, check here ### But an all and a grants are the instructions for Part IV) ### INDICATE OF THEIR ### AL ISSUES THROUGH ### But an all and a grants are the instructions for Part IV)				
	(Grants \$) If this amount	includes foreign grants,	check here		▶	29a	
30							
							1
	(Grants \$) If this amount	includes foreign grants,	check here	•	▶ □	30a	
31							
					▶ □	31a	
32	Total program service expenses. (add lines 28a th	rough 31a)			▶	32	0
						ructio	ns for Part IV)
	Check if the organization used Schedule O to	respond to any question	ın this Part IV .				
			(c) Reportable	•	(d) Health benefits	,]	. 444
	(a) Name and title	(b) Average hours per week	compensatior (Forms W-2/1099-I		contributions to		(e) Estimated amount of other compensation
	(a) Name and the	devoted to position	(if not paid, enter		iployee benefit pla deferred compens	115,	outer compensation
DEN	NNIS SCHNADT		. 		ueleneu compens	ation	
					deletted compens	ation	· -
	SIDENT	Hr/WK 2.5	.0	0	deletted compens	ation	<u> </u>
	ESIDENT KE SCHULDT	Hr/WK 25	0		uelened compens	ation	
VICI	KE SCHULDT				uerenea compens	ation	
	E SCHULDT E PRESIDENT	Hr/MK 25		0	uerened compens	ation	
KAT	KE SCHULDT E PRESIDENT TIE SCHWARTZ	Hr/WK 2 5	0	0	ucienea compens	ation	
KAT SEC	CE SCHULDT E PRESIDENT TIE SCHWARTZ CRETARY		0	0	uelenea compens	ation	
KAT SEC ROE	CE SCHULDT E PRESIDENT TIE SCHWARTZ CRETARY BERT CASTERTON	Hr/WK 2.5	0	0 0	usianea compens	ation	
KAT SEC ROE TRE	CE SCHULDT E PRESIDENT TIE SCHWARTZ CRETARY BERT CASTERTON EASURER	Hr/WK 2 5	0	0	usianea compens	ation	
KAT SEC ROE TRE BRA	CE SCHULDT E PRESIDENT TIE SCHWARTZ CRETARY BERT CASTERTON EASURER AD BUNCE	Hr/WK 2.5 Hr/WK 2.5	0	0 0	usianea compens	ation	
KAT SEC ROE TRE BRA VOT	E SCHULDT E PRESIDENT TIE SCHWARTZ CRETARY BERT CASTERTON EASURER AD BUNCE TING DELEGATE	Hr/WK 2.5 Hr/WK 2.5	0	0 0 0	ucienea compens	ation	
KAT SEC ROE TRE BRA VOT STE	E SCHULDT E PRESIDENT TIE SCHWARTZ CRETARY BERT CASTERTON EASURER AD BUNCE TING DELEGATE EVE REYNOLDS	Hr/WK 2.5 Hr/WK 2.5 Hr/WK 2.5	0	0 0 0	usianea compens	ation	-
KAT SEC ROE TRE BRA VOT STE DIRI	E SCHULDT E PRESIDENT TIE SCHWARTZ CRETARY BERT CASTERTON EASURER AD BUNCE TING DELEGATE EVE REYNOLDS ECTOR	Hr/WK 2.5 Hr/WK 2.5	0	0 0 0 0	usianea compens	ation	
KAT SEC ROE TRE BRA VOT STE DIRI BOE	E SCHULDT E PRESIDENT TIE SCHWARTZ CRETARY BERT CASTERTON EASURER AD BUNCE TING DELEGATE EVE REYNOLDS ECTOR B BREMNER	Hr/WK 2.5 Hr/WK 2.5 Hr/WK 2.5 Hr/WK 2.5 Hr/WK 1.5	0	0 0 0 0 0 0	usianea compens	ation	
KAT SEC ROE TRE BRA VOT STE DIRI BOE DIRI	E SCHULDT E PRESIDENT TIE SCHWARTZ CRETARY BERT CASTERTON EASURER AD BUNCE TING DELEGATE EVE REYNOLDS ECTOR B BREMNER ECTOR	Hr/WK 2.5 Hr/WK 2.5 Hr/WK 2.5	0	0 0 0 0	ueienea Compens	ation	
KAT SEC ROE TRE BRA VOT STE DIRI BOE DIRI	E SCHULDT E PRESIDENT TIE SCHWARTZ CRETARY BERT CASTERTON EASURER AD BUNCE TING DELEGATE EVE REYNOLDS ECTOR B BREMNER ECTOR GIL PRIES	Hr/WK 2.5 Hr/WK 2.5 Hr/WK 2.5 Hr/WK 1.5 Hr/WK 1.5	0	0 0 0 0 0 0 0 0	usianea compens	ation	
KAT SEC ROE TRE BRA VOT STE DIRI DIRI VIRO DIRI	E SCHULDT E PRESIDENT TIE SCHWARTZ CRETARY BERT CASTERTON EASURER AD BUNCE TING DELEGATE EVE REYNOLDS ECTOR B BREMNER ECTOR GIL PRIES ECTOR	Hr/WK 2.5 Hr/WK 2.5 Hr/WK 2.5 Hr/WK 2.5 Hr/WK 1.5	0	0 0 0 0 0 0	uelenea Compens	ation	
KATT SEC ROE TRE BRA VOT STE DIRI BOE VIRO DIRI WAA	E SCHULDT E PRESIDENT TIE SCHWARTZ CRETARY BERT CASTERTON EASURER AD BUNCE TING DELEGATE EVE REYNOLDS ECTOR B BREMNER ECTOR GIL PRIES ECTOR RREN SCHWAKE	Hr/WK 2.5 Hr/WK 2.5 Hr/WK 2.5 Hr/WK 2.5 Hr/WK 1.5 Hr/WK 1.5 Hr/WK 1.5	0	0 0 0 0 0 0 0 0 0	uelenea Williperis	ation	
KATT SEC ROE TRE BRA VOT STE DIRI VIRO DIRI UNIRO DIRI UNIRO DIRI UNIRO DIRI UNIRO DIRI UNIRO DIRI UNIRO DIRI UNIRO DIRI UNIRO DIRI DIRI DIRI DIRI DIRI DIRI DIRI D	E SCHULDT E PRESIDENT TIE SCHWARTZ CRETARY BERT CASTERTON EASURER AD BUNCE TING DELEGATE EVE REYNOLDS ECTOR B BREMNER ECTOR GIL PRIES ECTOR RREN SCHWAKE ECTOR	Hr/WK 2.5 Hr/WK 2.5 Hr/WK 2.5 Hr/WK 1.5 Hr/WK 1.5	0	0 0 0 0 0 0 0 0	ucienea compens	ation	
KATT SEC ROE TRE BRA VOT STE DIRI VIRO DIRI WAR DIRI BRI/ BRI/	E SCHULDT E PRESIDENT TIE SCHWARTZ CRETARY BERT CASTERTON EASURER AD BUNCE TING DELEGATE EVE REYNOLDS ECTOR B BREMNER ECTOR GIL PRIES ECTOR RREN SCHWAKE ECTOR AN POTTEBAUM	Hr/WK 2.5 Hr/WK 2.5 Hr/WK 2.5 Hr/WK 2.5 Hr/WK 1.5 Hr/WK 1.5 Hr/WK 1.5 Hr/WK 1.5 Hr/WK 1.5	0	0 0 0 0 0 0 0 0	ueienea compens	ation	
KAT SEC ROE TRE BRA VOT STE DIRI VIRO DIRI WAR DIRI BRIJ DIRI	E SCHULDT E PRESIDENT TIE SCHWARTZ CRETARY BERT CASTERTON EASURER AD BUNCE TING DELEGATE EVE REYNOLDS ECTOR B BREMNER ECTOR GIL PRIES ECTOR RREN SCHWAKE ECTOR AN POTTEBAUM ECTOR	Hr/WK 2.5 Hr/WK 2.5 Hr/WK 2.5 Hr/WK 2.5 Hr/WK 1.5 Hr/WK 1.5 Hr/WK 1.5	0	0 0 0 0 0 0 0 0 0	ueienea Compens	ation	
KATT SEC ROE TRE BRA VOT STE DIR BOE DIR WAR DIR DIR DIR MAR DIR MEL	E SCHULDT E PRESIDENT TIE SCHWARTZ CRETARY BERT CASTERTON EASURER AD BUNCE TING DELEGATE EVE REYNOLDS ECTOR B BREMNER ECTOR GIL PRIES ECTOR RREN SCHWAKE ECTOR AN POTTEBAUM ECTOR LVIN ROTH	Hr/WK 2.5 Hr/WK 2.5 Hr/WK 2.5 Hr/WK 1.5 Hr/WK 1.5 Hr/WK 1.5 Hr/WK 1.5 Hr/WK 1.5 Hr/WK 1.5	0	0 0 0 0 0	ucienea Compens	ation	
KATT SEC ROE TREE BRAVOT STE DIRI BOE DIRI WAR DIRI BRI/ DIRI MEL DIRI	E SCHULDT E PRESIDENT TIE SCHWARTZ CRETARY BERT CASTERTON EASURER AD BUNCE TING DELEGATE EVE REYNOLDS ECTOR B BREMNER ECTOR GIL PRIES ECTOR RREN SCHWAKE ECTOR AN POTTEBAUM ECTOR LVIN ROTH ECTOR	Hr/WK 2.5 Hr/WK 2.5 Hr/WK 2.5 Hr/WK 2.5 Hr/WK 1.5 Hr/WK 1.5 Hr/WK 1.5 Hr/WK 1.5 Hr/WK 1.5	0	0 0 0 0 0 0 0 0	ueienea Compens	ation	
KATT SEC ROB TRE BRA VOT STE DIRI VIRO DIRI WAA DIRI DIRI MEL DIRI MAA	E SCHULDT E PRESIDENT TIE SCHWARTZ CRETARY BERT CASTERTON EASURER AD BUNCE TING DELEGATE EVE REYNOLDS ECTOR B BREMNER ECTOR GIL PRIES ECTOR RREN SCHWAKE ECTOR AN POTTEBAUM ECTOR LVIN ROTH	Hr/WK 2.5 Hr/WK 2.5 Hr/WK 2.5 Hr/WK 1.5 Hr/WK 1.5 Hr/WK 1.5 Hr/WK 1.5 Hr/WK 1.5 Hr/WK 1.5		0 0 0 0 0	ueienea Compens	ation	

Par				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question	in this Pa		
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
34	detailed description of each activity in Schedule O	33		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)	. 34		х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	. 4		
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		х
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			Х
	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	35c		Х
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		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b		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?	38a		Х
39 5	If "Yes," complete Schedule L, Part II and enter the total amount involved			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	-	ŀ	
	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	40b		
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on		1	ŀ
	organization managers or disqualified persons during the year under sections 4912,		i	
_	4955, and 4958	_ i		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
_	reimbursed by the organization	- [
е	transaction? If "Yes," complete Form 8886-T	. 40e		Х
41	List the states with which a copy of this return is filed IA	400	L	
	The organization's books are in care of ► THE ORGANIZATION Telephone no ►	(310) 3	152-366	 87
42 a			32-300	21
		50677		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
	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.			
С	At any time during the calendar year, did the organization maintain an office outside 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			
	and enter the amount of tax-exempt interest received of accrued during the tax year		Yes	No
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		Х
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		Х
	Did the organization receive any payments for indoor tanning services during the year?	. 44c	<u> </u>	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	<u> </u>	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<u> </u>	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	45b		

Form 9	90-EZ (2013	BRI	EMER COUNTY F	ARM BUR	EAU						42-068	0736	Page	4
									-			Yes	No	_
46			ge, directly or indire	• • •		activ	rities on behalf o	f or in o	ppositi	on		_	ļ	
					dule C, Part I		·			· · · · · ·	<u> 4</u>	3	X	_
Part	AI 50	II section 501(c) 0 and 51.	(3) organizations	s must ar	•				•		es for li	nes		
												Yes	No	_
47		-						-	the tax		. 4	,		
48	-	•	respond to solve the tables for lines solve the organizations must answer questions 47–49b and 52, and complete the tables for lines solve the organization used Schedule O to respond to any question in this Part VI											
49 a		rganization make any transfers to an exempt non-charitable related organization? was the related organization a section 527 organization? this table for the organization's five highest compensated employees (other than officers, directors, trustees and key es) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" (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												
b			the related organization a section 527 organization?		_									
50												1		
	employe	es) who each rec	ne organization's five highest compensated employees (other than officers, directors, trustees and key ceived more than \$100,000 of compensation from the organization. If there is none, enter "None" (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											
	(a)	Name and title of each	employee	c	hours per week		compensation	lь	contributio enefit plar	ns to employee ns, and deferred				
Name	None													
Title				Hr/WK		00								_
Name														
Title				Hr/WK		00								_
Name Title				Hr////		ام								
Name				11117411		-		- h						_
Title				Hr/WK		00								
Name														
Title														_
f 51	Complete	e this table for the	organization's five	highest c	ompensated ind	epen		who e	ach red	ceived more	e than			
		(a) Name and busines	s address of each indep	endent contr	actor		(b) Type of	service			(c) Compe	sation		
Name	None		Str											
City			ST		<u>IP</u>					 				_
Name			Str											
City	_		ST Str		<u>IP</u>	\dashv				-				-
Name City			ST	 7	 (IP					İ				
Name			Str											_
City			ST	<u>-</u>	(IP									_
Name			Str					_						
City			ST	-	IP					l .				_
d 52	Did the c	organization comp	pendent contracto lete Schedule A? I ts must attach a co	Note. All s	ection 501(c)(3)			47(a)(1) .		▶ □	Yes 🔀] No	_
Under p	enalties of p	perjury, I declare that I I	nave examined this retu	m, including	accompanying sched	ules a	nd statements, and to	the best	of my kn	owledge and I	belief, it is			
true, co	тесt, and co	omplete Declaration of	preparer (other than off	icer) is based	on all information of	which	preparer has any kno	owledge			,			_
		Manely	1 H. To							4/2	9/14			_
Sign	Ì	Signature of office		Ro	- /		M	^	Da	ate				
Here		nand	y 17-6, 12	<u>, 11e</u>	sionel		/ Manag	ev.						_
		Type or print nam Print/Type preparer's	·	1	Preparer's signature	,	<u>•</u>	Date			PTI	1		_
Paid		1 " ' '			· · /	1	- De COA	4/26/	2014		## A ##			
raiu		IMAY CTUDED			//LAL1/ 11						d IPm	272566		
	arer	MAX STUDER	MAX N STUDER (:PA	Mary H	. <u>į pu</u>	ment CHAT	7/20/						_
Prep		Firm's name ▶ 1	MAX N STUDER O		<u> </u>	. 100	men (J-4	-1/2011	Fi	rm's EIN ► 2	7-53468	32		_
Prep Use	arer Only	Firm's name	MAX N STUDER OPO BOX 1463, JO	HNSTON,	IA 50131	ons .			Fi	rm's EIN ► 2	7-53468 15-238-	32 1766	No	_

SCHEDULE O (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

BREMER COUNTY FARM BUREAU	42-0680736
Form 990-EZ, Part I, Line 8, Other Revenue Expense Recoveries 34,635	
Form 990-EZ, Part I, Line 8, Other Revenue Other 445	
Form 990-EZ, Part I, Line 16, Other Expenses Travel 217	
Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 2,947	
Form 990-EZ, Part I, Line 16, Other Expenses Equipment rental and maintenance 2,788	
Form 990-EZ, Part I, Line 16, Other Expenses Supplies 4,083	
Form 990-EZ, Part I, Line 16, Other Expenses Telephone 5,973	
Form 990-EZ, Part I, Line 16, Other Expenses Depreciation 7,063	
Form 990-EZ, Part I, Line 16, Other Expenses Federation Dues 41,979	
Form 990-EZ, Part I, Line 16, Other Expenses Management Expense 1,999	
Form 990-EZ, Part I, Line 16, Other Expenses Advertising & Public Relations 7,790	
Form 990-EZ, Part I, Line 16, Other Expenses Dues & Subscriptions 4,150	
Form 990-EZ, Part I, Line 16, Other Expenses Insurance 945 Form 990-EZ, Part I, Line 16, Other Expenses Program Services 3,145	
Form 990-EZ, Part I, Line 16, Other Expenses Young Farmer Activities 678	
Form 990-EZ, Part I, Line 16, Other Expenses Board of Director Expense 832	
Form 990-EZ, Part I, Line 16, Other Expenses Ag & Community Support 18,724	
Form 990-EZ, Part I, Line 16, Other Expenses Ag In The Classroom 18,441	
Form 990-EZ, Part I, Line 16, Other Expenses Other 40	
Form 990-EZ, Part I, Line 20, Net Assets Unrealized Gain on Marketable Equity Securities	
28,304	
Form 990-EZ, Part II, Line 24, Other Assets Accounts Receivable Beginning of year 5,889,	
End of year 5,635	
Form 990-EZ, Part II, Line 26, Liabilities Accounts Payable Beginning of year 3,890, End of	
year 10,688	

Name of Organization			Employer identification	n number	
BREMER COUNTY FARM BUREAU			42-0680736		y- ·····
Name and title	Average hours per week devoted to positio		Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	Health benefits contributions to employee benefit plans, and deferred compensation	Estimated amount of other compensation
TIM DILLON					
DIRECTOR	Hr/WK	1.50	0	0	0
HUBERT ROSSOL					
DIRECTOR	Hr/WK	1.50	0	0	0
PAT LENTZ		Ì			
DIRECTOR	Hr/WK	1 50		0	0
	Hr/WK			<u> </u>	
	Hr/WK				
	 Hr/WK				

•

•