



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



Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2013**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 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.**

A For the 2013 calendar year, or tax year beginning , and ending		D Employer identification number	
B Check if applicable	C Name of organization	42-0686470	
☐ Address change	WORTH COUNTY FARM BUREAU	E Telephone number	
☐ Name change	Number and street (or P O box, if mail is not delivered to street address) Room/suite	(641) 324-1472	
☐ Initial return	601 CENTRAL AVENUE	F Group Exemption Number ▶ 0626	
☐ Terminated	City or town State ZIP code		
☐ Amended return	NORTHWOOD IA 50459		
☐ Application pending	Foreign country name Foreign province/state/county Foreign postal code		
G Accounting Method ☐ Cash ☒ Accrual Other (specify) ▶		H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
I Website: ▶ N/A			
J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527			
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other			
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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 96,224			

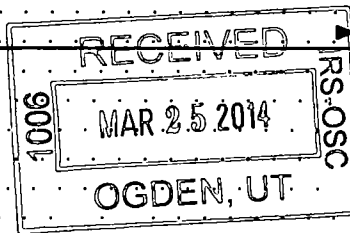
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	16,950
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	37,920
	4	Investment income	4	20,680
	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	0
	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		
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)	6d	0	
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	0	
8	Other revenue (describe in Schedule O)	8	20,674	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	96,224	
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	35,789
	13	Professional fees and other payments to independent contractors	13	650
	14	Occupancy, rent, utilities, and maintenance	14	12,919
	15	Printing, publications, postage, and shipping	15	1,066
	16	Other expenses (describe in Schedule O)	16	43,242
17	Total expenses. Add lines 10 through 16	17	93,666	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,558
	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	194,453
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	15,556
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	212,567

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

SCANNED APR 01 2014



35

W

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	177,625	22 197,481
23 Land and buildings	15,568	23 14,226
24 Other assets (describe in Schedule O)	2,235	24 2,356
25 Total assets	195,428	25 214,063
26 Total liabilities (describe in Schedule O)	975	26 1,496
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).	194,453	27 212,567

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? 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.

Expenses

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

28 AN ORGANIZATION DEDICATED TO HELPING FARM FAMILIES PROSPER AND IMPROVE THEIR QUALITY OF LIFE. PROVIDED INFORMATION ON AGRICULTURAL ISSUES THROUGH NEWSLETTERS, MEETINGS, ETC. 785 MEMBERS WERE BENEFITTED IN 2013. (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 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
KEITH BRAUN PRESIDENT	Hr/WK 2.50	0		
JIM KRULL VICE PRESIDENT	Hr/WK 2.50	0		
LARRY FOLEY SECRETARY	Hr/WK 2.50	0		
RON DAVIDSON TREASURER	Hr/WK 2.50	0		
ANDY HILL VOTING DELEGATE	Hr/WK 2.50	0		
CLAIR HENGESTEG DIRECTOR	Hr/WK 1.50	0		
KYLE WALLIN DIRECTOR	Hr/WK 1.50	0		
DOUG WALLIN DIRECTOR	Hr/WK 1.50	0		
CARY VANVELDHUIZEN DIRECTOR	Hr/WK 1.50	0		
RANDY OSWALD DIRECTOR	Hr/WK 1.50	0		
MERLIN BARTZ DIRECTOR	Hr/WK 1.50	0		
JIM NEEL 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.	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	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)?	35a	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	35b	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.	35c	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.	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	37a	
b 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	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter	39a	
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 ▶ ; 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	
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.	40e	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. ▶ (641) 324-1472 Located at ▶ 601 CENTRAL AVENUE City NORTHWOOD ST IA ZIP + 4 ▶ 50459		
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.	42b	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: ▶	42c	X
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.	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
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).	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		
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 title of each employee	(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 business address of each independent contractor	(b) Type of service	(c) Compensation
Name None		
City	Str	ZIP
Name		
City	Str	ZIP
Name		
City	Str	ZIP
Name		
City	Str	ZIP
Name		
City	Str	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	Date
	Type or print name and title	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
MAX STUDER	Max N Studer CPA	3/11/2014		P01272566
Firm's name	Firm's EIN			
MAX N STUDER CPA	27-5346832			
Firm's address	Phone no			
PO BOX 1463, JOHNSTON, IA 50131	515-238-1766			

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

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.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Employer identification number

WORTH COUNTY FARM BUREAU

42-0686470

Form 990-EZ, Part I, Line 8, Other Revenue Expense Recoveries 20,666

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

Form 990-EZ, Part I, Line 16, Other Expenses: Travel 779

Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings 2,671

Form 990-EZ, Part I, Line 16, Other Expenses: Equipment rental and maintenance 1,020

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies 1,045

Form 990-EZ, Part I, Line 16, Other Expenses: Telephone 3,334

Form 990-EZ, Part I, Line 16, Other Expenses: Depreciation 3,342

Form 990-EZ, Part I, Line 16, Other Expenses: Federation Dues 16,590

Form 990-EZ, Part I, Line 16, Other Expenses: Management Expense 790

Form 990-EZ, Part I, Line 16, Other Expenses: Advertising & Public Relations 1,961

Form 990-EZ, Part I, Line 16, Other Expenses: Dues & Subscriptions 1,945

Form 990-EZ, Part I, Line 16, Other Expenses: Insurance 451

Form 990-EZ, Part I, Line 16, Other Expenses: Program Services 735

Form 990-EZ, Part I, Line 16, Other Expenses: Ag In The Classroom 767

Form 990-EZ, Part I, Line 16, Other Expenses: Board of Director Expense 950

Form 990-EZ, Part I, Line 16, Other Expenses: Ag & Community Support 6,775

Form 990-EZ, Part I, Line 16, Other Expenses: Miscellaneous 87

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

15,556

Form 990-EZ, Part II, Line 24, Other Assets: Accounts Receivable: Beginning of year 2,235

End of year 2,356

Form 990-EZ, Part II, Line 26, Liabilities: Accounts Payable: Beginning of year 933, End of

year 1,496

Form 990-EZ, Part II, Line 26, Liabilities: Payroll Liabilities: Beginning of year 42, End of

year 0

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

Schedule O (Form 990 or 990-EZ) (2013)

HTA

Page 1 of 1 of Part IV

Employer Identification number

42-0686470

[illegible]