

**Short Form  
Return of Organization Exempt From Income Tax**

**2008**

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2008 calendar year, or tax year beginning** \_\_\_\_\_, **2008, and ending** \_\_\_\_\_

|   |  |  |  |  |
|---|--|--|--|--|
| <p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p> | <p><b>C</b></p> <p>Please use IRS label or print or type. See Specific Instructions.</p> <p><b>AGRISAFE NETWORK, INC.</b><br/>1200 FIRST AVENUE EAST<br/>SPENCER, IA 51301</p> | <p><b>D</b> Employer identification number</p> <p>75-3077443</p> | <p><b>E</b> Telephone number</p> <p>712-264-6579</p> | <p><b>F</b> Group Exemption Number</p> |
|---|--|--|--|--|

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method:  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ WWW.AGRISAFE.ORG

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

**J** Organization type (check only one) —  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 171,903.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

|          |  |    |          |
|----------|--|----|----------|
|          | <b>1</b> Contributions, gifts, grants, and similar amounts received  |    | 162,581. |
|          | <b>2</b> Program service revenue including government fees and contracts   |    | 1,985.   |
|          | <b>3</b> Membership dues and assessments   |    | 5,025.   |
|          | <b>4</b> Investment income   |    | 2,312.   |
| REVENUE  | <b>5a</b> Gross amount from sale of assets other than inventory  | 5a |          |
|          | <b>5b</b> Less: cost or other basis and sales expenses   | 5b |          |
|          | <b>5c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)  | 5c |          |
|          | <b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>        |    |          |
|          | <b>6a</b> Gross revenue (not including \$ _____ of contributions reported on line 1)   | 6a |          |
|          | <b>6b</b> Less: direct expenses other than fundraising expenses  | 6b |          |
|          | <b>6c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)  | 6c |          |
| REVENUE  | <b>7a</b> Gross sales of inventory, less returns and allowances  | 7a |          |
|          | <b>7b</b> Less: cost of goods sold   | 7b |          |
|          | <b>7c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)   | 7c |          |
|          | <b>8</b> Other revenue (describe ▶ _____)  | 8  |          |
|          | <b>9</b> Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)   | 9  | 171,903. |
| EXPENSES | <b>10</b> Grants and similar amounts paid (attach schedule)  | 10 |          |
|          | <b>11</b> Benefits paid to or for members  | 11 |          |
|          | <b>12</b> Salaries, other compensation, and employee benefits  | 12 |          |
|          | <b>13</b> Professional fees and other payments to independent contractors  | 13 | 2,854.   |
|          | <b>14</b> Occupancy, rent, utilities, and maintenance  | 14 |          |
|          | <b>15</b> Printing, publications, postage, and shipping  | 15 |          |
|          | <b>16</b> Other expenses (describe ▶ SEE STATEMENT 1)  | 16 | 233,454. |
|          | <b>17</b> Total expenses (add lines 10 through 16)   | 17 | 236,308. |
|          | <b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)  | 18 | -64,405. |
| ASSETS   | <b>19</b> 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 | 116,808. |
|          | <b>20</b> Other changes in net assets or fund balances (attach explanation)  | 20 |          |
|          | <b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20  | 21 | 52,403.  |

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

|   |  |                                     |                 |
|---|--|-------------------------------------|-----------------|
|   |  | (See the instructions for Part II.) |                 |
|   |  | (A) Beginning of year               | (B) End of year |
| <b>22</b> Cash, savings, and investments  |  | 118,272.                            | 53,177.         |
| <b>23</b> Land and buildings  |  | 23                                  |                 |
| <b>24</b> Other assets (describe ▶ _____)   |  | 24                                  |                 |
| <b>25</b> Total assets  |  | 118,272.                            | 53,177.         |
| <b>26</b> Total liabilities (describe ▶ SEE STATEMENT 2)                              |  | 1,464.                              | 774.            |
| <b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21) |  | 116,808.                            | 52,403.         |

**BAA** For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

| Part III Statement of Program Service Accomplishments (See the instructions.)  |   | Expenses   |          |
|--|---|--|----------|
| What is the organization's primary exempt purpose? <u>SEE STATEMENT 3</u>  |   | (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.) |          |
| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title. |   |  |          |
| 28   | <u>PROVIDE MINI GRANTS TO MEMBER CLINICS TO PROVIDE FREE SERVICES TO FARMERS.</u>   |  |          |
|  | (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>  | 28 a   | 67,573.  |
| 29   | <u>PROVIDE TRAINING TO HEALTH CARE PROFESSIONALS, EDUCATORS, AGRICULTURAL BUSINESSES, FARM FAMILIES AND AGRICULTURAL WORKERS ON AG HEALTH AND SAFETY.</u> |  |          |
|  | (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>  | 29 a   | 58,118.  |
| 30   | <u>PROVIDE MARKETING AND FREE RESOURCES FOR MEMBER CLINICS. FACILITATE COMMUNICATION AND COORDINATION BETWEEN CLINICS.</u>                                |  |          |
|  | (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>  | 30 a   | 69,208.  |
| 31   | Other program services (attach schedule) .....  |  |          |
|  | (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>  | 31 a   |          |
| 32   | <b>Total program service expenses</b> (add lines 28a through 31a) .....   | 32   | 194,899. |

| Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.) |  |   |   |  |
|--|--|---|---|--|
| (a) Name and address   | (b) Title and average hours per week devoted to position | (c) Compensation (if not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances |
| KELLY DONHAM<br>100 OAKDALE CAMPUS, 132 IREH<br>IOWA CITY, IA 52242  | VICE PRESIDENT<br>1.00                                   | 0.  | 0.  | 0.                                       |
| CHARLOTTE HALVERSON<br>250 MERCY DRIVE<br>DUBUQUE, IA 52001  | PRESIDENT<br>1.00  | 0.  | 0.  | 0.                                       |
| DENISE ADDRESS<br>1000 HIGHWAY 12<br>HETTINGER, ND 58639   | DIRECTOR<br>1.00   | 0.  | 0.  | 0.                                       |
| SANDI CIHLAR<br>1035 CTY ROAD B<br>MOSINEE, WI 54455   | DIRECTOR<br>1.00   | 0.  | 0.  | 0.                                       |
| KATHLEEN S. LAWLER<br>2550 MIDDLE RD # 601<br>BETTENDORF, IA 52722   | DIRECTOR<br>1.00   | 0.  | 0.  | 0.                                       |
| SANDRA LACEY<br>701 EAST 2ND STREET<br>IDA GROVE, IA 51445   | DIRECTOR<br>1.00   | 0.  | 0.  | 0.                                       |
| MICHAEL DESPAIN<br>ONE JOHN DEERE PLACE<br>MOLINE, IL 61265  | DIRECTOR<br>1.00   | 0.  | 0.  | 0.                                       |
| FRED MOSKOL<br>2536 KENDALL AVE.<br>MADISON, WI 53705  | DIRECTOR<br>1.00   | 0.  | 0.  | 0.                                       |
| JIM WILLIAMS<br>31 BROOKSHIRE GREEN<br>BLOOMINGTON, IL 61704   | DIRECTOR<br>1.00   | 0.  | 0.  | 0.                                       |
| DIXIE DAUGHERTY<br>PO BOX 70<br>KEOSAUQUA, IA 52565  | DIRECTOR<br>1.00   | 0.  | 0.  | 0.                                       |
| TIM NIESS<br>5400 UNIVERSITY AVE<br>WEST DES MOINES, IA 50266  | DIRECTOR<br>1.00   | 0.  | 0.  | 0.                                       |
| STEVE SIMMONS<br>1100 LOCUST ST DEPT 3000<br>DES MOINES, IA 50391-3000   | DIRECTOR<br>1.00   | 0.  | 0.  | 0.                                       |

**Part V Other Information** (Note the statement requirement in General Instruction V.)

|     |  | Yes | No |
|-----|--|-----|----|
| 33  | Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.  |     | X  |
| 34  | Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.  |     | X  |
| 35  | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.   |     |    |
| 35a | a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?   |     | X  |
| 35b | b If 'Yes,' has it filed a tax return on Form 990-T for this year?   |     |    |
| 36  | 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N  |     | X  |
| 37a | 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 0.   |     |    |
| 37b | b Did the organization file Form 1120-POL for this year?   |     | X  |
| 38a | 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?                    |     | X  |
| 38b | b If 'Yes,' complete Schedule L, Part II and enter the total amount involved. N/A  |     |    |
| 39  | 39 501(c)(7) organizations. Enter:   |     |    |
| 39a | a Initiation fees and capital contributions included on line 9. N/A  |     |    |
| 39b | b Gross receipts, included on line 9, for public use of club facilities. N/A   |     |    |
| 40a | 40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.  |     |    |
| 40b | b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I |     | X  |
| 40c | c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 0.   |     |    |
| 40d | d Enter amount of tax on line 40c reimbursed by the organization. 0.   |     |    |
| 40e | 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  | 41 List the states with which a copy of this return is filed NONE  |     |    |

42a The books are in care of DAYNA SCHMIDT Telephone no. (712) 264-8996  
 Located at 406 COUNTY CLUB DR SPENCER IA ZIP + 4 51301

|     |   | Yes | No |
|-----|---|-----|----|
| 42b | 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: |     | X  |
| 42c | c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country:   |     | X  |

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here  N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A

|    |  | Yes | No |
|----|--|-----|----|
| 44 | 44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  |     | X  |
| 45 | 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ |     | X  |

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. **SEE STATEMENT 4**

|  | Yes | No |
|--|-----|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. |     | X  |
| 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.   |     | X  |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.   |     | X  |
| 49a Did the organization make any transfers to an exempt non-charitable related organization?  |     | X  |
| b If 'Yes,' was the related organization(s) a section 527 organization?  |     |    |

50 Complete this table for the 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) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| NONE   |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
| Total number of other employees paid over \$100,000            |  |                  |   |  |

51 Complete this table for the 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 |
|--|---------------------|------------------|
| NATALIE ROY<br>171 WINDERMERE WAY MADISONVILLE, LA 70447                     | CONSULTING          | 65,755.          |
| FISHER FAMILY CHIROPRACTIC<br>202 GRAND AVE SPENCER, IA 51301                | CONSULTING          | 65,380.          |
|  |                     |                  |
|  |                     |                  |
|  |                     | 0.               |
| Total number of other independent contractors receiving over \$100,000       |                     | 0                |

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's Use Only**

Preparer's signature: [Signature] Date: 11-06-2009 Check if self-employed:  Preparer's Identifying Number (See instructions): N/A

Firm's name (or yours if self-employed), address, and ZIP + 4: WINNER, STAVE & CO., LLP  
1316 W 18TH ST., P.O. BOX 175  
SPENCER, IA 51301-0175 EIN: N/A Phone no.: (712) 262-3117

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



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') . . .   |          |          |          |          |          |           |
| 2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. . . . .   |          |          |          |          |          |           |
| 3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. . . . . |          |          |          |          |          |           |
| 4 Total. Add lines 1-3. . . . .   |          |          |          |          |          |           |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .          |          |          |          |          |          |           |
| 6 Public support. Subtract line 5 from line 4. . . . .  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total                |
|---|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4. . . . .  |          |          |          |          |          |                          |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .   |          |          |          |          |          |                          |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .   |          |          |          |          |          |                          |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .  |          |          |          |          |          |                          |
| 11 Total support. Add lines 7 through 10. . . . .   |          |          |          |          |          |                          |
| 12 Gross receipts from related activities, etc. (see instructions) . . . . .  |          |          |          |          | 12       |                          |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. . . . . |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |    |                          |
|---|----|--------------------------|
| 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)). . . . .  | 14 | %                        |
| 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f. . . . .  | 15 | %                        |
| 16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. . . . .   |    | <input type="checkbox"/> |
| b 33-1/3 support test – 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. . . . .  |    | <input type="checkbox"/> |
| 17a 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. . . . .    |    | <input type="checkbox"/> |
| b 10%-facts-and-circumstances test – 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. . . . . |    | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. . . . .  |    | <input type="checkbox"/> |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

| Calendar year (or fiscal yr beginning in) ▶   | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total  |
|---|----------|----------|----------|----------|----------|------------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)   | 211,024. | 182,329. | 269,304. | 364,100. | 167,606. | 1,194,363. |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.         |          |          |          | 3,885.   | 1,985.   | 5,870.     |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513.   |          |          |          |          |          | 0.         |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  |          |          |          |          |          | 0.         |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge.  |          |          |          |          |          | 0.         |
| 6 Total. Add lines 1-5.   | 211,024. | 182,329. | 269,304. | 367,985. | 169,591. | 1,200,233. |
| 7a Amounts included on lines 1, 2, 3 received from disqualified persons.  | 0.       | 0.       | 0.       | 0.       | 0.       | 0.         |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000. | 0.       | 0.       | 0.       | 0.       | 0.       | 0.         |
| c Add lines 7a and 7b.  | 0.       | 0.       | 0.       | 0.       | 0.       | 0.         |
| 8 Public support (Subtract line 7c from line 6.)  |          |          |          |          |          | 1,200,233. |

**Section B. Total Support**

| Calendar year (or fiscal yr beginning in) ▶   | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total  |
|---|----------|----------|----------|----------|----------|------------|
| 9 Amounts from line 6.  | 211,024. | 182,329. | 269,304. | 367,985. | 169,591. | 1,200,233. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. |          |          |          |          |          | 0.         |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.                          |          |          |          |          |          | 0.         |
| c Add lines 10a and 10b.  | 0.       | 0.       | 0.       | 0.       | 0.       | 0.         |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.     |          |          |          |          |          | 0.         |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                  |          |          |          |          |          | 0.         |
| 13 Total support. (add lines 9, 10c, 11, and 12.)   |          |          |          |          |          | 1,200,233. |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

|  |    |        |
|--|----|--------|
| 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). | 15 | 100.0% |
| 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g.                    | 16 | 100.0% |

**Section D. Computation of Investment Income Percentage**

|   |    |      |
|---|----|------|
| 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). | 17 | 0.0% |
| 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.                      | 18 | 0.0% |

19a 33-1/3 support tests — 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33-1/3 support tests — 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.





**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ and 990-PF  
▶ See separate instructions.

OMB No. 1545-0047

**2008**

Name of the organization

**AGRISAFE NETWORK, INC.**

Employer identification number

**75-3077443**

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Form 990-PF

Section:

- 501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

**General Rule –**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules –**

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc. purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year.) ..... ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.**

**Schedule B (Form 990, 990-EZ, or 990-PF) (2008)**

Name of organization:

AGRISAFE NETWORK, INC.

Employer identification number

75-3077443

**Part I** Contributors (see instructions.)

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4 | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|---------------|-----------------------------------|--------------------------------|--|
| 1             | MARSHFIELD CLINIC RESEARCH        | \$ 14,985.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 2             | GRAT PLAINS CENTER                | \$ 20,600.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 3             | CHS FOUNDATION                    | \$ 25,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 4             | NRHA/ORHP SPECIAL PROJECT         | \$ 20,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 5             | DELTA DENTAL MINI-GRANT           | \$ 7,500.                      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 6             | RHND GRANT                        | \$ 61,910.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |



Name of organization: **AGRISAFE NETWORK, INC.** Employer identification number: **75-3077443**

**Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc, contributions of \$1,000 or less for the year. (Enter this information once - see instructions.) ..... \$ **N/A**

| (a)<br>No. from<br>Part I               | (b)<br>Purpose of gift | (c)<br>Use of gift                       | (d)<br>Description of how gift is held |
|---|------------------------|--|--|
|   | N/A                    |  |  |
| (e)<br>Transfer of gift                 |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| (a)<br>No. from<br>Part I               | (b)<br>Purpose of gift | (c)<br>Use of gift                       | (d)<br>Description of how gift is held |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| (e)<br>Transfer of gift                 |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| (a)<br>No. from<br>Part I               | (b)<br>Purpose of gift | (c)<br>Use of gift                       | (d)<br>Description of how gift is held |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| (e)<br>Transfer of gift                 |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| (a)<br>No. from<br>Part I               | (b)<br>Purpose of gift | (c)<br>Use of gift                       | (d)<br>Description of how gift is held |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
| (e)<br>Transfer of gift                 |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |

**STATEMENT 1  
FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSES**

|                                 |                 |                 |
|---------------------------------|-----------------|-----------------|
| CLINICAL SERVICES.....          | \$              | 2,920.          |
| CONTRACTED LABOR.....           |                 | 30,871.         |
| DEVELOPMENT.....                |                 | 24,136.         |
| INSURANCE.....                  |                 | 2,280.          |
| MARKETING.....                  |                 | 69,208.         |
| MEMBER BENEFITS.....            |                 | 40,517.         |
| MEMBERSHIPS.....                |                 | 1,060.          |
| OFFICE EXPENSE.....             |                 | 1,224.          |
| TELEPHONE.....                  |                 | 875.            |
| TRAINING & TECH ASSISTANCE..... |                 | 58,118.         |
| TRAVEL.....                     |                 | 2,245.          |
|                                 | <b>TOTAL \$</b> | <b>233,454.</b> |

**STATEMENT 2  
FORM 990-EZ, PART II, LINE 26  
TOTAL LIABILITIES**

|                          | <u>BEGINNING</u> | <u>ENDING</u>  |
|--------------------------|------------------|----------------|
| CREDIT CARD PAYABLE..... | \$ 1,464.        | \$ 747.        |
| SALES TAX PAYABLE.....   | 0.               | 27.            |
| <b>TOTAL</b>             | <b>\$ 1,464.</b> | <b>\$ 774.</b> |

**STATEMENT 3  
FORM 990-EZ, PART III  
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

COORDINATES PREVENTIVE OCCUPATIONAL HEALTH SERVICES TO THE FARMING COMMUNITY THROUGH MEMBER CLINICS.

**STATEMENT 4  
FORM 990-EZ, PART VI  
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..... NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO