Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities,
and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions). All other organizations with gross receipts less than \$200,000
and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

Open to Public Inspection

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\$50,000. A Form 990 return is not required through form 990. Ne postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. 1. Add filines \$5. 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (S) below) are \$500,000 or more, file from 990 instead of form 990-15. Part I	J	Тах-е:	xempt status (ck only one) $- X SOI(6)(3) = SOI(6)(6) = X SOI(6)(6) = X $				
organization chooses to file a return, be sure to file a complete return. Add lines 56, 66, and 76, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (8) below) are \$300,000 or more, file Form 990 instead of Form 990-EZ The contributions, gifts, grants, and similar amounts received. 1 147,694.	ĸ	Chec	k > if the organization is not a section 509(a)(3) supporting organization and its gross receipts are	normally	not more than		
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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	L	Add I asset	lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if t ts (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	total ►\$			
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Professional fees and other payments to independent contractors. 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 23, 137. 20 Other changes in net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year. Combine lines 18 through 20.	E						
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16 Other expenses (describe in Schedule O). SEE. SCHEDULE. 0. 16 36, 526. 17 Total expenses. Add lines 10 through 16. 174, 656. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18 -10, 939. Not 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 23, 137. 20 Other changes in net assets or fund balances (explain in Schedule O). 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 21 12, 198.	E	ł			***		
16 Other expenses (describe in Schedule O). SEE. SCHEDULE. 0. 16 36, 526. 17 Total expenses. Add lines 10 through 16. 174, 656. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 18 -10, 939. Not 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 23, 137. 20 Other changes in net assets or fund balances (explain in Schedule O). 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 21 12, 198.	S	£		· · - · · · · · · · · · · · · · · · · ·			
17 Total expenses. Add lines 10 through 16	S	l	Other productions, postage, and simpling.		36, 526		
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 Net assets or fund balances at end of year. Combine lines 18 through 20. 22 1 12,198.		l	Other expenses (describe in Schedule O)	▶ 17			
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 23,137. 20 Other changes in net assets or fund balances (explain in Schedule O). 20 Net assets or fund balances at end of year. Combine lines 18 through 20. 21 12,198.		 	Fuence or (deficit) for the year (Subtract line 17 from line 9)	18			
figure reported on prior year's return). TE T T T T T T T T T T T T T T T T T T		18			20,203.		
s 21 Net assets or fund balances at end of year. Combine lines 18 through 20	N S	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-y	ear ₁₀	23 137		
s 21 Net assets or fund balances at end of year. Combine lines 18 through 20	ES			1	20,101.		
DI TICI GOGGIO GI TANTA DE GIOTE DI CALLE DE CAL		ı	Other changes in net assets or fund balances (explain in Schedule O).	▶ 21	12 198		
				[41]			

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Pai	t II Balance Sheets. (see the ins Check if the organization used Sche	tructions for Part II.)	estion in this Part I	11			X
	Check if the organization used both	sudic O to respond to drif qu	CONOT IN THE CARE	(A)	Beginning of yea	ar	(B) End of year
22	Cash, savings, and investments				24,622		
23	Land and buildings		,		· · · · · ·	23	
24	Other assets (describe in Schedule O))			24	
25	Total assets			<u> </u>	24,622		
26	Total liabilities (describe in Schedule O)				1,485	. 26	
27	Net assets or fund balances (line 27 of	column (B) must agree with	tine 21)	<u></u>	23,137	. 27	
Par	t III Statement of Program Serv	vice Accomplishments	(see the instra for I	Part III	.) [편]	6 0	Expenses
1511 4	Check if the organization used So	hedule O to respond to any	question in this Par	τ	<u></u>	501(c)(3) and 501(c)(4)
What	is the organization's primary exempt purpose? SEE cribe what was achieved in carrying out the ribe the services provided, the number of	<u>C_SCHEDULE_O</u> e organization's exempt purc	oses. In a clear an	d cond	ise manner.	orga	nizations and section
desc	ribe the services provided, the number of	persons benefited, and othe	r relevant informati	on for	each		(a)(1) trusts; optional others.)
prog 28	ram title PROVIDE TRAINING AND TECH	NICAL ASSISTANCE T	O HEALTH CAR	₹E.			1
2.0	PROFESSIONALS, RESEARCHER	S. AND EDUCATORS I	NTERESTED IN	ī Thi	FIELD		
	OF AGRICULTURAL HEALTH AN	D SAFETY.					
	(Grants \$) If th	is amount includes foreign gr	ants, check here			28 a	45,453.
29	PROVIDE CLINICAL AND EDUA	CTIONAL RESOURCES	TO AGRISAFE	MEMI	BERS AND		
	THE GENERAL PUBLIC HEALTH	COMMUNITY. FACILI	TATE COMMUNI	CAT:	TON WND -		
	COORIDNATION BETWEEN AGRI		,,,			••	44 117
	(Grants \$) If th	is amount includes foreign gr	rants, check here	CCTT C	PITO A T	29 a	44,117.
30	PROVIDE COMMUNITY OUTREAC OCCUPATIONAL HEALTH RISKS						
	RESOURES.	WIND WANTENDER CET	MICUTA EDOCA	TON			
	(Grants \$) If th	is amount includes foreign gr	rants, check here		_	30 a	38,933.
31	Other program services (describe in Sch	edule O)					
٠.	(Grants \$) If th	is amount includes foreign gr	rants, check here	<u> </u>	► □}	31 <u>a</u>	
32	Total program service expenses (add list	nes 28a through 31a)				32	128,503.
Pai	t IV List of Officers, Directors,	Trustees, and Key Emp	oloyees. List each d	ne even	if not compensated.	(see	the instructions for Part IV.)
	Check if the organization used Se	chedule O to respond to any	question in this Pa	rt IV	(d) Coalchutions	to	(e) Expense account
	(a) Name and address	(b) Title and average hours per week devoted	not paid, enter -()) e	(d) Contributions mployee benefit plar	is and	and other allowances
		to position			deferred compensa	uon	
SEL	_SCHEDULE_O						
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BA/		TEEA0812L	02/18/11				Form 990-EZ (2010)
		,					

BAA	TEEA0812L 02/18/11	Form 990	-EZ	(2010)
Ć	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	440		(2212)
	Did the organization receive any payments for indoor tanning services during the year?		 	X
	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
	of Form 990-EZ	44a		X
	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead		Yes	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		-	N/A N/A

Form 990-E	Z (2010) AGRISAFE NETWORK, I	INC.		75-307744	3	P.	age 4
		· ·				Yes	No
45 Is any	related organization a controlled entity	of the organization with	nin the meaning of se	ection 512(b)(13)?	45		X
a Did th of sec	ie organization receive any payment fron tion 512(b)(13)? If 'Yes,' Form 990 and	n or engage in any tran Schedule R may need t	saction with a control to be completed inste	olled entity within the meaning ead of Form 990-EZ (see inst.)	45a		Х
46 Did th	e organization engage, directly or indired dates for public office? If 'Yes,' complete	Schedule C, Part I		<u> </u>	46	· _	Х
Part VI	Section 501(c)(3) organizations	and section 49476	(a)(1) nonexempt	t charitable trusts onlv. A	II se	ction	
	501 (c)(3) organizations and sec 47-49b and 52, and complete the	ie tables for lines o	ou and oi.				
	Check if the organization used Schedul	e O to respond to any	question in this Part	VI			
45 5:14	ne organization engage in lobbying activi	Fig. 2 If (Vac Learnhate)	Schodule C Part II		47	Yes	No X
47 Did th	ie organization engage in lobbying activi organization a school as described in se	ection 170(b)(1)(A)(ii)?	If 'Yes,' complete So	:hedule E	48		X
49 a Did th	ne organization make any transfers to an	exempt non-charitable	related organization	?	49 a		X
b If 'Yes	s,' was the related organization a section	n 527 organization?			49 b		L
50 Comp emplo	olete this table for the organization's five byees) who each received more than \$10	highest compensated e 00,000 of compensation	employees (other that from the organization	on. If there is none, enter None	<u>. </u>		
" (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	accou	opense int and lowances	5
NONE							
			<u> </u>				
			<u> </u>			~ <u>~</u>	
			<u> </u> 	-			
							
f Total	number of other employees paid over \$	100,000			¢16	าก กกก	of
51 Comp comp	plete this table for the organization's five ensation from the organization. If there	s none, enter None.					
110117	(a) Name and address of each independent cont	ractor paid more than \$100,000)	(b) Type of service	(c) Com	pensatio	<u></u>
NOÑE -							
				ì			
					·		
							
		1	100,000				
52 Did th	number of other independent contractor ne organization complete Schedule A? N table trusts must attach a completed Sch	ote: All section 501(c)(3) organizations and	4947(a)(1) nonexempt	X	s	 ∏No
Under penaltic	es of perjury, I declare that I have examined this return and complete. Declaration of preparer (other than office	n, including accompanying sche er) is based on all information	edules and statements, and of which preparer has any k	to the best of my knowledge and belief, it nowledge.	is		
				Date			
Sign	Signature of officer			Uate			
Here	Type or print name and title.						
	Print/Type preparer's name	Plegarer's signature	A A A Date	Check X if PTIN			
Paid	D. JEFFREY CREW	11 Marian 1	W.A. 08-1	5 - 2011 self-employed N/A			
Preparer		& COLLATE					
Use Only	Firm's address > 1316 W 18TH ST.	, P.O. BOX 175		Firm's EIN ► N/A Phone no. (712)	~~	3117	7
May the IP	SPENCER, IA 513 S discuss this return with the preparer s	01-0175 hown above? See instr	uctions		X Ye		No.
BAA	O discuss this return with the preparer's	HONTI GDOVO . OCC MIST					(2010)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

(D)

(E)

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047 2010

Open to Public Inspection

Employer identification number Name of the organization 75-3077443 AGRISAFE NETWORK, INC Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ก An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 7 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts Χ 9 from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(aX4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that 11 describes the type of supporting organization and complete lines 11e through 11h. Type III - Functionally integrated Type III - Other Type II C By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) below, the governing body of the supported organization?.... 11 g (ii) A family member of a person described in (i) above?.... (tii) A 35% controlled entity of a person described in (i) or (ii) above?..... 11 g (iii) Provide the following information about the supported organization(s) h (iii) Type of organization (described on lines 1-9 above or IRC section (see Instructions)) (iv) is the organization in column (i) listed in (v) Did you notily the organization in column (i) of (vi) Is the organization in column (i) organized in the (vii) Amount of support (i) EIN (i) Name of supported organization your governing document? your support? No Yes No Yes No Yes (A) (B) (C)

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

Schedule A (Form 990 or 990-EZ) 2010

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	···-		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 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						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	ļ					
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 activ	rities, etc (see ins	structions)				
	First five years. If the Form 990 organization, check this box and	stop here	<u> </u>	nd, third, fourth, c	or fifth tax year as	a section 501(c)(3	<u>`</u> ► □
	tion C. Computation of Pu					14	0/
14	Public support percentage for 20 Public support percentage from	אנט (line 6, colum) מממ Schadula A	in (1) divided by lif Part II line 1/1	ie i i, column (f))		15	<u>%</u> %
	a 33-1/3% support test – 2010. If and stop here. The organization	the organization (did not check the l	hox on line 13, at	nd the line 14 is 3	3-1/3% or more, ch	eck this box
i	33-1/3% cunnort test - 2009 If	the organization r	did not check a bo	ox on line 13 or 10	Sa. and line 15 is	33-1/3% or more, o	heck this box
	and stop here. The organization	qualifies as a pu	blicly supported o	rganization.,			
	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts- s-and-circumstand	and-circumstance ces' test. The orga	s' test, check this anization qualifies	box and stop ner as a publicly sup	re. Explain in Part i ported organization	iv now
ŀ	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	-meets the 'facts id-circumstances'	and-circumstance test. The organiz	s' test, check this zation qualifies as	a publicly suppor	re. Explain in Part rted organization	TV now the □
18		ization did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see inst hedule A (Form 99	0 or 990-F7) 2010
BAA					30	nousie m (i titili 33	5 5, 550-CE) 2010

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

~	C. A. D. L.C. C.						
	tion A. Public Support			(-) 0000 T	(4) 2000 T	(a) 2010 T	/O Total
	dar year (or fiscal yr beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any unusual grants.)	269,304.	364,100.	167,606.	111,693.		912,703.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.		3,885.	1,985.	21,181.		27,051.
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 through 5	269,304.	367,985.	169,591.	132,874.	0.	939,754.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
E	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.	<u>0.</u>
,	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line						
٠	7c from line 6.)				1	<u>,. </u>	939,754.
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	269,304.	367,985.	169,591.	132,874.	0.	939,754.
10 a	Gross income from interest,						
ŧ	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses						0.
	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511	0.	0.	0.	0.	0.	
c	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.	0.	0.	0.	0.	0.	0.
11	dividends, payments received on securities loans, rents, royalties and income from similar sources. Ourrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b						0. 0. 0.
11 12 13	dividends, payments received on securities loans, rents, royalties and income from similar sources. Ourrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).	269,304.	367,985.	169,591.	132,874.	0.	0. 0. 0. 0. 939,754.
11 12 13	dividends, payments received on securities loans, rents, royalties and income from similar sources. Ourrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).	269,304.	367,985.	169,591.	132,874.	0.	0. 0. 0. 0. 939,754.
11 12 13 14	dividends, payments received on securities loans, rents, royalties and income from similar sources. Ourrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add lins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and	269, 304. is for the organiz	367, 985. ation's first, secon	169,591.	132,874.	0.	0. 0. 0. 939,754.
11 12 13 14 Sec	dividends, payments received on securities loans, rents, royalties and income from similar sources. Ourrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add los 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and	269, 304. is for the organiz stop here blic Support F	367, 985. ation's first, secon	169, 591 . d, third, fourth, c	132,874. or fifth tax year as	0 . a section 501(c)(3)	0. 0. 0. 0. 939,754.
11 12 13 14 Sec 15	dividends, payments received on securities loans, rents, royalties and income from similar sources. Ounrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add lins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	269, 304. is for the organiz stop here blic Support F	367, 985. ation's first, secon Percentage n (f) divided by lin	169, 591. d, third, fourth, c e 13, column (f))	132,874. or fifth tax year as	0 . a section 501(c)(3)	0. 0. 0. 939,754.
11 12 13 14 Sec 15 16	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupulic support percentage for 20.	269, 304. is for the organiz stop here blic Support F 010 (line 8, colum 2009 Schedule A	367, 985. ation's first, secon Percentage n (f) divided by lin Part III, line 15.	169, 591 . d, third, fourth, c e 13, column (f))	132,874. or fifth tax year as	0 . a section 501(c)(3)	0. 0. 0. 939,754.)
11 12 13 14 Sec 15 16 Sec	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add lins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and stion C. Computation of Pu Public support percentage for 20 Public support percentage from the second stion D. Computation of Investion D. Computation of Investion D. Computation of Investion 11 taxes and incomplete the support percentage from the second	269, 304. is for the organiz stop here. blic Support F 010 (line 8, colum 2009 Schedule A	367, 985. ation's first, secon Percentage n (f) divided by lin Part III, line 15 me Percentage	169, 591. d, third, fourth, d e 13, column (f))	132,874. or fifth tax year as	0 . a section 501(c)(3)	0. 0. 0. 939,754.)
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Schedule A	(Form 990 or 9	90-FZ) 2010	AGRISAFE	NETWORK.	INC.	75-3077443	Page 4
Part IV	Supplement Part II, line (See instruc	al Informati 17a or 17b; tions).	on. Complet and Part III,	e this part to line 12. Also	o provide the explanations o complete this part for ar	required by Part II, lin ny additional informatio	e 10; n.
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Schedule A (Form 990 or 990-EZ) 2010

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

AGRISAFE NETWORK, INC.	75-3077443
FORM_990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE	
COORDINATES PREVENTIVE OCCUPATIONAL HEALTH SERVICES TO THE FAR	MING_COMMUNITY
THROUGH_MEMBER_CLINICS	
FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONA	L 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, DIRE	CTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO

010 SCHEDULE O	- SUPPLEMENTAL	INFORMAT	TION	PAGE
LIENT 152	AGRISAFE NETWORK, IN	C		75-307744
FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES INSURANCE MARKETING MEMBER BENEFITS MEMBERSHIPS OFFICE EXPENSE TELEPHONE TRAINING & TECH ASSISTANCE TRAVEL				2,061. 18,836. 4,071. 1,300. 1,933. 943. 2,128. 5,254. 36,526.
FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES		\$	GINNING 1,485. \$ 0. 1,485. \$	ENDING 643. 70. 713.
SALES TAX PAYABLE				
FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUS	TITLE AND AVERAGE HOURS	·	CONTRI- BUTION TO EBP & DC	
FORM 990-EZ, PART IV	TITLE AND	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUS NAME AND ADDRESS KELLY DONHAM 100 OAKDALE CAMPUS, 132 IREH	TITLE AND AVERAGE HOURS PER WEEK DEVOTED DIRECTOR	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUS NAME AND ADDRESS KELLY DONHAM 100 OAKDALE CAMPUS, 132 IREH 10WA CITY, IA 52242 CHARLOTTE HALVERSON 250 MERCY DRIVE	TITLE AND AVERAGE HOURS PER WEEK DEVOTED DIRECTOR 1.00 DIRECTOR	COMPEN- SATION \$ 0.	CONTRI- BUTION TO EBP & DC \$ 0.	EXPENSE ACCOUNT/ OTHER \$ 0
FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUS NAME AND ADDRESS KELLY DONHAM 100 OAKDALE CAMPUS, 132 IREH 10WA CITY, IA 52242 CHARLOTTE HALVERSON 250 MERCY DRIVE DUBUQUE, IA 52001 DENISE ANDRESS 1000 HIGHWAY 12	TITLE AND AVERAGE HOURS PER WEEK DEVOTED DIRECTOR 1.00 DIRECTOR 1.00 CHAIRMAN	COMPEN- SATION \$ 0.	CONTRI- BUTION TO EBP & DC \$ 0.	EXPENSE ACCOUNT/ OTHER \$ 0
FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUS NAME AND ADDRESS KELLY DONHAM 100 OAKDALE CAMPUS, 132 IREH IOWA CITY, IA 52242 CHARLOTTE HALVERSON 250 MERCY DRIVE DUBUQUE, IA 52001 DENISE ANDRESS 1000 HIGHWAY 12 HETTINGER, ND 58639 SANDI CIHLAR 1035 CTY ROAD B	TITLE AND AVERAGE HOURS PER WEEK DEVOTED DIRECTOR 1.00 DIRECTOR 1.00 CHAIRMAN 1.00 DIRECTOR	COMPEN- SATION 0.	CONTRI- BUTION TO EBP & DC \$ 0.	EXPENSE ACCOUNT/ OTHER \$ 0

2010

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 3

CLIENT 152 AGRISAFE NETWORK, INC. 75-3077443

FORM 990-EZ, PART IV (CONTINUED) LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED		CONTRI- BUTION TO EBP & DC	ACCOUNT/
JIM CARRABBA ONE ATWELL RD COOPERSTOWN, NY 13326	DIRECTOR 1.00			
AMY LIEBMAN 5210 RIVER CIRCLE QUANTICO, MD 21856	DIRECTOR 1.00	0.	0.	0.
PETER LUNDQVIST BOX 88 ALNARP, ALNARP S-230 53 SWEDEN	DIRECTOR 1.00	0.	0.	0. :
FRED MOSKOL 2536 KENDALL AVE. MADISON, WI 53705	DIRECTOR 1.00	0.	0.	0.
ROBIN TUTOR 1157 VOA SITE C ROAD GREENVILLE, NC 27834	PRESIDENT 1.00	0.	0.	0.
JIM WILLIAMS 31 BROOKSHIRE GREEN BLOOMINGTON, IL 61704	TREASURER 1.00	0.	0.	0.
BARBARA GALLAGHER 3331 EASY ST DUNN, NC 28334	DIRECTOR 1.00	0.	0.	0.
MIKE BROWN PO BOX 1139 WALLACE, NC 28466	DIRECTOR 1.00	0.	0.	0.
KEVIN KEANEY 1200 PENNSYLVANIA AVE WASHINGTON, DC 20460	DIRECTOR 1.00	0.	0.	0.
	TOTAL	<u>\$ 0.</u>	\$ 0.	\$ 0.