

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

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 organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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 2009

Open to Public

Department of the Treasury Internal Revenue Service Inspection 01/09 09/30/10 For the 2009 calendar year, or tax year beginning , and ending Check if applicable Please C Name of organization Employer identification number use IRS Address change label or MCLEOD CO 4-H FEDERATION 51-0211176 Name change print or Initial return Number and street (or P O box, if mail is not delivered to street address) Room/suite Telephone number type. See 840 CENTURY AVE 320-587-0770 Termination Specific City or town, state or country, and ZIP + 4 Group Exemption Amended return Instruc-HUTCHINSON MN 55350 Number Application pending X • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach Accounting method Cash a completed Schedule A (Form 990 or 990-EZ). Other (specify) Website: ▶ N/A Check > if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Tax-exempt status (check only one) -X 501(c) (3) **◀** (insert no) 4947(a)(1) or 527 If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return 92,024 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 39,720 Contributions, gifts, grants, and similar amounts received 49,644 2 2 Program service revenue including government fees and contracts SEE STATEMENT 1 566 3 3 Membership dues and assessments 094 Investment income 4 5a Gross amount from sale of assets other than inventory 5a 5b b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c C ads of Scriedule G) If any amount is from gaming, check here RECEIVE Contributions Special events and activities (complete applicable parts Gross revenue (not including \$ reported on line 1) 6a Less direct expenses other than fundraising expenses 2 2011 C 6b Net income or (loss) from special events and activities (Subtract line 6b) from line 6a) 6c Gross sales of inventory, less returns and attowances 7a OGDEN. 7b Less cost of goods sold C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe 8 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 92. 2 STMT 10 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or for members 11 12 Salanes, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 32 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 Other expenses (describe SEE STATEMENT 3 16 54,227 16 89,634 17 Total expenses. Add lines 10 through 16 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 2,390 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 49,294 end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (attach explanation) 20 Net assets or fund balances at end of year Combine lines 18 through 20 .684 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (A) Beginning of year (B) End of year (See the instructions for Part II) 49,294 22 Cash, savings, and investments 50 22 Land and buildings 23 SEE STATEMENT 24 Other assets (describe 24 25 Total assets 49,294 25 ,684 26 Total liabilities (describe 0 26 Net assets or fund balances (line 27 of column (B) must agree with line 21) 49,294 27 51 684

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

	D CO 4-H FEDERATION		L-0211176			Page 2
Part III Statement of P	rogram Service Accomplishments (See the instruct	ions for Part III	.)	Ex	penses
What is the organization's primary ex	cempt purpose?			Į	(Required	for section
SEE STATEMENT 5					501(c)(3)	and 501(c)(4)
Describe what was achieved in carry	ring out the organization's exempt purposes. In a	clear and concise			organizatio	ons and section
manner, describe the services provide	ded, the number of persons benefited, or other re	levant information fo	r		4947(a)(1)) trusts, optional
each program title					for others)
28 SEE STATEMENT 6				i		
				- 1	ŀ	
(Grants \$ 35,0	000). If this amount includes foreign grants, ch	eck here	<u> </u>	28	3a	52,433
29 SEE STATEMENT 7					1	
(Grants \$	375) If this amount includes foreign grants, ch	eck here	>	29	9a	37,201
30						
				i		
(Grants \$) If this amount includes foreign grants, ch	eck here	<u> </u>	30)a	
31 Other program services (attach	schedule)			_		
(Grants \$) If this amount includes foreign grants, ch	eck here	<u> </u>	31	a	
32 Total program service expens	es (add lines 28a through 31a)			<u>▶ 3</u>	2	<u>89,634</u>
Part IV List of Officers, Di	rectors, Trustees, and Key Employees. List ea					
(a)	Name and address	(b) Title and average hours per week	(c) Compensation (if not paid,		ntributions to benefit plans &	(e) Expense account and
	Traine and address	devoted to position	enter -0)		compensation	other allowances
JADEN ALBRECHT	STEWART	PRESIDENT			ļ	
56144 850TH AVE	MN 55385	1.00	0		0	0
PAIGE LEMKE	HUTCHINSON	VICE PRESIDE) T			
18452 234TH CIR	MN 55350	1.00	0		0	0
KATIE EGGERT	HUTCHINSON	TREASURER				
19785 229TH	MN 55350	1 00	0		0	0
MIRANDA LEMKE	HUTCHINSON	SECRETARY			ļ	
18452 234TH CIR	MN 55350	1.00	0		0	0
LORI BUSS	HUTCHINSON	TREAS. ADVIS	or		:	
21632 TAGUS AVE	MN 55350	1.00			0	0
ALLYSSA SIMS	HUTCHINSON	PUBLIC RELAT	tons	i		
935 OSGOOD AVE SW	MN 55350	1 00	0		0	0
						18
		<u> </u>				
		-				
		<u> </u>				
		1				
						
		 				
		-				
		 				
		1				
		1				
		1				
		 			+	
		1			ļ	
		 			-	
		1				
		1				
		 				
		1			ĺ	
DAA					Eo:	m 990-EZ (2009)
					, 01	(2003)

	The state of the s	/	T.,	T
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed		Yes	No
55	description of each activity	3	3	X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of	<u> </u>		
•	the changes	3	4	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 why the organization did not report the income on Form 990-T SEE STAT	EMENT 8		1
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section	[- [
	6033(e) notice, reporting, and proxy tax requirements?	35	а	<u> </u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35	b	<u> </u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			1
	during the year? If "Yes," complete applicable parts of Schedule N	3	6	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr			
b	Did the organization file Form 1120-POL for this year?	37	ъ	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	į.		1
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38	а	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			1
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			Ī
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			1
	section 4911 ▶, section 4912 ▶, section 4955 ▶			1
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			1
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior		.	37
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40	b	X
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on	•		I
	organization managers or disqualified persons during the year under sections 4912,			1
_	4955, and 4958			1
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			Ī
_	reimbursed by the organization			
е	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	40		X
41	List the states with which a copy of this return is filed NONE	4	<u></u>	<u> </u>
42a	The organization's books are in care of ▶ JILL GRAMS Telephor	e no ▶ 320-5	87-C	770
	840 CENTURY AVE	,		
		+4 ▶ 55350)	
ь	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		Yes	No
	account)?	42	b	X
	If "Yes," enter the name of the foreign country			T
	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 of the U S?	42	c	<u>X</u>
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt chantable 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		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			!
	Form 990-EZ	44	1	<u> </u>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	ŀ		1
		1 4		X
	"Yes," Form 990 must be completed instead of Form 990-EZ	4:	990-EZ	

Form	990-EZ (2	2009) MCLEOD CO 4-H FEDERATIO	N	· 51	-0211176			F	Page 4
	rŧ VI	Section 501(c)(3) organizations and sectio	n 4947(a)(1)	nonexempt	charitable tru			1	
		501(c)(3) organizations and section 4947(a) and complete the tables for lines 50 and 51.		npt charitable	e trusts must a	ınswer questioi	าร 46	-49b	
46	Did the or	rganization engage in direct or indirect political campaign a		of or in oppos	ution to			Yes	No
40		es for public office? If "Yes," complete Schedule C, Part I	ictivities on bene	ш от от ш орроз	ition to		46		X
47		rganization engage in lobbying activities? If "Yes," complete	e Schedule C, P	art II			47		Х
48		janization operating a school as described in section 170(b)			hedule E		48		X
49a	_	rganization make any transfers to an exempt non-charitable					49a		Х
b		was the related organization a section 527 organization?					49b		
50	Complete	e this table for the organization's five highest compensated	employees (other	er than officers,	directors, trustees	and key			
	employee	es) who each received more than \$100,000 of compensation							
		(a) Name and address of each employee paid more than \$100,000) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	ac	Expensount ar allowar	nd
NONE	1								
									
									
				·					
			1						
f	Total num	nber of other employees paid over \$100,000		-		_			
51	-	e this table for the organization's five highest compensated of compensation from the organization. If there is none, er		ntractors who ea	ch received more	than			
	(a) Na	ame and address of each independent contractor paid more than \$1	100,000	(b)	Type of service	(c) C	ompen	sation	
NOI	1E								
						,			
				- 					
	<u> </u>								
d	Total num	nber of other independent contractors each receiving over S	\$100,000	-					
									
Sign		Under penalties of perjury, I declare that I have examined this return and belief, it is true, correct, and complete. Declaration of preparer							
Here	'	Signature of officer Jill Grams 4H Program Type or print name and title	m loorc	lingutor	Date				
				Date	Check if	Preparer's Iden	tifying Nu	mber (Se	ee instr)
Paid		Preparer's signature SCOTT ZIEGLER		02/08	self-			•	/
	arer's	· CCOII BIBGBER	BECKMAN,	P.A.	/11 employed ▶	P0093 EIN ▶ 4	$\frac{311}{1-1}$		115

700 SOUTH GRADE RD SW PO BOX 399

55350

HUTCHINSON, MN

no ▶ 320-234-4430

Phone

Use Only

Firm's name (or yours

address, and ZIP + 4

May the IRS discuss this return with the preparer shown above? See instructions

if self-employed),

SCHEDULE A (Form 990 or 990-EZ)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MCLEOD CO 4-H FEDERATION

Employer identification number

51-0211176 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) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 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 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 170(b)(1)(A)(iv). (Complete Part II) ß A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 $\overline{\mathbf{X}}$ 9 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts 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) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 describes the type of supporting organization and complete lines 11e through 11h c Type III-Functionally integrated **b** | Type II 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 it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No 11g(i) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(ii) 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (vii) Amount of (vi) Is the (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify organization (described on lines 1-9 in col (i) listed in your the organization in proanization in col support above or IRC section col (i) of your (i) organized in the governing document? 1157 support? (see instructions)) Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2009

Total

Sche	edule A (Form 990 or 990-EZ) 2009 MCI	<u> </u>	<u>-H FEDERAT</u>	'ION '	51	<u>-0211176</u>	Page 2
P	Support Schedule for Or (Complete only if you che				(1)(A)(iv) and	170(b)(1)(A)(vi)	
Sec	tion A. Public Support						
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to 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		<u> </u>			1	
	tion B. Total Support	r	T				
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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)						
1	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)	***************************************]	12	
3	First five years. If the Form 990 is for the o	•	second, third, fourth	n, or fifth tax year a	s a section 501(c)(3)	
	organization, check this box and stop here	-		•		•	▶ □
Sec	tion C. Computation of Public Su	pport Percent	age				
4	Public support percentage for 2009 (line 6,	column (f) divided I	by line 11, column (f))		14	%
5	Public support percentage from 2008 Scheo	dule A, Part II, line	14			15	%
6a	33 1/3 % support test—2009. If the organiz	zation did not checl	k the box on line 13	, and line 14 is 33	1/3 % or more, che	ck this box	
	and stop here. The organization qualifies a	s a publicly suppor	ted organization				▶ 🗌
b	33 1/3 % support test—2008. If the organiz	zation did not checl	k a box on line 13 o	r 16a, and line 15	s 33 1/3 % or more	, check this	_
	box and stop here. The organization qualifi	es as a publicly sur	pported organization	n			▶ □
7a	10%-facts-and-circumstances test—2009		•		or 16b, and line 14	ıs 10% or	
	more, and if the organization meets the "fac	•					
	organization meets the "facts-and-circumsta			-	•		▶ □
b	10%-facts-and-circumstances test2008	_	•		-	e 15 is 10% or	_
	more, and if the organization meets the "fac	-					
	organization meets the "facts-and-circumsta	ances" test. The org	ganization qualifies	as a publicly suppo	orted organization		▶ □
8	Private foundation. If the organization did	_			•	structions	▶ □

Schedule A (Form 990 or 990-EZ) 2009

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.)

Sec	tion A. Public Support					_	
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include			- ` `			
	any "unusual grants ")		11,972	9,348	7,068	39,720	68,108
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		24,018	28,746	47,929	49,644	150,337
3	Gross receipts from activities that are not an unrelated trade or business under section 513					566	566
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		35,990	38,094	54,997	89,930	219,011
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that		1				
	exceed the greater of \$5,000 or 1% of the			ł			
	amount on line 13 for the year						
С	Add lines 7a and 7b	ļ , ,,					
8	Public support (Subtract line 7c from line 6)						219,011
	tion B. Total Support		,	т			
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	ļ	35,990	38,094	54,997	89,930	219,011
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		2,310	1,444	36	2,094	5,884
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b		2,310	1,444	36	2,094	5,884
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)						
13	Total support. (Add lines 9, 10c, 11,				Į		
	and 12)		38,300	39,538	55,033	92,024	224,895
14	First five years. If the Form 990 is for the o	rganization's first,	second, third, fourth,	or fifth tax year as	a section 501(c)(3	3)	. \square
_	organization, check this box and stop here		 				<u> </u>
	tion C. Computation of Public Su	1./	_*	<u> </u>	_		
15	Public support percentage for 2009 (line 8,	* *	•))		15	97.38%
16	Public support percentage from 2008 Sched					16	97.15 %
	tion D. Computation of Investmen						
17	Investment income percentage for 2009 (lin		<u>.</u>	lumn (f))		17	3 %
18	Investment income percentage from 2008 S					18	3 %
19a	33 1/3 % support tests—2009. If the organ 17 is not more than 33 1/3 %, check this bo	x and stop here. T	he organization qual	lifies as a publicly s	supported organiza	tion	► X
b	33 1/3 % support tests—2008. If the organ						▶ □
20	line 18 is not more than 33 1/3 %, check this Private foundation . If the organization did it		-	•		nization	-

Schedule A (Form 990 or 990-EZ) 2009 MCLEOD CO 4-H FEDERATION

51-0211176

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12 Provide any other additional information. See instructions.

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

► See separate instructions.

Attach to your tax return

Attachment Sequence No

Name(s) shown on return MCLEOD CO 4-H FEDERATION							rying n · ハク1	1176
Pucin	ess or activity to which this form relates	CO 4-II FEE	ZEIGHT I ON				021	1170
	NDIRECT DEPRECIATI	ON						
	art I Election To Expen		erty Under Sectio	n 179	···	-		
٠.	Note: If you have a				complete Pa	art I.		
1	Maximum amount See the instruct			20.0.0 ,00			1	250,000
2	Total cost of section 179 property p						2	
3	Threshold cost of section 179 property p			ions)			3	800,000
4	Reduction in limitation Subtract line			,			4	
5	Dollar limitation for tax year Subtract line			ing separately, se	e instructions		5	
6	(a) Description			ost (business use	1	Elected cost	<u> </u>	-
<u> </u>								
								
7	Listed property Enter the amount fi	rom line 29	L		7			
8	Total elected cost of section 179 pr		in column (c), lines 6 ar	d 7			8	
9								
10								
11	Business income limitation Enter th			zero) or line 5 (s	ee instructions)		11	
12	Section 179 expense deduction Ad		,		,		12	
13	Carryover of disallowed deduction t			.	13			
	: Do not use Part II or Part III below			····				<u>L</u>
	ert II Special Depreciati			tion (Do no	t include list	ed prope	ertv.)	(See instr.)
	Special depreciation allowance for					- <u> </u>		
•	during the tax year (see instructions		io. andiminoted property,				14	
15	Property subject to section 168(f)(1	•		15				
16	Other depreciation (including ACRS						16	32
	art III MACRS Depreciati		de listed property.) (See instru	ctions.)		1	
			Section A					
17	MACRS deductions for assets place	ed in service in tax ve	ears beginning before 20	09			17	0
18	If you are electing to group any assets pl				ounts, check here	□		
			rvice During 2009 Tax				stem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciatio (business/investment us only-see instructions)		(e) Convention	(f) Met	hod	(g) Depreciation deduction
19a	3-year property						•	
ь	5-year property			Ī				
С	7-year property							
d	10-year property							
е	15-year property]				<u> </u>		
f	20-year property							
g	25-year property			25 yrs		S/L		
h	Residential rental			27 5 yrs	ММ	S/L		
	property			27 5 yrs	ММ	S/L		
i	Nonresidential real			39 yrs	MM	S/L		
	property				MM	S/L	5.	
	Section C—A	ssets Placed in Serv	rice During 2009 Tax Y	ear Using the A	Alternative Dep	reciation S	ystem	
20a	Class life					S/L		
b	12-year			12 yrs		S/L		
С	40-year			40 yrs	ММ	S/L		
Pa	rt IV Summary (See ins	tructions.)						
21	Listed property Enter amount from	line 28					21	
22	Total. Add amounts from line 12, lin	nes 14 through 17, lin	es 19 and 20 in column	(g), and line 21	Enter here			
	and on the appropriate lines of your	return Partnerships	and S corporations—se	e instructions			22	, 32
23	For assets shown above and place	d in service during the	e current year, enter the					·
	portion of the basis attributable to s	ection 263A costs			23		_	

15545 MCLEOD CO 4-H FEDERATION 51-0211176 **Federal Statements**

FYE: 9/30/2010

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	 mount
DUES	\$ 566
TOTAL	\$ 566

15545 MCLEOD CO 4-H FEDERATION 51-0211176 FYE: 9/30/2010

Federal Statements

		FMV Explanation		CASH		
		Book Value Explanation		CASH		
		Book Value		35,000 CASH		35,000
ons		Noncash Contribution				
Organizations	Class of Activity	Cash Contribution	ABLE	35,000		35,000
		Description of Property	CHARITABLE	OE, MN		
	Name and Address	Date of Gift	MCLEOD COUNTY AUDITOR	8/09/10 2391 HENNEPIN AVE N, GLENCOE, MN		AL
			MCLEOD	2391 HE	55336	TOTAL

15545 MCLEOD CO 4-H FEDERATION
51-0211176 Federal Statements

FYE: 9/30/2010

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
CAFE EXPENSES	15,905
ADMINISTRATIVE EXPENSES	1,053
OTHER PROGRAM EXPENSES	36,826
INSURANCE	443
TOTAL	\$ 54,227

Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	 End of Year
EQUIPMENT LESS ACCUMULATED DEPRECIATION	\$	\$ 1,344
		 1,312

15545 MCLEOD CO 4-H FEDERATION

51-0211176

Federal Statements

FYE: 9/30/2010

Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

TO PROMOTE POSITIVE YOUTH DEVELOPMENT THROUGH SUPPORT FOR COMMUNITY, ORGANIZATION AND FAMILIES IN EDUCATION YOUTH.

Statement 6 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

THE MCLEOD COUNTY 4-H FEDERATION HAS OVER 300 MEMBERS. THE MEMBERS OF THE FEDERATION RUN A CAFE DURING THE MCLEOD COUNTY FAIR TO RAISE MONEY TO HELP COVER EXPENSES OF OTHER 4-H SUPPORTED ACTIVITIES THAT THEIR MEMBERS PARTICIPATE IN DURING THE YEAR. DURING THE CURRENT YEAR THEY DONATED AN AMOUNT FOR THE IMPROVEMENT OF THE CAFE.

Statement 7 - Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments

Description

THE MCLEOD COUNTY 4-H FEDERATION HELPS COVER THE COSTS FOR COUNTY, STATE AND NATIONAL EVENTS RELATED TO 4-H THAT THEIR MEMBERS PARTICIPATE IN. SOME EVENTS DURING THE CURRENT YEAR INCLUDE DAIRY JUDGING CONTEST, SHOOTING PROJECTS AND A RECOGNITION BANQUET.

15545 MCLEOD CO 4-H FEDERATION

51-0211.176

Federal Statements

FYE: 9/30/2010

Statement 8 - Form 990-EZ, Part V, Line 35 - Income From Business Activities not Reported on Form 990-T

Description

FORM 990-T WAS NOT FILED FOR THE YEAR ENDED SEPTEMBER 30, 2010. ALL INCOME GENERATED BY THE REPORTING ORGANIZATION IS WITHOUT PROFIT MOTIVE AND IS RELATED TO THE EXEMPT FUNCTION OF THE ORGANIZATION.