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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 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 Inspection

A For the 2009 calendar year, or tax year beginning 11-01-2009 , and ending 10-31-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Butte County Farm Bureau

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
2580 Feather River Blvd

City or town, state or country, and ZIP + 4
Oroville, CA 95965

D Employer identification number
94-1262232

E Telephone number
(530) 533-1473

F Group Exemption Number ▶

*** *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 buttefarmbureau com

J Tax-Exempt status (check only one)— ☑ 501(c) (5) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

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

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 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

L 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 ▶ $ 363,812

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	33,605
	2	Program service revenue including government fees and contracts		2	1,647
	3	Membership dues and assessments		3	176,087
	4	Investment income		4	19,781
	5a	Gross amount from sale of assets other than inventory	5a 72,840		
	b	Less cost or other basis and sales expenses	5b 56,690		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	16,150
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ ☑			
	a	Gross revenue (not including $ 33,525 of contributions reported on line 1)	6a 28,491		
	b	Less direct expenses other than fundraising expenses	6b 25,367		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	3,124
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶)		8	31,361
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	281,755
Expenses	10	Grants and similar amounts paid (attach schedule)		10	15,242
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	85,489
	13	Professional fees and other payments to independent contractors		13	6,200
	14	Occupancy, rent, utilities, and maintenance		14	11,551
	15	Printing, publications, postage, and shipping		15	15,361
	16	Other expenses (describe ▶)		16	150,212
	17	**Total expenses.** Add lines 10 through 16 ▶		17	284,055
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-2,300
	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	785,328
	20	Other changes in net assets or fund balances (attach explanation)		20	17,020
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	800,048

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

(See the instructions for Part II)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	70,998	22	61,625
23	Land and buildings	17,191	23	14,184
24	Other assets (describe ▶)	734,958	24	761,288
25	**Total assets**	823,147	25	837,097
26	**Total liabilities** (describe ▶)	37,819	26	37,049
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	785,328	27	800,048

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose?
TO PROTECT & PROMOTE AGRICULTURAL INTERESTS THROUGHOUT CALIFORNIA AND TO FIND SOLUTIONS TO THE PROBLEMS OF THE FARM, THE FARM HOME, AND THE RURAL COMMUNITY

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, and other relevant information for each program title

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

28 Promoted agricultural interests throughout the state of California (Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	0
29 Provided scholarships and grants to individuals and organizations (Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐	**29a**	0
30 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**30a**	
31 Other program services (attach schedule) . . . . . (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**31a**	
32 Total program service expenses (add lines 28a through 31a) . . . . . ▶	**32**	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Part V Other Information (Note the statement requirements in the instructions for Part 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	33		No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		No
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			
a	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?	35a	Yes	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	Yes	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 4,000			
b	Did the organization file **Form 1120-POL** for this year?	37b		
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 outstanding at the end of the period covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	*Section 501(c)(7) organizations.* Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	*Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b	*Section 501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or 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 Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No

41 List the states with which a copy of this return is filed ▶ CA

42a The organization's books are in care of ▶ Colleen Cecil Telephone no ▶ (530) 533-1473

Located at ▶ 2580 Feather River Blvd Oroville, CA ZIP + 4 ▶ 95965

			Yes	No
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)?	42b		No
	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	If "Yes," enter the name of the foreign country ▶ _____			

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

			Yes	No
44	Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	44		No
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.*	45		No

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

		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		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and 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 & deferred compensation	**(e)** Expense account and other allowances

50(f) Total number of other employees paid over $100,000 . . . . . ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	**(b)** Type of service	**(c)** Compensation

51(d) Total number of other independent contractors each receiving over $100,000 . . . . . ▶

Please Sign Here

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

▶ ****** — Signature of officer — 2011-06-02 — Date

▶ Colleen Cecil Executive Director — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Susie Sorenson	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ MATSON AND ISOM 3013 CERES AVENUE CHICO, CA 95973			EIN ▶ Phone no ▶ (530) 891-6474

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☑ Yes ☐ No

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
Butte County Farm Bureau

Employer identification number
94-1262232

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Summer BBQ (event type)	(b) Event #2 Annual Dinner (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	43,589	18,427		62,016
	2 Less Charitable contributions	21,375	12,150		33,525
	3 Gross income (line 1 minus line 2)	22,214	6,277		28,491
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	1,184	1,383		2,567
	7 Food and beverages	2,919	10,612		13,531
	8 Entertainment	400			400
	9 Other direct expenses	6,232	2,637		8,869
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				25,367
	11 Net income summary Combine lines 3, column d, and line 10 ▶				3,124

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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TY 2009 Grants and Similar Amounts Paid Schedule

Name: Butte County Farm Bureau

EIN: 94-1262232

Item No.	1
Class of Activity	Scholarships for agricultural students
Donee's Name	
Donee's Address	
Amount (FMV)	6,500
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-06

Item No.	2
Class of Activity	Farm community programs
Donee's Name	
Donee's Address	
Amount (FMV)	8,742
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-06

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TY 2009 Other Assets Schedule

Name: Butte County Farm Bureau

EIN: 94-1262232

Description	Beginning of Year Amount	End of Year Amount
Prepaid expenses	38,824	37,850
Merrill Lynch accounts	695,160	722,464
Workers Comp deposit	974	974

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TY 2009 Other Changes in Net Assets Schedule

Name: Butte County Farm Bureau

EIN: 94-1262232

Description	Amount
Unrealized gain/loss on investments	17,020

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TY 2009 Other Expenses Schedule

Name: Butte County Farm Bureau

EIN: 94-1262232

Description	Amount
Travel	1,545
Conferences/conventions	12,189
Advertising	3,727
Office expenses	9,755
Bank charges	414
Dues	99,210
Educational programs	1,880
Insurance	5,788
Member appreciation	4,318
Young Farmers & Ranchers	4,671
CFBF Farm PAC	4,000
Miscellaneous	2,715

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TY 2009 Other Liabilities Schedule

Name: Butte County Farm Bureau

EIN: 94-1262232

Description	Beginning of Year Amount	End of Year Amount
Accounts payable & accrued expenses	2,154	2,199
Deferred revenue	35,665	34,850

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TY 2009 Other Revenues Schedule

Name: Butte County Farm Bureau

EIN: 94-1262232

Description	Amount
CFBF incentive program	5,442
Advertising	7,086
Insurance refund	17,580
Miscellaneous	1,253

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TY 2009 Transfers Personal Benefits Contracts Declaration

Name: Butte County Farm Bureau

EIN: 94-1262232

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.

Additional Data

Software ID:
Software Version:
EIN: 94-1262232
Name: Butte County Farm Bureau

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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 & deferred compensation	**(e)** Expense account and other allowances
Rocky Donati 2580 Feather River Blvd Oroville, CA 95965	President 2 00	0	0	0
Stacey Gore 2580 Feather River Blvd oroville, CA 95965	1st Vice President 2 00	0	0	0
Holly Foster 2580 Feather River Blvd oroville, CA 95965	2nd Vice President 2 00	0	0	0
Irv Leen 2580 Feather River Blvd oroville, CA 95965	3rd Vice President 2 00	0	0	0
Louis Venturini 2580 Feather River Blvd oroville, CA 95965	Treasurer 2 00	0	0	0
Ryan Schohr 2580 Feather River Blvd oroville, CA 95965	Former Pres , Director 2 00	0	0	0
Collen Cecil 2580 Feather River Blvd Oroville, CA 95965	Executive Director 40 00	46,375	6,247	0
Kurt Albrecht 2580 Feather River Blvd Oroville, CA 95965	Director 2 00	0	0	0
Clark Becker 2580 Feather River Blvd Oroville, CA 95965	Director 2 00	0	0	0
Doug Bentz 2580 Feather River Blvd Oroville, CA 95965	Director 2 00	0	0	0
David Choate 2580 Feather River Blvd Oroville, CA 95965	Director 2 00	0	0	0
Ryan Coker 2580 Feather River Blvd Oroville, CA 95965	Director 2 00	0	0	0
Rick Fortier 2580 Feather River Blvd Oroville, CA 95965	Director 2 00	0	0	0
Lee Heringer 2580 Feather River Blvd Oroville, CA 95965	Director 2 00	0	0	0
Bridget James 2580 Feather River Blvd Oroville, CA 95965	Director 2 00	0	0	0
Jamie Johansson 2580 Feather River Blvd Oroville, CA 95965	Director 2 00	0	0	0

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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 & deferred compensation	**(e)** Expense account and other allowances
Tod Kimmelshue 2580 Feather River Blvd Oroville, CA 95965	Director 2 00	0	0	0
David Lundberg 2580 Feather River Blvd Oroville, CA 95965	Director 2 00	0	0	0
Pete Mastelotto 2580 Feather River Blvd Oroville, CA 95965	Director 2 00	0	0	0
Steve McDonald 2580 Feather River Blvd Oroville, CA 95965	Director 2 00	0	0	0
Rich McGowan 2580 Feather River Blvd Oroville, CA 95965	Director 2 00	0	0	0
Dominic Nevis 2580 Feather River Blvd Oroville, CA 95965	Director 2 00	0	0	0
Jim Noble 2580 Feather River Blvd Oroville, CA 95965	Director 2 00	0	0	0
John Nock 2580 Feather River Blvd Oroville, CA 95965	Director 2 00	0	0	0
Theresa Schneider 2580 Feather River Blvd Oroville, CA 95965	Director 2 00	0	0	0
Kelby Sheppard 2580 Feather River Blvd Oroville, CA 95965	Director 2 00	0	0	0
Dave Sieperda 2580 Feather River Blvd Oroville, CA 95965	Director 2 00	0	0	0
Matt Tennis 2580 Feather River Blvd Oroville, CA 95965	Director 2 00	0	0	0