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Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

- Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except 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.

A For the 2010 calendar year, or tax year beginning , and ending

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

C Name of organization
FLOYD COUNTY FARM BUREAU
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
1102 GILBERT STREET
 City or town state or country ZIP + 4
CHARLES CITY IA 50616

D Employer identification number
42-0680708

E Telephone number
(641) 228-3742

F Group Exemption Number ► **0626**

G Accounting Method ☐ Cash ☒ Accrual Other (specify) ►

I Website: ► N/A

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ **127,576**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	18,356
	2	Program service revenue including government fees and contracts	2	22,932
	3	Membership dues and assessments	3	71,955
	4	Investment income	4	14,333
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
Expenses	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c	Less: direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less: cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	127,576
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	23,416
	13	Professional fees and other payments to independent contractors	13	620
14	Occupancy, rent, utilities, and maintenance	14	13,448	
15	Printing, publications, postage, and shipping	15	766	
16	Other expenses (describe in Schedule O)	16	79,766	
17	Total expenses. Add lines 10 through 16	17	118,016	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	9,560
	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	147,282
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	3,258
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	160,100

Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II. ☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	116,262	22	131,938
23 Land and buildings	30,399	23	27,709
24 Other assets (describe in Schedule O)	1,455	24	886
25 Total assets	148,116	25	160,533
26 Total liabilities (describe in Schedule O)	834	26	433
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).	147,282	27	160,100

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☐What is the organization's primary exempt purpose? PROVIDE CURRENT AG INFORMATION

Describe 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 AN ORGANIZATION DEDICATED TO HELPING FARM FAMILIES PROSPER AND IMPROVE THEIR QUALITY OF LIFE. PROVIDED INFORMATION ON AGRICULTURAL ISSUES THROUGH NEWSLETTERS, MEETINGS, ETC. 1,597 MEMBERS WERE BENEFITTED IN 2010 (Grants \$) If this amount includes foreign grants, check here ☐	28a	
29 (Grants \$) If this amount includes foreign grants, check here ☐	29a	
30 (Grants \$) If this amount includes foreign grants, check here ☐	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ☐	31a	
32 Total program service expenses. (add lines 28a through 31a)	32	0

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and 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
CHUCK SOUDER 1934 140TH ST RUDD IA 50471	Title PRESIDENT Hr/WK 2.50	0		
BECKY MEYER 3174 140TH ST CHARLES CITY IA 50616	Title VICE PRESIDENT Hr/WK 2.50	0		
JAY MATTHEWS 1302 WALLER ST CHARLES CITY IA 50616	Title SECRETARY Hr/WK 2.50	0		
GLEN ZUBROD 3010 290TH ST NASHUA IA 50658	Title TREASURER Hr/WK 2.50	0		
WAYNE KOEHLER 2061 MARCH AVE CHARLES CITY IA 50616	Title VOTING DELEGATE Hr/WK 2.50	0		
JIM FRISBIE 1812 CLEVELAND AVE CHARLES CITY IA 50616	Title Hr/WK 1.50	0		
ROBERT LINES 3298 210TH ST CHARLES CITY IA 50616	Title Hr/WK 1.50	0		
STEVE GEBEL 3328 170TH ST IONIA IA 50645	Title Hr/WK 1.50	0		
RON KOEHLER 1770 HICKORY AVE RUDD IA 50471	Title Hr/WK 1.50	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).		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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	X	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a		
b Did the organization file Form 1120-POL for this year?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
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		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ☐ , section 4912 ☐ , section 4955 ☐		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		
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.		X
41 List the states with which a copy of this return is filed. ☐ IA		
42 a The organization's books are in care of ☐ THE ORGANIZATION Telephone no. ☐ (641) 228-3742		
Located at ☐ 1102 GILBERT STREET City CHARLES CITY ST IA ZIP + 4 ☐ 50616		
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)?		X
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.?		X
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		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		X

- 45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- a** Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ.
- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

	Yes	No
45		X
45a		X
46		X

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 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49 a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization a section 527 organization?
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
47		
48		
49a		
49b		

(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
Name None	Title			
City ST ZIP	Hr/WK 00			
Name	Title			
City ST ZIP	Hr/WK 00			
Name	Title			
City ST ZIP	Hr/WK .00			
Name	Title			
City ST ZIP	Hr/WK .00			
Name	Title			
City ST ZIP	Hr/WK .00			

f Total number of other employees paid over \$100,000

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		

d Total number of other independent contractors each receiving over \$100,000

- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

☐ Yes ☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer Charles E. Sauder Date 3/22/11

Type or print name and title CHARLES E. SAUDER, PRESIDENT

Paid Preparer's Use Only

Print/Type preparer's name MAX STUDER	Preparer's signature <u>Max A. Studer CPA</u>	Date 4/22/2011	Check if self-employed ☒	PTIN P01272566
Firm's name ► MAX N STUDER CPA	Firm's EIN ►	Firm's address ► PO BOX 1463, JOHNSTON, IA 50131	Phone no. (515) 238-1766	

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

☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

**Open to Public
Inspection**

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.

Name of the organization

FLOYD COUNTY FARM BUREAU

Employer identification number

42-0680708

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES \$79,766

SUPPLIES 1015

TELEPHONE 1679

EQUIPMENT RENT & MAINTENANCE 1244

DEPRECIATION 137

FEDERATION DUES 33,579

REGIONAL & CAMPAIGN MANAGER 3,055

ACQUISITION 582

MEETINGS & ACTIVITIES 7,950

MEMBER PROTECTOR POLICY 1,487

SPOKESMAN 4,046

REGIONAL, DISTRICT, STATE MEETINGS & CONFERENCES 1,483

INSURANCE 725

SCHOLARSHIPS 2,600

AG & COMMUNITY SUPPORT 8,887

PER 990-T 11,297

INCOME TAXES 0

OTHER 0

79,766

FORM 990-EZ, PART I, LINE 20, OTHER CHANGES IN NET ASSETS

UNREALIZED GAIN (LOSS) ON MARKETABLE SECURITIES 3,258

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS

ACCOUNTS RECEIVABLE & PREPAIDS BEG OF YEAR 1,455 END OF YEAR 886

FORM 990-EZ, PART II, LINE 26, LIABILITIES

ACCOUNTS PAYABLE AND RESERVES BEG OF YEAR 834 END OF YEAR 433