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Form 990

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

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

A For the 2009 calendar year, or tax year beginning 07/01, 2009, and ending 06/30, 2010

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DADE COUNTY FARM BUREAU			D Employer identification number 59-0688990	
	Doing Business As			E Telephone number 305-246-5514	
	Number and street (or P O box if mail is not delivered to street address) 1850 OLD DIXIE HIGHWAY			Room/suite	
	City or town, state or country, and ZIP + 4 HOMESTEAD, FL 33033-3212			F Gross receipts \$ 695,856	
	F Name and address of principal officer Larry Dunagan 1850 Old Dixie HWY, Homestead, FL 33033			H(a) Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Tax-exempt status <input checked="" type="checkbox"/> 501(c)(5) (insert no.) 4947(a)(1) or 527			H(b) Are all affiliates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
Website ►			H(c) Group exemption number ► 1805		
Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►			L Year of formation 1942 M State of legal domicile FL		

<b>Part I</b> <b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities To promote, foster, and encourage more efficient and progressive agriculture. To represent, protect and advance the social economic and educational interest of farmers in Florida.	
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3 Number of voting members of the governing body (Part VI, line 1a) 3 29	
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 29	
	5 Total number of employees (Part V, line 2a) 5 9	
	6 Total number of volunteers (estimate if necessary) 6 150	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 250,879 b Net unrelated business taxable income from Form 990-T, line 34 7b 0	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h) 0 0	
	9 Program service revenue (Part VIII, line 2g) 254,462 250,197	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7,446 15,370	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 403,845 373,435	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 665,753 639,002	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0	
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0	
<b>Expenses</b>	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 411,597 383,544	
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 b Total fundraising expenses, Part IX, column (D), line 25) ► 0	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 283,392 252,702	
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 694,989 636,246	
	19 Revenue less expenses Subtract line 18 from line 12 -29,236 2,756	
	Beginning of Year 642,425 646,438	
	End of Year 1,416 2,672	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16) 641,009 643,766	
	21 Total liabilities (Part X, line 26) 1,416 2,672	
	22 Net assets or fund balances Subtract line 21 from line 20. 641,009 643,766	

<b>Part II</b> <b>Signature Block</b> <b>Sign Here</b>	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 ► <i>Larry Dunagan</i>		
	Date 11/10/2010		
Type or print name and title ► <i>Larry Dunagan, President</i>			

<b>Paid Preparer's Use Only</b>	Preparer's signature ►	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ►	EIN ►	Phone no ►	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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

Form 990 (2009)

**Part III Statement of Program Service Accomplishments**1 Briefly describe the organization's mission

**To promote, foster, and encourage more efficient and progressive agriculture. To represent, protect and advance the social, economic and educational interest of farmers in Florida.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code                   ) (Expenses \$                    including grants of \$                   ) (Revenue \$                   )

We educate members about the important issues involving the agricultural industry and use this knowledge to provide the industry with a strong pulic relations outlet thru farm tours. Students, teachers and others who are interested in learning more about American Agriculture tour our local fish farms, bean, squash, tomatoes and other row crops. They also get to tour tropical fruit groves and packing facilities, orchid and other nurseries. The Agri-tourism business has become an important step in creating another ancillary to agricultural products.

4b (Code                   ) (Expenses \$                    including grants of \$                   ) (Revenue \$                   )

In order to influence policy and legislation that is of concern to agriculture our members are informed through our newsletter, farm news weekly and emails of any changes to policies and legislation that might affect their business. We host workshops on topics to inform the growers on new policy and procedures, BMP's and water issues that affect agriculture in the area. We participate on county committees to help keep the County Farm Bureau keep a finger on the pulse of changes that might affect our members.

4c (Code                   ) (Expenses \$                    including grants of \$                   ) (Revenue \$                   )

Our County Farm Bureau promotes educational programs whose purpose is to advance the interest and welfare of agriculture such as the Miami Dade County International Ag and Cattle Show, Miami Dade County Fair (Howdy Day's Program) children only, Miami Dade Parks & Recreation Fruit & Spice Park Tropical Fruit Fiesta, & Farm City Week-Government Center Downtown Miami. We also have an active Women's Committee who is responsible for the Ag-In-The-Classroom program. They provide workshops for teachers and purchase agriculturally themed curriculum for them to use and share in their schools. Our Women's Committee also volunteers to read at local schools throught-out the school year.

4d Other program services (Describe in Schedule O)

(Expenses \$                    including grants of \$                   ) (Revenue \$                   )

4e Total program service expenses ► 0

## Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	X
3 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	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
• Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		
• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	12A	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	X

## Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. . . . .	21	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. . . . .	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	23	X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25 . . . . .	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	
25 a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	25a	
b	Is the organization 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 . . . . .	25b	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II .	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III . . . . .	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28a	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28b	X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .	34	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	35	X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	X

## Part V Statements Regarding Other IRS Filings and Tax Compliance

	Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable . . . . .	1a 6	
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . .	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c <input checked="" type="checkbox"/>	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	2a 9	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	3a <input checked="" type="checkbox"/>	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	3b <input checked="" type="checkbox"/>	
4a 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)? . . . . .	4a <input checked="" type="checkbox"/>	
b 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		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a <input checked="" type="checkbox"/>	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b <input checked="" type="checkbox"/>	
c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .	6a <input checked="" type="checkbox"/>	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b <input checked="" type="checkbox"/>	
7 <b>Organizations that may receive deductible contributions under section 170(c).</b>		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d 1	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		
8 <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
9 <b>Sponsoring organizations maintaining donor advised funds.</b>		
a Did the organization make any taxable distributions under section 4966? . . . . .		
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
10 <b>Section 501(c)(7) organizations.</b> Enter		
a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a 1	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b 1	
11 <b>Section 501(c)(12) organizations.</b> Enter		
a Gross income from members or shareholders . . . . .	11a 1	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	11b 1	
12a <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b 1	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

**Section A. Governing Body and Management**

		Yes	No
a	Enter the number of voting members of the governing body . . . . .	1a 1b	29 29
1b	Enter the number of voting members that are independent . . . . .		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5	X
6	Does the organization have members or stockholders? . . . . .	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body? . . . . .	8a	X
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9a	X

**Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)**

	Yes	No	
10a	Does the organization have local chapters, branches, or affiliates? . . . . .	10a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	10b	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11	X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	12c	X
13	Does the organization have a written whistleblower policy? . . . . .	13	X
14	Does the organization have a written document retention and destruction policy? . . . . .	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	X
b	Other officers or key employees of the organization . . . . .	15b	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	

**Section C. Disclosure**

17	List the states with which a copy of this Form 990 is required to be filed ► <b>Florida</b>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► <b>Debborah L Brady 1850 Old Dixie Hwy, Homestead, FL 33033 305-246-5514</b>

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's **current** key employees See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated		
John Alger									
1850 Old Dixie Hwy, Homestead	1	X						0	0
Teena Borek									
1850 Old Dixie Hwy, Homestead	1	X						0	0
Jessica Borek									
1850 Old Dixie Hwy, Homestead	1	X						0	0
Kern Carpenter									
1850 Old Dixie Hwy, Homestead	1	X						0	0
Lenny Cavallaro									
1850 Old Dixie Hwy, Homestead	1	X						0	0
Arturo de Leon									
1850 Old Dixie Hwy, Homestead	1	X						0	0
Angela DelliVeneri									
1850 Old Dixie Hwy, Homestead	1	X						0	0
Bob Epling									
1850 Old Dixie Hwy, Homestead	1	X						0	0
Sal Finocchiaro									
1850 Old Dixie Hwy, Homestead	1	X						0	0
Steve Greer									
1850 Old Dixie Hwy, Homestead	1	X						0	0
Steve Hoveland									
1850 Old Dixie Hwy, Homestead	1	X						0	0
David Kaplan									
1850 Old Dixie Hwy, Homestead	1	X						0	0
Robbie Martens									
1850 Old Dixie Hwy, Homestead	1	X						0	0
Bob McMillan									
1850 Old Dixie Hwy, Homestead	1	X						0	0
Steven Meeks									
1850 Old Dixie Hwy, Homestead	1	X						0	0
Robert Moehling									
1850 Old Dixie Hwy, Homestead	1	X						0	0

## Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated		
Diego Rodriguez								
1850 Old Dixie Hwy, Homestead	1	X					0	0
John Sanchez								
1850 Old Dixie Hwy, Homestead	1	X					0	0
Neal Spencer								
1850 Old Dixie Hwy, Homestead	1	X					0	0
George Sprinkle								
1850 Old Dixie Hwy, Homestead	1	X					0	0
Vito Strano								
1850 Old Dixie Hwy, Homestead	1	X					0	0
Racey Timmons								
1850 Old Dixie Hwy, Homestead	1	X					0	0
Tom Vick								
1850 Old Dixie Hwy, Homestead	1	X					0	0
Mark Wilson								
1850 Old Dixie Hwy, Homestead	1	X					0	0
Larry Dunagan								
1850 Old Dixie Hwy, Homestead	6		X				0	0
Ivonne Alexander								
1850 Old Dixie Hwy, Homestead	3		X				0	0
George Butler, III								
1850 Old Dixie Hwy, Homestead	3		X				0	0
Phil Marraccini								
1850 Old Dixie Hwy, Homestead	1		X				0	0
Alice Pena								
1850 Old Dixie Hwy, Homestead	3		X				0	0
<b>1b Total</b>						►	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 0

Yes	No
3	X
4	X
5	X

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
N/A		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0		

## Part VIII | Statement of Revenue

**Part IX Statement of Functional Expenses****Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	0			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0			
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0			
7 Other salaries and wages . . . . .	<b>308,710</b>			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	0			
9 Other employee benefits . . . . .	<b>50,486</b>			
10 Payroll taxes . . . . .	<b>24,348</b>			
11 Fees for services (non-employees)				
a Management . . . . .	0			
b Legal . . . . .	0			
c Accounting . . . . .	0			
d Lobbying . . . . .	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees . . . . .	0			
g Other . . . . .	0			
12 Advertising and promotion . . . . .	<b>2,175</b>			
13 Office expenses . . . . .	<b>50,087</b>			
14 Information technology . . . . .	0			
15 Royalties . . . . .	0			
16 Occupancy . . . . .	<b>68,215</b>			
17 Travel . . . . .	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings . . . .	<b>23,875</b>			
20 Interest . . . . .	0			
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . .	<b>7,004</b>			
23 Insurance . . . . .	0			
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a <b>FFBF Membership Dues</b>	<b>63,591</b>			
b <b>Spec Proj/Issues/Education</b>	<b>17,162</b>			
c <b>Women's Comm/Awards</b>	<b>4,523</b>			
d <b>Newsletter</b>	<b>11,671</b>			
e <b>Dues/Subsc/Contributions</b>	<b>1,705</b>			
f All other expenses <b>Misc/Sales Tax</b>	<b>2,694</b>			
25 Total functional expenses. Add lines 1 through 24f	<b>636,246</b>			
26 Joint Costs. Check here ► <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing . . . . .	43,974	1	20,368
	2 Savings and temporary cash investments . . . . .	504,191	2	536,770
	3 Pledges and grants receivable, net . . . . .	0	3	0
	4 Accounts receivable, net . . . . .	0	4	0
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .			
		0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .			
		0	6	0
	7 Notes and loans receivable, net . . . . .			
		0	7	0
	8 Inventories for sale or use . . . . .	333	8	409
	9 Prepaid expenses and deferred charges . . . . .			
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	347,503		
	b Less accumulated depreciation . . . . .	10b 258,612	93,927	10c 88,891
	11 Investments - publicly traded securities . . . . .			
		0	11	0
Liabilities	12 Investments - other securities See Part IV, line 11 . . . . .			
		0	12	0
	13 Investments - program-related See Part IV, line 11 . . . . .			
		0	13	0
	14 Intangible assets . . . . .			
		0	14	0
	15 Other assets See Part IV, line 11 . . . . .			
		0	15	0
	16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . .	642,425	16	646,438
	17 Accounts payable and accrued expenses . . . . .			
		19	17	1,275
Net Assets or Fund Balances	18 Grants payable . . . . .			
		0	18	0
	19 Deferred revenue . . . . .			
		0	19	0
	20 Tax-exempt bond liabilities . . . . .			
		0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D			
		0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .			
		0	22	0
Net Assets or Fund Balances	23 Secured mortgages and notes payable to unrelated third parties . . . . .			
		0	23	0
	24 Unsecured notes and loans payable to unrelated third parties . . . . .			
		0	24	0
	25 Other liabilities Complete Part X of Schedule D . . . . .	1,397	25	1,397
	26 Total liabilities. Add lines 17 through 25 . . . . .	1,416	26	2,672
	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets . . . . .			
		0	27	0
	28 Temporarily restricted net assets . . . . .			
		0	28	0
	29 Permanently restricted net assets . . . . .			
		0	29	0
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds . . . . .			
		0	30	0
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .			
		0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .	641,009	32	643,765
	33 Total net assets or fund balances . . . . .	641,009	33	643,765
	34 Total liabilities and net assets/fund balances . . . . .	642,425	34	646,437

**Part XI Financial Statements and Reporting**

	<b>Yes</b>	<b>No</b>
<b>1</b> Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	<b>2a</b>	<input checked="" type="checkbox"/>
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	<b>2b</b>	<input checked="" type="checkbox"/>
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	<b>2c</b>	<input checked="" type="checkbox"/>
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	<b>3a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<b>3b</b>	

Form 990 (2009)

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

OMB No 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

**DADE COUNTY FARM BUREAU**

Employer identification number

**59-0688990****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/>	Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/>	Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.		
		<b>Held at the End of the Year</b>
a Total number of conservation easements .....	2a	
b Total acreage restricted by conservation easements .....	2b	
c Number of conservation easements on a certified historic structure included in (a) .....	2c	
d Number of conservation easements included in (c) acquired after 8/17/06 .....	2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►		
4 Number of states where property subject to conservation easement is located ►		
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►		
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$		
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements		

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
(i) Revenues included in Form 990, Part VIII, line 1 .....
(ii) Assets included in Form 990, Part X .....
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
a Revenues included in Form 990, Part VIII, line 1 .....
b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2009

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

<b>a</b> <input type="checkbox"/> Public exhibition	<b>d</b> <input type="checkbox"/> Loan or exchange programs
<b>b</b> <input type="checkbox"/> Scholarly research	<b>e</b> <input type="checkbox"/> Other _____
<b>c</b> <input type="checkbox"/> Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table

Amount	
1c	
1d	
1e	
1f	0

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Term endowment ► %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

Yes	No
3a(i)	
3a(ii)	
3b	

(i) unrelated organizations . . . . .  
(ii) related organizations . . . . .

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		0	63,950		63,950
b Buildings . . . . .		0	219,161	205,932	13,229
c Leasehold improvements . . . . .		0	0	0	0
d Equipment . . . . .		0	31,072	24,367	6,705
e Other . . . . .		0	33,320	28,313	5,007
<b>Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)). . . . . ►</b>					<b>88,891</b>

**Part VII Investments - Other Securities. See Form 990, Part X, line 12.**

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives . . . . .		
Closely-held equity interests . . . . .		
Other _____		

**Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )**

0

**Part VIII Investments - Program Related. See Form 990, Part X, line 13**

**Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )**

0

**Part IX Other Assets. See Form 990, Part X, line 15.**

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

0

**Part X Other Liabilities. See Form 990, Part X, line 25.**

Part X Other Liabilities: See Form 350, Part X, line 25.	
1. (a) Description of liability	(b) Amount
Federal income taxes	
<b>Deposit held Lynn Hanson</b>	<b>1,397</b>
<b>Total (Column (b) must equal Form 350, Part X, col. (B) line 25.)</b>	<b>1,397</b>

3. FIN 10 Extracts. In Part XIV, record the text of the extracts.

1,397

**2. FIN 48 Footnote** In Part XIV, provide the text of the footnote organization's liability for uncertain tax positions under FIN 48.

## Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12) . . . . .	1
2	Total expenses (Form 990, Part IX, column (A), line 25) . . . . .	2
3	Excess or (deficit) for the year Subtract line 2 from line 1 . . . . .	3 0
4	Net unrealized gains (losses) on investments . . . . .	4
5	Donated services and use of facilities . . . . .	5
6	Investment expenses . . . . .	6
7	Prior period adjustments . . . . .	7
8	Other (Describe in Part XIV) . . . . .	8
9	Total adjustments (net) Add lines 4 through 8 . . . . .	9 0
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9 . . . . .	10 0

## Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	0

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).	5	0

Part XIV | Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

## SCHEDULE G

**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2009

Open To Public  
Inspection

**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

## DADE COUNTY FARM BUREAU

**Employer identification number**

59-0688990

**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

<b>a</b>	Mail solicitations	<b>e</b>	Solicitation of non-government grants
<b>b</b>	Internet and email solicitations	<b>f</b>	Solicitation of government grants
<b>c</b>	Phone solicitations	<b>g</b>	Special fundraising events
<b>d</b>	In-person solicitations		

**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 services?  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

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

		(a) Event #1 <b>BBQ</b> (event type)	(b) Event #2	(c) Other Events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . . . .	103,584			103,584
	2 Less Charitable contributions . . . . .	0			0
	3 Gross income (line 1 minus line 2) . . . . .	103,584	0	0	103,584
Direct Expenses	4 Cash prizes . . . . .	1,500			1,500
	5 Noncash prizes . . . . .	2,500			2,500
	6 Rent/facility costs . . . . .	5,842			5,842
	7 Food and beverages . . . . .	9,569			9,569
	8 Entertainment . . . . .	775			775
	9 Other direct expenses . . . . .	6,089			6,089
10 Direct expense summary Add lines 4 through 9 in column (d) . . . . .				► ( 26,275 )	
11 Net income summary Combine line 3, column (d), and line 10 . . . . .				► 77,309	
<b>Part III Gaming.</b> 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 . . . . .			42,300	42,300
	2 Cash prizes . . . . .			0	0
Direct Expenses	3 Noncash prizes . . . . .			20,000	20,000
	4 Rent/facility costs . . . . .			0	0
	5 Other direct expenses . . . . .			161	161
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 95 % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) . . . . .				► ( 20,161 )	
8 Net gaming income summary Combine line 1, column d, and line 7 . . . . .				► 22,139	
9 Enter the state(s) in which the organization operates gaming activities					<input type="checkbox"/> Yes <input type="checkbox"/> No
a Is the organization licensed to operate gaming activities in each of these states? . . . . .					<input type="checkbox"/> 9a <input type="checkbox"/> X
b If "No," explain:					
<u>Annual Donation Drawing</u>					
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?					<input type="checkbox"/> 10a <input type="checkbox"/> X
b If "Yes," explain:					
11 Does the organization operate gaming activities with nonmembers? . . . . .					<input type="checkbox"/> 11 <input type="checkbox"/> X
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? . . . . .					<input type="checkbox"/> 12 <input type="checkbox"/> X

	Yes	No
13 Indicate the percentage of gaming activity operated in		
a The organization's facility . . . . .	13a	10.0000 %
b An outside facility . . . . .	13b	90.0000 %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name ► <u>Debborah L Brady</u>		
Address ► <u>1850 Old Dixie Hwy, Homestead, FL 33033</u>		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	15a	x
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 of the third party		
Name ► _____		
Address ► _____		
16 Gaming manager information		
Name ► <u>Katie Edwards</u>		
Gaming manager compensation ► \$ _____ 0		
Description of services provided ► <u>Organize annual fundraising event</u>		
<input type="checkbox"/> Director/officer	<input checked="" type="checkbox"/> Employee	<input type="checkbox"/> 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	x
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**DADE COUNTY FARM BUREAU**

Employer identification number

**59-0688990**

Page 6, Part VI, Section A, Question #2

Lenny Cavallero (newphew) & Vito Strano (uncle). Tom Vick & Jessica Borek are siblings.

Page 6, Part VI, Section A, Question #6

Dade County Farm Bureau is a membership based organization.

Page 6, Part VI, Section A, Question #7a

During our Annual Meeting members elect Board Members.

Page 6, Part VI, Section B, Question #11A

President and Treasurer reviews and then discusses with Finance Committee.

Page 6, Part VI, Section B, Question #12c

Conflicts of interests are documented in board meeting minutes. Directors with a conflict of interest abstain from voting, as appropriate