

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

OMB No 1545-0047

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

Open to Public Inspection

Departm Internal	nent of th	ne Treasury e Service	► The organization ma	av have to us	e a copy	of this return to sa	atisfy st	tate	e reportina	reauiremer	nts	Inspection
			dar year, or tax year per						nd ending			. 20
	ck if app		C Name of organization			ARMERS ASSOI				D Emp	loyer	identification number
	Address		Doing Business As							55-(058	3326
	Name change Number and street (or P O box if mail is not delivered to street address) Ri								oom/suite	number		
-	Initial return PO BOX 3											5-0120
-	Termination City or town, state or country, and ZIP + 4											
-	Amended return WELLSBURG, WV 26070 G Gross rece										receints	s 127861
-		ion pending	F Name and address of princip			K		Т	H(a) Is this	a group return		
			RD 1 BOX 253A WELL						• • •	Il affiliates incl		Yes No
l Ta:	x-exemp	t status	501(c)(3) 🔀 501(c) (4)	-		7(a)(1) or		┪	• •	," attach a list		
J We	bsite			, ,	 _	<u> </u>		┪		p exemption n		
K For	m of org	anization	Corporation X Trust	Associatio	n O	ther >	LY	Yea	of formation			of legal domicile
Par	t I	Sum	imary									
	1	Briefly des	scribe the organization's n	mission or mo	st signific	ant activities					-	
•		PROMO	TE COMPETITIV	VE TRAF	SHOO	TING AND	PRO	70	IDE			
nce			ING IN THE SA									
rna												
Activities & Governance	2	Check this	s box If the organizati	on discontinue	d its operati	ons or disposed of n	nore tha	an 2	25% of its net	assets		
Ğ	3	Number o	of voting members of the g	overning boo	ly (Part VI	l, line 1a)					3	1
δ. δ.	4		of independent voting men	_							4	
itie	5	Total num	ber of individuals employe	ed in calenda	ryear 20	10 (Part V, line 2a	1)				5	
cti	6		ber of volunteers (estimate		111-	~ 01					6	
∢	7a		elated business revenue fr			3), linhe 93					7a	
	b		ated business taxable hoc			7b						
			1	11111	7, 0					Prior Year		Current Year
a.	8	Contribution	ons and grants (Part VIII) service revenue (Part VIII) nt income (Part VIII, colum	ma 1h)					. —	12619	91	124364
Revenue	9	Program s	service revenue (Part VIII,	line 29	DEN	· · · · · · · · · · · · · · · · · · ·						
eve	10	Investmer	nt income (Part VIII, colum	nn (A), lines a	, 4, and 7	d)	. 			344	10	3497
∞	11	Other reve	enue (Part VIII, column (A), mes 5, 6d,	8c, 9c, 10	Oc, and 11e)						
	12	Total reve	enue—add lines 8 through	11 (must eq	ual Part V	III, column (A), lin	e 12)			12963	31	127861
	13	Grants an	id similar amounts paid (P	art IX, colum	n (A), line:	s 1–3)						
	14	Benefits p	oald to or for members (Pa	art IX, column	(A), line 4	1)						
S	15	Salaries, d	other compensation, empl	loyee benefit	s (Part IX,	column (A), lines	5–10)).		2	25	
Expenses	16a	Profession	nal fundraising fees (Part	IX, column (A	k), line 11e	e)				2	25	
ed	b	Total fund	Iraising expenses (Part IX	(, column (D),	line 25) ▶	12:	9138	8				
úì	17	Other exp	enses (Part IX, column (A	A), lines 11a–	11d, 11f–2	24f)				1374	15	129272
	18	Total expe	enses Add lines 13–17 (n	nust equal Pa	art IX, colu	ımn (A), line 25) .				1379	95	129272
	19	Revenue l	less expenses Subtract li	ine 18 from li	ne 12					11583	36	-1411
Net Assests or fund Balances									Beginni	ng of Current	Year	End of Year
sest	20	Total asse	ets (Part X, line 16)						•	29509	8	293687
Net Assests or Fund Balances	21	Total liabil	lities (Part X, line 26)							29509	8	293687
	22	Net assets	s or fund balances Subtra	ct line 21 froi	n line 20 .		<u> </u>				0	0
Par	t II	Sign	ature Block									
Under pand bel	penaltie lief, it is	es of perjury, I true, correct,	declare that I have examined and complete Declaration of	this return, inc preparer (othe	luding acco r than office	mpanying schedules	s and st	tate in o	ments, and to f which prepa	o the best of arer has any	my kn knowle	owledge edge
Sign		\	Cocil H. 1		•	- , .						1/2///
Here		Signatur	ire of officer								ate	11/11/1
		CEC	IL HAUCK, PRE	ESIDENT	1							
			print name and title							·		
		Print/Type pre	eparer's name		Preparer's	signature		Т	Date	Cho	ck [X]	If PTIN
Paid		JOHN	BINE		1 A ~	VOR	no		05/16	ľ	employ	1201055105
Prepa	rer's	Firm's name	▶ JOE BINE	S TAX	PREPA	ARATION	γγ		00, 10,	Firm's EIN		5-0697489
Use O	nly	Firm's addres			- 0							4-737-7011
May th	ne IRS		s return with the preparer		? (see ins	structions)				1. 110118 140		Yes No

Foi	m 990 (2010) SPORTSMENS & FARMERS ASSOLCATION OF 55-0583326	Page 2
F	Part III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	. 🗀
1	Briefly describe the organization's mission	
	TO DROMOTE COMPETITIVE TRAD SHOOTING AND DROVIDE	
	TOATHING IN THE CARE HEE OF FIDEADME	
	TRAINING IN THE SAFE USE OF FIREARMS	
_		
2	, , , , , , , , , , , , , , , , , , , ,	ਹਿਤ
	the prior Form 990 or 990-EZ?	X 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?	X 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	
48	a (Code) (Expenses \$ including grants of \$) (Revenue \$)
	TO PROMOTE COMPETITIVE TRAP SHOOTING AND PROVIDE TRAINING IN	'
	THE SAFE USE OF FIREARMS	
41	b (Code) (Expenses \$ including grants of \$) (Revenue \$	⁾
	TO PROMOTE COMPETITIVE TRAP SHOOTING AND PROVIDE TRAINING IN	
	THE SAFE USE OF FIREARMS	
46		
44	c (Code.) (Expenses \$ including grants of \$) (Revenue \$	
44	c (Code.) (Expenses \$ including grants of \$) (Revenue \$ TO PROMOTE COMPETITIVE TRAP SHOOTING AND PROVIDE TRAINING TN	
40	c (Code.) (Expenses \$ including grants of \$) (Revenue \$	
44	c (Code.) (Expenses \$ including grants of \$) (Revenue \$ TO PROMOTE COMPETITIVE TRAP SHOOTING AND PROVIDE TRAINING TN	
40	c (Code.) (Expenses \$ including grants of \$) (Revenue \$ TO PROMOTE COMPETITIVE TRAP SHOOTING AND PROVIDE TRAINING TN	
44	c (Code.) (Expenses \$ including grants of \$) (Revenue \$ TO PROMOTE COMPETITIVE TRAP SHOOTING AND PROVIDE TRAINING TN	
44	c (Code.) (Expenses \$ including grants of \$) (Revenue \$ TO PROMOTE COMPETITIVE TRAP SHOOTING AND PROVIDE TRAINING TN	
4.	c (Code.) (Expenses \$ including grants of \$) (Revenue \$ TO PROMOTE COMPETITIVE TRAP SHOOTING AND PROVIDE TRAINING TN	
40	c (Code.) (Expenses \$ including grants of \$) (Revenue \$ TO PROMOTE COMPETITIVE TRAP SHOOTING AND PROVIDE TRAINING TN	
4.	c (Code.) (Expenses \$ including grants of \$) (Revenue \$ TO PROMOTE COMPETITIVE TRAP SHOOTING AND PROVIDE TRAINING TN	
44	c (Code.) (Expenses \$ including grants of \$) (Revenue \$ TO PROMOTE COMPETITIVE TRAP SHOOTING AND PROVIDE TRAINING TN	
	c(Code.)(Expenses\$ including grants of \$)(Revenue \$ TO PROMOTE COMPETITIVE TRAP SHOOTING AND PROVIDE TRAINING TN THE SAFE USE OF FIREARMS	
	c (Code.) (Expenses \$ including grants of \$) (Revenue \$ TO PROMOTE COMPETITIVE TRAP SHOOTING AND PROVIDE TRAINING TN THE SAFE USE OF FIREARMS d Other program services. (Describe in Schedule O.)	
	c(Code.)(Expenses\$ including grants of \$)(Revenue \$ TO PROMOTE COMPETITIVE TRAP SHOOTING AND PROVIDE TRAINING TN THE SAFE USE OF FIREARMS	

	n 990 (2010) Art IV Checklist of Required Schedules			age 3
			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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			Λ
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C,Part II	4		
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
	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		Х
,	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		Х
}	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
	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		Х
)	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
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			•
	VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a		Х
b	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	11b		Х
С	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	11c		Х
d	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	11d		Х
	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	11e	-	Х
ı	the organization's separate of consolidated linancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48(ASC 740)? If "Yes," complete Schedule D, Part X	11f_		Х
!a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
}	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			١
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
•	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			۱
	or entity located outside the United States? If "Yes," complete Schedule F, Part II and IV	15		Х
•	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			۱.
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III and IV	16	ļ	X
,	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 (see instructions)	17		x
}	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		l x
)	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		\vdash	├
,	If "Yes," complete Schedule G, Part III	19		x
12	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note . Some		\vdash	┝ᢚ
.,	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20ь		l x
N			m 990	

Form 990 (2010)

P	art, 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		Х
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		Х
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		Х
24a	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 line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	pnor 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		X
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, 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	206		
_	complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28c		x
29	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	-	X
30	Did the organization receive more trian \$25,000 in non-cash contributions? In res, complete schedule in	25	 	<u> </u>
30	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,	"	 	
٠.	Port I	31		Х
32		ا -		
	Schedule N, Part II	32		х
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		Х
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		Х
35a	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
b	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," complete Schedule R,	}		
	Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	ļ	j	
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activites 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? Note.All Form 990 filers are required to complete Schedule O	38		X

Form 990 (2010)

Form 990 (2010) Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V........... No Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 1c 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 | 2b 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 3a 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)?..... If "Yes," enter the name of the foreign country. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 5c C Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or 6h 7 Organizations that may receive deductible contributions under section 170(c). 7a 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?. 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7**é** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, Sponsoring organizations maintaining donor advised funds. 9a b 9b Section 501(c)(7) organizations. Enter: 10 b Section 501(c)(12) organizations. Enter. Gross income from other sources (Do not net amounts due or paid to other sources against 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Enter the amount of reserves the organization is required to maintain by the states in which If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

	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	
Sec	tion C. Disclosure		
17	List the states with which a copy of this Form 990 is required to be filed ▶		
18	Section 6104 requires an organization to make its Form 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		
	Own website		
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 ► CECIL HAUCK		
	RD 1 BOX 253A WELLSBURG, WV 26070		
QNA		Form 9	90 (2010)

form 990 (2010)	SPORTSMENS	&	FARMERS	ASSOICATION	OF

_	-	_	11	-	\mathbf{u}	- 2	- 2	2	-

Page 7

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
- 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, if any 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, or 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 neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B)	(C)						(D) Reportable	(E) Reportable	(F) Estimated	
Name and Title	Average hours per week (describe hours for related organizations in Schedule	or director		Officer	Key employee		Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
(1) CECIL HAUCK PRESIDENT	10			Х				0	0	0	
(2) JOSEPH MORRIS VICE PRESIDENT	10			х				0	0	0	
(3) JASON KOKOSINSKI SECRETARY TREASURER	10			х				0	0		
(4)											
(5)											
(6)								7			
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
(13)											
(14)											
(15)											
(16)									<u> </u>		
	1		_	_	_		Ь.	·	·	<u> </u>	

Form 990 (2010)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) (C) Reportable Reportable Estimated Name and Title Average Position (check all that apply compensation compensation amount of hours per Individual trustee Institutional trustee Key employee Highest compensated from from related other week organizations compensation (describe the organization (W-2/1099-MISC) hours for from the (W-2/1099-MISC) organization related and related organization ın Schedule organizations O) (17) (18)(24) (25) (26)(27) (28)c Total from continuation sheets to Part VII, Section A Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization > Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated 3 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 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (B) (C) (A) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 incompensation from the organization QNA Form 990 (2010)

Form 990 (2010) Page 9 Part, VIII Statement of Revenue (B) Related or exempt (D) Revenue excluded from (A) (C) Total revenue Unrelated business revenue function tax under sections revenue 512, 513, or 514 1a Federated campaigns | 1a 11780 b Membership dues 1b Contributions, gifts, grants 112584 c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ 124364 **Business Code** Revenue f All other program service revenue 3 Investment income (including dividends, interest. and other similar amounts) ▶ 3497 4 Income from investment of tax-exempt bond proceeds ▶ (ı) Real (II) Personal 6a Gross Rents **b** Less: rental expenses . . c Rental income or (loss) . d Net rental income or (loss)........ 7a Gross amount from sales of assets other than inventory **b** Less cost or other basis and sales expenses . . . c Gain or (loss) 8a Gross income from fundraising events (not including \$ 112584 of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b c Net income or (loss) from fundraising events ▶ 9a Gross income from gaming activities See Part IV, line 19 a **b** Less direct expenses **b** c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less returns and allowances a **b** Less. cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11a d All other revenue e Total Add lines 11a-11d 127861 12 Total Revenue. See instructions

Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete c	olumn (A) but are not	required to complete	columns (B), (C), and	I (D).
	o not include amounts reported on lines 6b,	(A)	(B) Program Service	(C) Management and	(D) Fundraising
_	, 8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				<u> </u>
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,]	
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			1	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)		,		
а	Management	134	134		
b	Legal	200			200
c	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				,
f	Investment management fees				
g	Other				
12	Advertising and promotion	4946			4946
13	Office expenses			,	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12485			12485
23	Insurance	2805		***	2805
24	Other expenses Itemize expenses not				
	covered above (List misc expenses in line 24f				
	If line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O)				
а	UTILITIES	5920			5920
t	REPAIRS	3776			3776
c	PURCHASE OF GAME	6849	· · · · · · · · · · · · · · · · · · ·		6849
	SUPPLIES	23248			23248
	LICENSE	517	-		517
	All other expenses	68392			68392
	Total functional expenses. Add lines 1 through 24f	129272	134		129138
_	Joint Costs. Check here ▶ If following SOP 98-2		154		
	(ASC 958-720) Complete this line only if the organiza-				
	tion reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
QN		<u> </u>		<u></u>	Form 990 (2010)

Form 990 (2010) ·

Pa	ırt X	· Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			42983	1	41572
	2	Savings and temporary cash investments			163196	2	163196
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			4		
	5	Receivables from current and former officers, directors	, truste	es, key			
		employees, and highest compensated employees Co	mplete	Part II of Schedule L .		5	
	6	Receivables from other disqualified persons (as define	d unde	r section 4958(f)(1)),			
		persons described in section 4958(c)(3)(B), and contri	buting e	employers and		1	
		sponsoring organizations of section 501(c)(9) voluntar	y emplo	yees' beneficiary			
		organizations (see instructions)				6	
হ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
•	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis.	1 1				
		Complete Part VI of Schedule D	10a	101404			
	ь	Less accumulated depreciation	10ь	12485	88919	10c	88919
		Investments—publicly traded securities				11	
	1	Investments—other securities See Part IV, line 11		 	·-···	12	
	13	Investments—program-related. See Part IV, line 11.				13	
	1	Intangible assets		<u> </u>		14	
	15			15			
	16	Total assets. Add lines 1 through 15 (must equal line			295098	16	293687
	17	Accounts payable and accrued expenses				17	
	18		<u> </u>		18		
	19	Deferred revenue		19			
	20				20		
	1	Escrow or custodial account liability Complete Part IV		<u> </u>		21	
es		Payables to current and former officers, directors, trus)		1	
Liabilities		employees, highest compensated employees, and dis		i		1 1	
=		persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated th		<u> </u>		23	
		Unsecured notes and loans payable to unrelated third		<u> </u>		24	
	1			_	295098	25	293687
		Total liabilities. Add lines 17 through 25		-	295098	26	293687
		Organizations that follow SFAS 117, check here				1 1	·····
		complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets				27	
nce	28	Temporarily restricted net assets				28	
Bala	1	Permanently restricted net assets				29	
Ē		Organizations that do not follow SFAS 117, check I			······································	1	
e F	1	and complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
Ass	1	Paid-in or capital surplus, or land, building, or equipme				31	-
Ze Z		Retained earnings, endowment, accumulated income		}		32	
	1	Total net assets or fund balances		 		33	· · · · · · · · · · · · · · · · · · ·
	•	Total liabilities and net assets/fund balances		_	295098	34	293687

Form 990 (2010) Page 12 **Reconcililation of Net Assts** Part XI 1 127861 2 129272 2 3 -1411 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 5 5 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, -1411 Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Yes No Cash Accrual Accounting method used to prepare the Form 990. Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant?............ 2a If "Yes" to lines 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? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 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 Separate basis Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in 3a 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 .

QNA

Form 990 (2010)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

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

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• 9	Section 501/c)/3) organiza	itions that have filed Form 5768 (election	on under section 501/h	a)) Complete Part II-A Do no	t complete Part II-R						
		ations that have NOT filed Form 5768 (e	-								
	, ,, ,	Yes," to Form 990, Part IV, line 5 (Pro		,	•						
	=	6) organizations Complete Part III.	xy Tax, of Form 550	-LZ, Fait V, illio 33a (Floxy	raxj, men						
		organizations complete ratem.		1							
	e of organization RTSMENS & FAR	MERS ASSOICATION OF			identification number 583326						
				•							
Part i	-A Complete if	the organization is exempt ur	nder section 501(c) or is a section 527	organization.						
1	candidates for public offi				ion to						
2	2 Political expenditures										
3	Volunteer hours										
Part l	-B Complete if	the organization is exempt ur	nder section 501(c)(3).							
1	Enter the amount of any	excise tax incurred by the organization	under section 4955 .		\$						
2	•	excise tax incurred by organization ma	-								
3	•	ed a section 4955 tax, did it file Form 4	-								
		'	• • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	· Yes No						
b	If "Yes," describe in Part	IV		· · · · · · · · · · · · · · · · · · ·							
Part I	·	the organization is exempt ur			(c)(3).						
1	Enter the amount directly activities	y expended by the filing organization fo	or section 527 exempt	function ▶	\$						
2	Enter the amount of the	filing organization's funds contributed to	o other organizations								
		unction activities			\$						
3	line 17b	spenditures. Add lines 1 and 2 Enter he		▶							
4	Did the filing organization	n file Form 1120-POL for this year?..			. Yes No						
5	Enter the names, address	sses and employer identification numbe	er (EIN) of all section 5	527 political organizations to v	which the filing						
	organization made paym	nents. For each organization listed, ente	er the amount paid fro	m the filing organization's fur	ids Also enter the						
	•	butions received that were promptly an	="								
	separate segregated fur	nd or a political action committee (PAC)	If additional space is	needed, provide information	ın Part IV						
	(a) Name	(b) Address	(c) EIN	d) Amount paid from filing organization's funds if none, enter -0-	e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-						
(1)											
(2)											
(3)											
(4)											
(5)											
				I	ì						

(6)

Schedule C (Form 990 or 990-EZ) 2010 Page 2 Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election Part II-A under section 501(h)). Check ▶ ☐ if the filing organization belongs to an affiliated group. Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply. Limits on Lobbying Expenditures (b) Affiliated group totals (a) Filing organization's totals (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) 1a Total lobbying expenditures to influence a legislative body (direct lobbying) b Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount. Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0-..... Subtract line 1f from line 1c. If zero or less, enter -0-.... If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period (b) 2008 (c) 2009 (d) 2010 (e) Total (a) 2007 Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures

QNA

Grassroots nontaxable amount
Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2010

Schedule G (Form 990 or 990-EZ) 2010

	<u> </u>	a)	(b)		
	Yes	No		Amoun	t
	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	. ,.			
	Volunteers?		4	_	
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	ļ	4		
	Media advertisements?	ļ	 		
	Mailings to members, legislators, or the public?		+		
	Publications, or published or broadcast statements?	-	+		
	Grants to other organizations for lobbying purposes?		+		
_	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	 	+		
	Other activities? If "Yes," describe in Part IV		 		
	Total Add lines 1c through 1	ļ	+		
•	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	-			
	If "Yes," enter the amount of any tax incurred under section 4912		1		-
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		-		
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	c)(5).	or sec	tion	
'aπ	501(c)(6).	-/(-/,			
art	30 NCNO).				
art	301(0)(0).			Yes	No
			1	Yes	No
	Were substantially all (90% or more) dues received nondeductible by members?		_	Yes	No
1 2 3	Were substantially all (90% or more) dues received nondeductible by members?	c)(5),	2 3 or sec	tion	No
i 2 3 Part	Were substantially all (90% or more) dues received nondeductible by members?	c)(5), line 3	or sections and	tion	
art	Were substantially all (90% or more) dues received nondeductible by members?	c)(5), line 3	or sections and	tion	
art	Were substantially all (90% or more) dues received nondeductible by members?	c)(5), line 3	or sections and	tion	
art	Were substantially all (90% or more) dues received nondeductible by members?	c)(5), line 3	or sections and	tion	
art	Were substantially all (90% or more) dues received nondeductible by members?	c)(5), line 3	or sections and	tion	
art	Were substantially all (90% or more) dues received nondeductible by members?	c)(5), line 3	or sect	tion	
art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current Year. Carryover from last year.	c)(5), line 3	2 3 3 or secta is ans	tion	
art art c s c s c s c s c c s c	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) (501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current Year Carryover from last year	c)(5), line 3	2 3 3 or secta is ans	tion	
art art c b c	Were substantially all (90% or more) dues received nondeductible by members?	c)(5), line 3	2 3 3 or secta is ans	tion	
a b c c 3	Were substantially all (90% or more) dues received nondeductible by members?	c)(5), line 3	or sects is ans	tion	
art a b c	Were substantially all (90% or more) dues received nondeductible by members?	c)(5), line 3	or sects is ans	tion	
1 22 33 *Part 1 2 a b c	Were substantially all (90% or more) dues received nondeductible by members?	c)(5), line 3	or sects is ans	tion	
1 2 3 3 cart 1 2 2 a b c c 3 3 4 4 5 5 c c 2 5 c c c 5 c c c 5 c c c c c c	Were substantially all (90% or more) dues received nondeductible by members?	22 21 23	or sects is ans	tion	

Schedule ((Form 990 or 990-EZ) 2010	Page 4
Part IV	Supplemental Information (continued)	
		,
		,

SCHEDULE D ' (Form, 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, fine 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

Open to Public

Department of the Treasury

► Attach to Form 990. ► See separate instructions

Inspection

	. Dee separate instructions.		Cuon
Name of the Organization		Employer Identific	
SPORTSMENS & FARMERS ASSOICATION		55-058332	
Part I Organizations Maintaining Donor Advise the organization answered "Yes" to Form 990, Part IV,		s or Accounts Comple	te ıf
the organization answered Tes to Form 990, Factor,	(a) Donor advised funds	(b) Funds and other	accounts
1 Total number at end of year	"- " -	(b) I diles and outer	100001110
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 wi		-d	
funds are the organization's property, subject to the organization			s 🗆 No
6 Did the organization inform all grantees, donors, and donor ad			5 <u> </u> 110
charitable purposes and not for the benefit of the donor or don		iood omy ioi	
conferring impermissible private benefit?			s No
Part II Conservation Easements Complete if the or			3
1 Purpose(s) of conservation easements held by the organization		Tarry, mo 7.	
Preservation of land for public use (e.g., recreation or educ	• • • • • • • • • • • • • • • • • • • •	rically important land area	
Protection of natural habitat	Preservation of certified	•	
☐ Preservation of open space		matoric structure	
2 Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form o	f a conservation easement	
on the last day of the tax year	sa conservation contribution in the form of	a conscivation casement	
on the last day of the tax year		Held at the End of t	he Year
Total number of conservation easements			
Total acreage restricted by conservation easements		· ·	
Number of conservation easements on a certified historic structure.		 	
Number of conservation easements included in (c) acquired at			
historic structure listed in the National Register		2d	
Number of conservation easements modified, transferred, rele			
the tax year	, acce, on an gardines, an accommendate, and	organiaanon aaning	
4 Number of states where property subject to conservation ease	ement is located		
5 Does the organization have a written policy regarding the period		=	
violations, and enforcement of the conservation easements it I		. □ Yes □ No	
6 Staff and volunteer hours devoted to monitoring, inspecting, a			
7 Amount of expenses incurred in monitoring, inspecting, and er			
B Does each conservation easement reported on line 2(d) above		<u> </u>	
170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?		. □ Yes □ No	
9 In Part XIV, describe how the organization reports conservation			
balance sheet, and include, if applicable, the text of the footno			
the organization's accounting for conservation easements	G		
Part III Organizations Maintaining Collections of	f Art, Historical Treasures, or C	ther Similar Assets.	
Complete if the organization answered "Yes" to Form			
1a If the organization elected, as permitted under SFAS 116 (ASC	C 958) not to report in its revenue statem	ent and balance sheet work	s of
art, historical treasures, or other similar assets held for public e			
provide, in Part XIV, the text of the footnote to its financial state	ements that describes these items.		
b If the organization elected, as permitted under SFAS 116 (ASC	C 958) to report in its revenue statement	and balance sheet works o	f art,
historical treasures, or other similar assets held for public exhi			
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 treat			***
following amounts required to be reported under SFAS 116 (A			
Pevenues included in Form 990. Part VIII. line 1	had dody rolating to those name	¢	

QNA

Schedule D (Form 990) 2010

	nedule D (Form 990) 2010						Page Z
Pa	art III Organizations Maintaining Co	ollections of A	rt, Historical Tre	easures, or Oth	er Similar Asse	ts (conti	inued)
3	Using the organization's acquistition, accession	on and other record	s, check any of the f	ollowing that are a s	ignificant use of its		
	collection items (check all that apply).						
а	Public exhibition		d □ Loan o	or exchange program	ms		
	Scholarly research		_				
	Preservation for future generations		•				
	Provide a description of the organization's col	lections and evoluti	n how they further th	e organization's eye	mnt numose in		
7	Part XIV	icoloris and explain	ir now they farther th	o organization o oxo	mpt parpood m		
_		receive denstrans	of art. historical trace	uros or other cimila			
J	During the year, did the organization solicit or					□ V	
Do	assets to be sold to raise funds rather than to						
ra	art IV Escrow and Custodial Arrang			ilon answered i	es to roini 990	, raitiv	•
-	line 9, or reported an amount						
1a	Is the organization an agent, trustee, custodia		-			_	
	ıncluded on Form 990, Part X?			• • • • • • • • •	• • • • • • • • •	☐ Yes	∐ No
b	If "Yes," explain the arrangement in Part XIV a	and complete the fo	ollowing table				
					Amo	ount	
C	Beginning balance				1c		
d	Additions during the year				1d		
e	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	217			. 🗌 Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV						
Pa	art V Endowment Funds. Complete	e if organization	answered "Yes'	' to Form 990, P	art IV, line 10.		
		(a) Current Year	(b) Pnor Year	(c) Two Years Back	(d) Three Years Back	(e) Four Ye	ars Back
1a	Beginning of year balance	,\ <u></u>			·····	1	
	Contributions						
	: Net investment earnings, gains, and					 	
Ŭ	losses						
						 	
	Grants or scholarships	 			<u> </u>	 	
е	Other expenditures for facilities		1		Tan 100 14 88 20 70 70		
	and programs			<u> </u>	<u> </u>	<u></u>	
	Administrative expenses					<u> </u>	
	End of year balance				L		
2	Provide the estimated percentage of the year	end balance held a	as				
	Board designated or quasi-endowment	%					
	Permanent endowment ► %						
	: Term endowment%						
3a	Are there endowment funds not in the posses	ssion of the organiz	ation that are held ai	nd administered for t	he	_	
	organization by					Yes	No
	(i) unrelated organizations					3a(i)	
	(ii) related organizations					3a(ii)	
b	If "Yes" to 3a (II), are the related organizations	s listed as required	on Schedule R?			3b	
4	Describe in Part XIV the intended uses of the	organization's end	owment funds				
Pa	art VI Land, Buildings, and Equipm	nent. See Form	n 990, Part X, line	e 10.			
	Description of investment		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
_			(investment)	basis (other)	depredation	ļ	
1a	Land	• • • • • • • •		····		ļ	
	Buildings						
С	Leasehold improvements	• • • • • • • •			ļ	<u> </u>	
d	l Equipment						
	Other			<u> </u>	<u> </u>	ļ	
TO	OTAL Add lines 1a through 1e (Column (d) sho	ould equal Form 99	0, Part X, column (B), lıne 10 (c))	. . >		

Schedule D (Forn				Page 3
Part VII I	nvestments - Other Securitie	s. See Form 990, Part	X, line 12.	
(a) Descripti (includ	on of secunty or category ing name of secunty)	(b) Book value	Cos	(c) Method of valuation or end-of-year market value
(1) Financial d	erivatives			
	d equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)			<u> </u>	
(E)		· _ ·· . · · · · · · · · · · · · · · · ·		
(F)				
(G)			<u></u>	
(H)		 		
(1)				
	hould equal Form 990, Part X, col (B) line 12)	1 0 E 000 D	1 1 1 10	
	nvestments—Program Relate		t X, line 13.	
(a) Description of investment type	(b) Book value	Cos	(c) Method of valuation or end-of-year market value
(1)				
(2)				
(3)				
(4)		 		
(5)				
(6)				
(7)				
(8)			 	
(9)				
(10)				
	thould equal Form 990, Part X, col. (B) line 13) Other Assets. See Form 990,	Part X line 15	<u> </u>	
I dit ix	•	Description		(b) Book value
(1)	(a)	Description		(b) Book value
(2)				
(3)				
(4)		······································		1
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total (Column (b) :	should equal Form 990, Part X, col (B) line 15) .			
Part X	Other Liabilities. See Form	990, Part X, line 25.		
1.	(a) Description of Liability	(b) Amount		
(1) Federal Inc	come Taxes			
(2)		,		
(3)		<u> </u>		
(4)				
(5)		,		
(6)				-
(7)				
(8)				
(9)				
(10)		 		
(11)				
	should equal Form 990, Part X, col (B) line 25)			
ZA/RN I/III	C 740\Footnote In Part XIV provide th	so rove at the tantante to the c	roanization's financial stat	omente that reporte the

2. FIN 48(ASC 740) Footnote in Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48(ASC 740)

QNA

Schedule D (Form 990) 2010

Sch	edule D (Form 990) 2010		Page 4
Pa	rt XJ Reconciliation of Change in Net Assets from Form 990 to Audited Financial St	ateme	nts
1	Total revenue (Form 990, Part VIII, column (A), line 12)		127861
2	Total expenses (Form 990, Part IX, column (A), line 25)		129272
3	Excess or (deficit) for the year Subtract line 2 from line 1		-1411
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		-1411
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per		rn
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		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2е	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	_	
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b		
5_	Total revenue. Add lines 3 and 4c (This must equal Form 990, Part I, line 12)		
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	$\dot{-}$	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		
а	Donated services and use of facilities	_	ı
b	Prior year adjustments	_	
С	Other losses	_	
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1	. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b		
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	. 5	
	<u> </u>	1h	
an	mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lin d 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete the provide any additional information		

Schedule D (For	Supplemental Information (continued)	Page 5
Part XIV	Supplemental Information (continued)	
		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Employer identification number

OMB No. 1545-0047 2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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.

55-0583326 SPORTSMENS & FARMERS ASSOICATION OF PART VII, COLUMN B, HOURS PER WEEK **ADMINISTRATION** PART VII, COLUMN B, HOURS PER WEEK ADMINISTRATION PART VII, COLUMN B, HOURS PER WEEK **ADMINISTRATION** PART VI, SECTION A LINE 7 MEMBERS NO STOCKHOLDERS MEMBERS VOTE ON OFFICERS AND ACTIVITIES TO GET INVOLVED IN. PART VI, SECTION B, LINE 11 990 IS RECOMMENDED FOR OFFICERS TO REVIEW PART VI, SECTION C, LINE 19 **UPON REQUEST**

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

Attachment Sequence No Department of the Treasury Internal Revenue Service ► See separate instructions. Attach to your tax return. Identifying number Name(s) shown on return Business or activity to which this form relates 55-0583326 FORM 4562 SPORTSMENS & FARMERS ASSOICATION OF **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I 500000 1 1 2 12485 2 3 2000000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation. Subtract line 3 from line 2 If zero or less, enter -0- Dollar limitation for tax year. Subtract line 4 from line 1 If zero or less, enter -0- If married filing 500000 (c) Elected cost (a) Description of property (b) Cost (business use only) TRACTOR 1248512485 a 9 12485 10 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 500000 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12485 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 . . . ▶ 13 Note: Do not use Part II or Part III below for listed property Instead, use Part V Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 15 16 Part III MACRS Depreciation (Do not include listed property) (See instructions) Section A MACRS deductions for assets placed in service in tax years beginning before 2010 17 17 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (business/investment use (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction placed in service only - see instructions) penod 19a 3-year property b 5-year property 7-year property С 10-year property e 15-year property 20-year property 25 yrs S/L 25-year property 27.5 yrsMM S/L Residential rental 27.5 yrs MM S/L property S/L 39 yrs MM Nonresidential real MM S/L property Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

12 yrs

40

Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here

and on the appropriate lines of your return. Partnerships and S corporations - see instructions

MM

Part IV Summary (See instructions.)

20a Class life

22

12-year

40-year

12485

S/L

S/L

s/L

	1	Cost						Lıfe		ADS	Next
Description	Date	or other		Bonus		Accum	Method	or	Deprec	Deprec	Year's
			Can 170	Deprec	Dania		Used	Rate	for 2010_	for 2010	Deprec
of Property	Acquired		Sec 179	Deprec	Basis	Deprec			101 20 10	101 20 10	Deprec
TRACTOR	08/05/10	12485	12485				MACRS	7.0	12485		
					,						
-											
.											
											
	-										
	ļ										
	†			-							
							 				-
							 	 			
	+		<u> </u>				 	 			
	-							<u> </u>			
	1				<u> </u>		ļ		ļ		
	ļ							l			
	 			-							
						-					
	 										
	4						<u> </u>	 			
	<u> </u>		_				 	<u> </u>		 	
	ļ									ļ	
							<u></u>				
											
	 					<u> </u>					
	 	· · · · · · · · · · · · · · · · · · ·					 				
	1			ļ	-		 	-	 	 	-
	<u> </u>	ļ			<u> </u>		ļ		 		
	ļ	ļ	ļ. ——				ļ	 		<u> </u>	ļ
	<u> </u>		<u> </u>				ļ	ļ		<u> </u>	
							ļ				
··· 								<u> </u>			
											I
	1						T				
	†						1	1			
	+	-			 		 	t			
	 	 				 	╁┈──	1	<u> </u>	 	
	+	-	 	 	 	 	 	 	 		
	+	<u> </u>	-	<u> </u>			 	1	-		
			ļ	ļ		ļ	1	<u> </u>	ļ	-	
	<u></u>	<u> </u>	ļ		<u> </u>			<u> </u>	ļ		
	1				T	ľ	1				
	1			<u> </u>	 	†			1	1	
	+	 		 	 		 	1	<u> </u>	<u> </u>	
	+	 	-	 	1		1	 -	 	 	
			1	 	 	 	 	+		 	
TOTALS:	<u> </u>	12485	12485	<u> </u>	L	L	<u> </u>	<u> </u>	12485	<u> </u>	<u> </u>