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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20	
B Check if applicable: Address change Name change Initial return Terminated Amended return Application pending	C Name of organization McDowell County Farm Bureau Inc
	Doing Business As
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 21 Buncombe Street
	City or town, state or country, and ZIP + 4 Marion, NC 28752-4856
	F Name and address of principal officer James Nations Same as C above
D Employer identification no 56-0816021	
E Telephone number (828) 652-4525	
G Gross receipts \$ 174,570	
H(a) Is this a group return for affiliates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
H(b) Are all affiliates included? If "No," attach a list (see instructions) Yes <input type="checkbox"/> No <input type="checkbox"/>	
H(c) Group exemption number	
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (5) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website N/A	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation 1963 M State of legal domicile NC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities The objective of the Corporation shall be to develop, foster, promote and protect programs for the general welfare of farm people, including their economic, social and educational well-being.			
	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)	10	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	10	
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	0	
	6	Total number of volunteers (estimate if necessary)		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	46,329	
7b	Net unrelated business taxable income from Form 990-T, line 34	0		
Revenue	8 Contributions and grants (Part VIII, line 1h)		128,241	
	9 Program service revenue (Part VIII, line 2g)		0	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,396	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		39,933	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		174,570	
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0		
16a Professional fundraising fees (Part IX, column (A), line 11e)		0		
b Total fundraising expenses (Part IX, column (D), line 25)		0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		155,849		
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		155,849		
19 Revenue less expenses Subtract line 18 from line 12		18,721		
Net Assets or Fund Balances		20 Total assets (Part X, line 16)		538,014
		21 Total liabilities (Part X, line 26)		556,735
	22 Net assets or fund balances Subtract line 21 from line 20		0	

Part II Signature Block

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

Sign Here CAN BE PAID Preparer Use Only	Signature of officer James Nations		Date 9-26-2011	
	James Nations, President Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name	Firm's EIN	Phone no	

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

For Paperwork Reduction Act Notice, see the separate instructions.

EEA Form 990 (2010)

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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

The objective of the Corporation shall be to develop, foster, promote and protect programs for the general welfare of farm people, including their economic, social and educational well-being.

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 \$ 12,858 including grants of \$) (Revenue \$)
 Agricultural Leadership Development - Planned, conducted and supported activities for youth and adults involved in agriculture that provided opportunities to explore the agricultural industry and develop leadership skills useful to current or future agricultural leaders. These activities included college scholarships for students majoring in an agricultural field of study, Institute for Future Agricultural Leadership and various leadership conferences.

4b (Code) (Expenses \$ 10,969 including grants of \$) (Revenue \$)
 Policy Development - Members working in committees involved at the county, district and state levels to identify issues important to the well-being of agriculture and developing public policies on such issues to pursue through the legislative and regulatory process.

4c (Code) (Expenses \$ 9,001 including grants of \$) (Revenue \$)
 Public Awareness Activities - To inform the public of the importance of agriculture to the economy of McDowell County. Coordinated and helped to sponsor events with other agriculture and community groups to raise public awareness of agricultural enterprises within the county and to increase farmer's production knowledge.

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses 32,828

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		X
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)		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		X
4 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		
5 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	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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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		X
11 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	X	
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		X
c 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		X
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	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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, Parts I and IV		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, Parts II and IV		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, Parts III and IV		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 (see instructions)		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		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		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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		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		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		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		
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		
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		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		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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
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		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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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.		
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 (see instructions).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
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)?		X
b	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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
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?		X
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?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C?		X
8	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, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. 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.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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.

Check if Schedule O contains a response to any question in this Part VI ☒ [X]

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10
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 governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant 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	9	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	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	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	
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	
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 ▶

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.
 Own website ☐ Another's website ☒ 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 ▶ **County Farm Bureau Liaison (828) 652-4525**

21 **Buncombe Street Marion, NC 28752-4856**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**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, 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 neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 employee	Former officer	Former key employee			
(1) Donald Jackson Director		X							0	0	0
(2) Eddie Bingham Director		X							0	0	0
(3) Gregory Dustin Laws Director		X							0	0	0
(4) Lester McClure Director		X							0	0	0
(5) Robert Brackett Director		X							0	0	0
(6) Steve Cable Director		X							0	0	0
(7) Fred Brown Jr Secretary Treasurer	2.00			X					0	0	0
(8) James Nations President	2.00			X					0	0	0
(9) Wayne Miller Vice President	2.00			X					0	0	0
(10)											
(11)											
(12)											
(13)											
(14)											
(15)											
(16)											

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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
		Director	Officer	Key employee	Highest compensated employee	Former officer	Former key employee	Former highest compensated employee			
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
(26)											
(27)											
(28)											
1b Sub-total											
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)									0	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

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

	Yes	No
3		X

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

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

5		X
----------	--	---

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

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 **▶**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b	117,500		
	c	Fundraising events	1c	19		
	d	Related organizations	1d			
	e	Government grants (contributions) . .	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	10,722		
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f ▶		128,241		
Program Service Revenue			Business Code			
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
g	Total. Add lines 2a-2f ▶					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		6,396		6,396
	4	Income from investment of tax-exempt bond proceeds . . . ▶				
	5	Royalties ▶				
	6a	Gross Rents	(i) Real	39,933		
	b	Less rental expenses	(ii) Personal			
	c	Rental income or (loss)		39,933		
	d	Net rental income or (loss) ▶		39,933		39,933
	7a	Gross amount from sales of assets other than inventory	(i) Securities			
	b	Less cost or other basis and sales expenses	(ii) Other			
	c	Gain or (loss)				
	d	Net gain or (loss) ▶				
	8a	Gross income from fundraising events (not including \$ 19 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						
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d ▶					
12	Total revenue. See instructions ▶		174,570	0	46,329	0

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)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising 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				
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 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)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	19,547	19,547		
13 Office expenses	3,921		3,921	
14 Information technology				
15 Royalties				
16 Occupancy	21,735		21,735	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,281	13,281		
20 Interest				
21 Payments to affiliates	68,019		68,019	
22 Depreciation, depletion, and amortization	9,900		9,900	
23 Insurance	162		162	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a Bank Charges	21		21	
b Direct Marketing Expenses	11,961		11,961	
c Dues & Publications	2,005		2,005	
d Contract Office Assistance	5,142		5,142	
e Professional Fees	155		155	
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	155,849	32,828	123,021	0
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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
A s s e t s	1 Cash - non-interest-bearing	18,870	1	36,466
	2 Savings and temporary cash investments	323,335	2	329,731
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 349,860		
	b Less accumulated depreciation	10b 159,368	195,763	10c 190,492
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	46	15	46
16 Total assets. Add lines 1 through 15 (must equal line 34)	538,014	16	556,735	
L i a b i l i t i e s	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0	26	0
N e t A s s e t s o r F u n d B a l a n c e s	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	538,014	27	556,735
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	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		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	538,014	33	556,735
	34 Total liabilities and net assets/fund balances	538,014	34	556,735

Part XI**Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	174,570
2	Total expenses (must equal Part IX, column (A), line 25)	2	155,849
3	Revenue less expenses Subtract line 2 from line 1	3	18,721
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	538,014
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	556,735

Part XII**Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	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		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	X	
2b	Were the organization's financial statements audited by an independent accountant?		X
2c	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	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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 the Single Audit Act and OMB Circular A-133?		X
3b	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		

EEA

Form 990 (2010)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization McDowell County Farm Bureau Inc	Employer identification number 56-0816021
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in 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)				
(6)				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is :</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		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		
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														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

EEA

Schedule C (Form 990 or 990-EZ) 2010

Part II-B**Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)
	Yes	No	Amount
1 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			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A**Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	X	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B**Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."**

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV**Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

McDowell County Farm Bureau Inc

Employer identification number

56-0816021

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 education)	<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

	Held at the End of the Tax Year
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 and not on a historic structure listed in the National Register	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? ☐ Yes ☐ 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

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)

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

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 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
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 Form 990, Part X, line 21? ☐ Yes ☐ No

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

Part V Endowment Funds. Complete if the 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
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI 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		69,494		69,494
b Buildings		186,846	101,601	85,245
c Leasehold improvements				
d Equipment		3,840	10,245	(6,405)
e Other	STMD1E	89,680	47,522	42,158
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				190,492

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

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

(a) Description	(b) Book value
(1) Returned Checks	46
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	46

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	

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)

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	
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	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	

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	
3	Subtract line 2e from line 1	3	
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	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	

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	
3	Subtract line 2e from line 1	3	
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	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	

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 O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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.

OMB No 1545-0047

2010

**Open to Public
Inspection**

McDowell County Farm Bureau Inc

Employer identification number

56-0816021

01. Members or stockholder classes and rights (Part VI, line 6)

Members are persons and partnerships, unincorporated associations and corporations organized for agricultural purposes, actively engaged in the production of agricultural products, including lessees and tenants of land used for the production such products, lessors or landlords who receive as rent, either in kind or in cash, all or part of the crop raised on the leased or rented premises, are eligible for membership in this organization. Members in good standing shall be entitled to vote at any regular or special meeting of members of the organization and each member shall have one vote.

Associate members are interested in agriculture and shall not be eligible to hold office in this Corporation and shall not be entitled to vote in the meetings or proceedings thereof.

02. Member election for additional members (Part VI, line 7a)

Regular members have the right to vote at the organizations annual meeting for the governing body as slated by the nominating committee. Regular members have the privilege to vote at special called meetings to fill vacancies or they can vote to defer filing a vacancy until the next annual meeting.

03. Form 990 governing body review (Part VI, line 11)

The County President reviews the Form 990 and signs the returns prior to mailing. The form990 is not reviewed by the governing body.

04. Governing documents, etc, available to public (Part VI, line 19)

If any county member were to inquire about viewing the Form 990 the county liaison would

Name of the organization

McDowell County Farm Bureau Inc

Employer identification number

56-0816021

make the form available during regular business hours.

Federal Supporting Statements**2010 PG01**

Name(s) as shown on return

FEIN

McDowell County Farm Bureau Inc

56-0816021

**Form 990, Schedule D, Part VI, Line 1e
Investments - Other**

Statement #D1e

<u>Description of Investment</u>	<u>Cost/basis (Investment)</u>	<u>Cost/basis (Other)</u>	<u>Depr</u>	<u>Book Value</u>
Land Improvements	0	68,260	33,496	34,764
Furniture	0	21,420	14,026	7,394
Total	0	89,680	47,522	42,158

MCDOWELL COUNTY FARM BUREAU-056

Depreciation Expense Report As of December 31, 2010

Book = Tax

FYE Month = December

Sys No	In Svc Ext Date	Acquired Value	P T	Depr Meth	Est Life	Salv/168 Allow Sec 179	Depreciable Basis	Prior Thru	Prior Accum Depreciation	Depreciation This Run	Current YTD Depreciation	Current Accum Depreciation	Key Code
Class = A													
000001	LAND												
	000 07/31/83	14,500.00	R	NoDep		0.00	14,500.00	12/31/09	0.00	0.00	0.00	0.00	
000002	LAND												
	000 01/31/85	7,532.50	R	NoDep		0.00	7,532.50	12/31/09	0.00	0.00	0.00	0.00	
000003	LAND												
	000 01/31/86	2,000.00	R	NoDep		0.00	2,000.00	12/31/09	0.00	0.00	0.00	0.00	
000067	LAND												
	000 08/03/92	45,461.98	R	NoDep		0.00	45,461.98	12/31/09	0.00	0.00	0.00	0.00	
	Class = A	69,494.48				0.00	69,494.48		0.00	0.00	0.00	0.00	
	Less disposals and transfers Count = 0	0.00				0.00	0.00		0.00			0.00	
	Net Subtotal Count = 4	69,494.48				0.00	69,494.48		0.00	0.00	0.00	0.00	
Class = B													
000005	CONCRETE DRIVEWAY												
	000 03/31/85	8,702.25	R	AltST	18 00	0.00	8,702.25	12/31/09	8,702.25	0.00	0.00	8,702.25	
000047	PARKING LOT CONCRETE												
	000 02/28/88	1,000.00	P	MF150	15 00	0.00	1,000.00	12/31/09	1,000.00	0.00	0.00	1,000.00	s
000063	PARKING LOT SPACE												
	000 01/02/91	486.00	R	MF150	15 00	0.00	486.00	12/31/09	486.00	0.00	0.00	486.00	s
000072	PAVING												
	000 05/09/95	7,609.00	R	MF150	15 00	0.00	7,609.00	12/31/09	7,440.51	168.49	168.49	7,609.00	sm
000074	LINES ON P LOT												
	000 08/31/95	358.00	R	MF150	15 00	0.00	358.00	12/31/09	344.79	13.21	13.21	358.00	sm
000085	LANDSCAPING												
	000 06/19/98	1,908.75	R	MF150	15 00	0.00	1,908.75	12/31/09	1,514.27	112.71	112.71	1,626.98	s
000093	LANDSCAPING												
	000 09/14/99	1,195.00	R	MF150	15 00	0.00	1,195.00	12/31/09	877.46	70.57	70.57	948.03	s
000095	PARKING STRIPES												
	000 10/13/99	1,500.00	R	MF150	15 00	0.00	1,500.00	12/31/09	1,101.42	88.57	88.57	1,189.99	s
000096	CURBS												
	000 11/12/99	598.90	R	MF150	15 00	0.00	598.90	12/31/09	439.76	35.37	35.37	475.13	s
000114	SIGN												
	000 09/14/05	767.50	P	MF200	07 00	0.00	767.50	12/31/09	596.26	68.50	68.50	664.76	s
000119	FARM BUREAU SIGN												
	002 11/07/07	503.26	P	MF200	07 00	0.00	503.26	12/31/09	283.18	62.88	62.88	346.06	
000121	LANDSCAPING FRONT OF OFFICE WALL												
	000 10/31/08	42,963.75	P	MF150	15 00	0.00	42,963.75	12/31/09	6,229.75	3,673.40	3,673.40	9,903.15	
000123	LANDSCAPING												
	000 07/23/09	668.00	R	MF200	10 00	0.00	668.00	12/31/09	66.80	120.24	120.24	187.04	
	Class = B	68,260.41				0.00	68,260.41		29,082.45	4,413.94	4,413.94	33,496.39	
	Less disposals and transfers Count = 0	0.00				0.00	0.00		0.00			0.00	
	Net Subtotal Count = 13	68,260.41				0.00	68,260.41		29,082.45	4,413.94	4,413.94	33,496.39	
Class = C													
000004	OFFICE BLDG												

Class = C

000004 OFFICE BLDG

MCDOWELL COUNTY FARM BUREAU-056

Depreciation Expense Report As of December 31, 2010

Book = Tax

FYE Month = December

Sys No	Ext	In Svc Date	Acquired Value	P T	Depr Meth	Est Life	Salv/168 Allow Sec 179	Depreciable Basis	Prior Thru	Prior Accum Depreciation	Depreciation This Run	Current YTD Depreciation	Current Accum Depreciation	Key Code
Class = C														
000045		000 03/31/85	45,742.18	R	AltST	18 00	0.00	45,742.18	12/31/09	45,742.18	0.00	0.00	45,742.18	
		BLDG ADDITION												
000068		000 02/28/88	13,130.40	R	MF100	31 06	0.00	13,130.40	12/31/09	9,117.96	416.84	416.84	9,534.80	
		AIR CONDITIONER												
000069		000 05/03/94	4,550.00	R	MF200	07 00	0.00	4,550.00	12/31/09	4,550.00	0.00	0.00	4,550.00	s
		WATER HEATER												
000070		000 09/07/94	315.25	R	MF200	07 00	0.00	315.25	12/31/09	315.25	0.00	0.00	315.25	s
		STAIRS												
000077		000 12/29/94	9,514.29	R	MF100	39 00	0.00	9,514.29	12/31/09	3,669.56	243.96	243.96	3,913.52	
		A/C UNIT												
000089		000 11/15/95	1,175.00	R	MF200	07 00	0.00	1,175.00	12/31/09	1,175.00	0.00	0.00	1,175.00	s
		BLDG. ADDITION												
000110		000 08/25/99	91,411.07	R	MF100	39 00	0.00	91,411.07	12/31/09	24,317.65	2,343.87	2,343.87	26,661.52	
		HEAT PUMP												
000111		000 07/07/04	1,351.00	P	MF200	07 00	0.00	1,351.00	12/31/09	1,170.14	120.57	120.57	1,290.71	s
		FLOORING												
000112		000 11/14/05	2,111.38	P	MF150	15 00	0.00	2,111.38	12/31/09	795.36	131.60	131.60	926.96	
		FLOORING												
000113		000 11/28/05	2,111.38	P	MF150	15 00	0.00	2,111.38	12/31/09	795.36	131.60	131.60	926.96	
		CARPET												
000116		000 12/14/05	4,913.65	P	MF150	15 00	0.00	4,913.65	12/31/09	1,851.00	306.27	306.27	2,157.27	
		OFFICE BUILDING PAINTING												
000118		000 09/07/06	2,500.00	R	MF150	15 00	0.00	2,500.00	12/31/09	768.63	173.14	173.14	941.77	
		HEAT PUMP												
000124		000 07/12/07	3,390.00	P	MF200	05 00	0.00	3,390.00	12/31/09	2,413.68	390.53	390.53	2,804.21	
		Windows												
		000 06/01/10	4,630.00	P	MF200	07 00	0.00	4,630.00		0.00	661.43	661.43	661.43	
		Class = C	186,845.60				0.00	186,845.60		96,681.77	4,919.81	4,919.81	101,601.58	
		Less disposals and transfers	0.00				0.00	0.00		0.00			0.00	
		Count = 0												
		Net Subtotal	186,845.60				0.00	186,845.60		96,681.77	4,919.81	4,919.81	101,601.58	
		Count = 14												

Class = E

000023		000 03/31/85	154.66	P	AltST	05 00	0.00	154.66	12/31/09	154.66	0.00	0.00	154.66	
		MICROWAVE												
000082		000 04/04/97	178.91	P	MF200	05 00	0.00	178.91	12/31/09	178.91	0.00	0.00	178.91	sm
		TYPEWRITER												
000102		000 05/02/01	399.00	P	MF200	05 00	0.00	399.00	12/31/09	399.00	0.00	0.00	399.00	s
		VACUUM												
000103		000 06/20/01	2,220.70	P	MF200	05 00	0.00	2,220.70	01/31/10	2,220.70	0.00	0.00	2,220.70	ds
		COPIER												
000108		000 04/04/03	881.00	P	MF200	05 00	0.00	881.00	12/31/09	881.00	0.00	0.00	881.00	s
		TYPEWRITER												
000109		000 03/01/04	4,558.00	P	MF200	05 00	0.00	4,558.00	01/31/10	4,558.00	0.00	0.00	4,558.00	ds
		COPIER - BUMBARGERS												
000115		000 02/20/06	94.75	P	MF200	05 00	0.00	94.75	12/31/09	78.38	10.91	10.91	89.29	s
		DELL 1100 LASER PRINTER												
000117		000 06/19/07	2,131.85	P	MF200	05 00	0.00	2,131.85	12/31/09	1,517.88	245.59	245.59	1,763.47	
		COMPUTER-CFB PRESIDENT												

MCDOWELL COUNTY FARM BUREAU-056

Depreciation Expense Report As of December 31, 2010

Book = Tax

FYE Month = December

Sys No	In Svc Ext Date	Acquired Value	P T	Depr Meth	Est Life	Salv/168 Allow Sec 179	Depreciable Basis	Prior Thru	Prior Accum Depreciation	Depreciation This Run	Current YTD Depreciation	Current Accum Depreciation	Key Code
	Class = E	10,618.87				0.00	10,618.87		9,988.53	256.50	256.50	10,245.03	
	Less disposals and transfers Count = 2	(6,778.70)				0.00	(6,778.70)		(6,778.70)			(6,778.70)	
	Net Subtotal Count = 6	3,840.17				0.00	3,840.17		3,209.83	256.50	256.50	3,466.33	

Class = F

000019	FURNITURE & EQUIPMENT												
	000 06/30/81	2,494.04	P	AltST	05 00	0.00	2,494.04	12/31/09	2,494.04	0.00	0.00	2,494.04	
000020	COUNTERS												
	000 05/31/84	500.00	P	AltST	05 00	0.00	500.00	12/31/09	500.00	0.00	0.00	500.00	
000027	MIRROR												
	000 10/31/85	20.06	P	AltST	05 00	0.00	20.06	12/31/09	20.06	0.00	0.00	20.06	
000041	DESK												
	000 08/31/87	110.25	P	MF200	07 00	0.00	110.25	01/31/10	110.25	0.00	0.00	110.25	ds
000042	FILE CABINET -2												
	000 08/31/87	304.50	P	MF200	07 00	0.00	304.50	12/31/09	304.50	0.00	0.00	304.50	s
000044	FILE CABINET -2												
	000 09/30/87	252.25	P	MF200	07 00	0.00	252.25	12/31/09	252.25	0.00	0.00	252.25	s
000046	FILE CABINET FIRE PR												
	000 02/28/88	789.62	P	MF200	07 00	0.00	789.62	12/31/09	789.62	0.00	0.00	789.62	s
000050	FILE CABINETS (2)												
	000 06/30/88	286.86	P	MF200	07 00	0.00	286.86	12/31/09	286.86	0.00	0.00	286.86	s
000052	STORAGE CABINET												
	000 10/31/88	158.44	P	MF200	07 00	0.00	158.44	12/31/09	158.44	0.00	0.00	158.44	s
000053	CHAIRS (2)												
	000 02/28/88	269.25	P	MF200	07 00	0.00	269.25	01/31/10	269.25	0.00	0.00	269.25	ds
000054	DESK												
	000 02/28/88	100.00	P	MF200	07 00	0.00	100.00	01/31/10	100.00	0.00	0.00	100.00	ds
000057	DESKS (2)												
	000 12/31/88	200.00	P	MF200	07 00	0.00	200.00	01/31/10	200.00	0.00	0.00	200.00	ds
000059	RM. DIVIDERS (2)												
	000 02/28/89	266.29	P	MF200	07 00	0.00	266.29	12/31/09	266.29	0.00	0.00	266.29	s
000060	FILE CAB.												
	000 06/30/89	139.00	P	MF200	07 00	0.00	139.00	12/31/09	139.00	0.00	0.00	139.00	s
000061	FILE CABINET												
	000 10/31/89	155.89	P	MF200	07 00	0.00	155.89	12/31/09	155.89	0.00	0.00	155.89	s
000065	FILE SYSTEM												
	000 04/16/92	7,748.01	P	MF200	07 00	0.00	7,748.01	12/31/09	7,748.01	0.00	0.00	7,748.01	s
000076	FILE CABINET												
	000 10/16/95	190.75	P	MF200	07 00	0.00	190.75	12/31/09	190.75	0.00	0.00	190.75	sm
000079	CHAIRS (2)												
	002 05/13/96	274.22	P	MF200	07 00	0.00	274.22	12/31/09	274.22	0.00	0.00	274.22	sm
000081	REFRIG/STOVE												
	000 01/23/97	1,152.76	P	MF200	07 00	0.00	1,152.76	12/31/09	1,152.76	0.00	0.00	1,152.76	sm
000083	DESK												
	000 05/01/97	201.40	P	MF200	07 00	0.00	201.40	12/31/09	201.40	0.00	0.00	201.40	sm
000084	CABINETS												
	000 10/09/97	1,967.36	P	MF200	07 00	0.00	1,967.36	12/31/09	1,967.36	0.00	0.00	1,967.36	sm
000086	FILE CAB (2)												
	000 11/09/98	195.73	P	MF200	07 00	0.00	195.73	12/31/09	195.73	0.00	0.00	195.73	s
000090	FILE SHELVES												

MCDOWELL COUNTY FARM BUREAU-056

Depreciation Expense Report As of December 31, 2010

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Sys No	In Svc Ext Date	Acquired Value	P T	Depr Meth	Est Life	Salv/168 Allow Sec 179	Depreciable Basis	Prior Thru	Prior Accum Depreciation	Depreciation This Run	Current YTD Depreciation	Current Accum Depreciation	Key Code
Class = F													
000091	000 05/10/99	340.54	P	MF200	07 00	0.00	340.54	12/31/09	340.54	0.00	0.00	340.54	s
	DESKS(2)												
000092	000 06/14/99	560.98	P	MF200	07 00	0.00	560.98	12/31/09	560.98	0.00	0.00	560.98	s
	SHELVES												
000094	000 07/30/99	224.96	P	MF200	07 00	0.00	224.96	12/31/09	224.96	0.00	0.00	224.96	s
	SIGN												
000098	000 09/24/99	100.70	P	MF200	07 00	0.00	100.70	12/31/09	100.70	0.00	0.00	100.70	s
	CHAIR												
000099	000 02/25/00	236.38	P	MF200	07 00	0.00	236.38	12/31/09	236.38	0.00	0.00	236.38	s
	PICNIC TABLE												
000105	000 05/15/00	125.00	P	MF200	07 00	0.00	125.00	12/31/09	125.00	0.00	0.00	125.00	s
	CATTLE CHUTE & SCALE												
000106	000 09/06/01	1,000.00	F	MF200	10 00	0.00	1,000.00	12/31/09	901.70	65.53	65.53	967.23	s
	FLAG POLE												
000107	000 05/22/02	442.64	P	MF200	07 00	0.00	442.64	12/31/09	442.64	0.00	0.00	442.64	s
	DESK - AGENT												
000120	000 04/04/03	267.00	P	MF200	07 00	0.00	267.00	12/31/09	255.09	11.91	11.91	267.00	s
	Shelving Units(3)												
000122	000 03/06/08	249.70	P	MF200	07 00	0.00	249.70	12/31/09	96.82	43.68	43.68	140.50	
	BOARD RM TABLE/CHAIRS												
	000 10/15/09	775.00	P	MF200	07 00	0.00	775.00	12/31/09	110.72	189.80	189.80	300.52	
	Class = F	22,099.58				0.00	22,099.58		21,172.21	310.92	310.92	21,483.13	
	Less disposals and transfers	(679.50)				0.00	(679.50)		(679.50)			(679.50)	
	Count = 4												
	Net Subtotal	21,420.08				0.00	21,420.08		20,492.71	310.92	310.92	20,803.63	
	Count = 29												
	Grand Total	357,318.94				0.00	357,318.94		156,924.96	9,901.17	9,901.17	166,826.13	
	Less disposals and transfers	(7,458.20)				0.00	(7,458.20)		(7,458.20)			(7,458.20)	
	Count = 6												
	Net Grand Total	349,860.74				0.00	349,860.74		149,466.76	9,901.17	9,901.17	159,367.93	
	Count = 66												

MCDOWELL COUNTY FARM BUREAU-056

Depreciation Expense Report

As of December 31, 2010

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FYE Month = December

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Report Assumptions

Report Name: Depreciation Expense

Source Report: <Standard Report>

Calculation Assumptions.

Short Year none

Include Sec 168 Allowance & Sec 179 No

Adjustment Convention None

Key Codes:

- a. A depreciation adjustment amount is included in the reporting period.
- b. The asset's business-use percentage is less than 100%.
- d. The asset has been disposed.
- f. The asset has switched from a MACRS table calculation to the MACRS formula calculation
- l. The asset's depreciation has been limited by luxury auto rules
- m. The asset's depreciation was calculated using the mid-quarter convention.
- r. The asset's acquired value was reduced to arrive at the depreciable basis.
- s. The asset has switched from declining-balance to a straight-line
- t. The asset was transferred.
- v. The asset has switched to remaining value over remaining life due to ACE.

Group/Sorting Criteria:

Group = Active Assets

Include Assets that meet the following conditions

Activity is currently A,D,F,J,K,L,M,N

Sorted by Class (with subtotals), System No, Extension

MCDOWELL COUNTY FARM BUREAU-056

Disposal Report
01/01/2010 to 12/31/2010

Book = Tax
FYE Month = December

Sys No	Ext	Co asset no	Desc	CI	In Svc Date	Disposal Date	D M	Acquired Value	Current Accum Depreciation	Net Proceeds	Gain/Loss Adjust Basis	Realized Gain (Loss)	G L
000041	000		DESK	F	08/31/87	01/01/10	A	\$ 110.25	\$ 110.25	\$ 0.00	\$ 0.00	\$ 0.00	Y
000053	000		CHAIRS (2)	F	02/28/88	01/01/10	A	269.25	269.25	0.00	0.00	0.00	Y
000054	000		DESK	F	02/28/88	01/01/10	A	100.00	100.00	0.00	0.00	0.00	Y
000057	000		DESKS (2)	F	12/31/88	01/01/10	A	200.00	200.00	0.00	0.00	0.00	Y
000103	000		COPIER	E	06/20/01	01/01/10	A	2,220.70	2,220.70	0.00	0.00	0.00	Y
000109	000		COPIER - BUMBARGE	E	03/01/04	01/01/10	A	4,558.00	4,558.00	0.00	0.00	0.00	Y

Grand Total	\$ 7,458.20	\$ 7,458.20	\$ 0.00	\$ 0.00	\$ 0.00
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Count = 6

	Gains	Losses	Net
Recognized	\$ 0.00	\$ 0.00	\$ 0.00
Not Recognized	0.00	0.00	0.00
Deferred	0.00	0.00	0.00
Total	\$ 0.00	\$ 0.00	\$ 0.00

Report Assumptions

Report Name Disposal
Source Report: <Standard Report>

Calculation Assumptions
Include Sec 168 Allowance & Sec 179 No
Adjustment Convention None

Group/Sorting Criteria
Group = All FAS Assets
Include Assets that meet the following conditions
All FAS Assets
Sorted by System No, Extension

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**.

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)		
Type or print File by the extended due date for filing the return. See instructions.	Name of exempt organization	Employer identification number
	McDowell County Farm Bureau Inc	56-0816021
	Number, street, and room or suite no. If a P.O. box, see instructions	
	21 Buncombe Street	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	Marion, NC 28752-4856	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of ☒ **County Farm Bureau Liaison 21 Buncombe Street, NC 28752-4856**
Telephone No ☒ **828-652-4525** FAX No ☐

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 11-15, 2011

5 For calendar year 2010, or other tax year beginning , 20 and ending , 20

6 If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return

Change in accounting period

7 State in detail why you need the extension

Additional time is needed in order to secure all
information to file a complete and correct return

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature

EEA

Title

Treasurer NCTB

Date

8/15/2011

Form 8868 (Rev. 1-2011)

**Application for Extension of Time to File an
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**● If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ X● If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print File by the due date for filing your return. See instructions	Name of exempt organization McDowell County Farm Bureau Inc	Employer identification number 56-0816021
	Number, street, and room or suite no. If a P O box, see instructions 21 Buncombe Street	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Marion, NC 28752-4856	

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ 0 ☐ 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

● The books are in the care of ► _____

Telephone No ► **828-652-4525**

FAX No ► _____

● If the organization does not have an office or place of business in the United States, check this box ☐

● If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08-15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☒ calendar year 20 10 or
- ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

- 2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions