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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

| | | |
|---|--|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization Mitchell County Farm Bureau Inc | D Employer identification number 56-1009554 |
| | Number and street (or P O box if mail is not delivered to street address) Room/suite | E Telephone number (828) 688-3745 |
| | PO Box 347 | F Group Exemption Number ▶ |
| | City or town state or country and ZIP + 4 Bakersville, NC 28705-0347 | |

G Accounting Method Cash Accrual Other (specify) ▶ **H** Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ **J** Tax-exempt status (check only one) - 501(c)(3) 501(c)(5) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **109,976**

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

| | | | |
|---|--|----------------|----------------|
| R e v e n u e | 1 Contributions, gifts, grants, and similar amounts received | 1 | |
| | 2 Program service revenue including government fees and contracts | 2 | |
| | 3 Membership dues and assessments | 3 | 58,925 |
| | 4 Investment income | 4 | 906 |
| | 5a Gross amount from sale of assets other than inventory | 5a | |
| | b Less cost or other basis and sales expenses | 5b | |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | |
| | 6 Gaming and fundraising events | | |
| | a Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | 47 | |
| c Less direct expenses from gaming and fundraising events | 6c | | |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | 47 | |
| 7a Gross sales of inventory, less returns and allowances | 7a | | |
| b Less cost of goods sold | 7b | | |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | |
| 8 Other revenue (describe in Schedule O) | 8 | 50,098 | |
| 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ | 9 | 109,976 | |
| E x p e n s e s | 10 Grants and similar amounts paid (list in Schedule O) | 10 | |
| | 11 Benefits paid to or for members | 11 | |
| | 12 Salaries, other compensation, and employee benefits | 12 | |
| | 13 Professional fees and other payments to independent contractors | 13 | |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | 51,950 |
| | 15 Printing, publications, postage, and shipping | 15 | 1,175 |
| | 16 Other expenses (describe in Schedule O) | 16 | 54,844 |
| | 17 Total expenses. Add lines 10 through 16 ▶ | 17 | 107,969 |
| A s s e t s | 18 Excess of (deficit) for the year (Subtract line 17 from line 9) | 18 | 2,007 |
| | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 100,200 |
| | 20 Other changes in net assets or fund balances (explain in Schedule O) | 20 | |
| | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ | 21 | 102,207 |

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Part II Balance Sheets. (see the instructions for Part II)

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

| | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments | 60,692 | 58,562 |
| 23 Land and buildings | 39,508 | 43,645 |
| 24 Other assets (describe in Schedule O) | 0 | 0 |
| 25 Total assets | 100,200 | 102,207 |
| 26 Total liabilities (describe in Schedule O) | 0 | 0 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 100,200 | 102,207 |

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

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

What is the organization's primary exempt purpose? Promote Agriculture

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

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

| | | | |
|---|--|-----|-------|
| 28 Policy Development - Work at all levels of government to identify issues important to the well-being of agriculture & develop public policies to pursue thru the legislative | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 2,163 |
| 29 Public Awareness Activities - Inform the public of the importance of Agriculture to the economy of the County. Coordinated & helped sponsor events with other ag & | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | 5,164 |
| 30 Agricultural Leadership Development - Planned, conducted & supported activities for youth & adults involved in agriculture that provided opportunities to develop | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | 2,526 |
| 31 Other program services (describe in Schedule O) | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 Total program service expenses (add lines 28a through 31a) | | 32 | 9,853 |

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

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

| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to empl benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|---|---|--|
| David Ed Terrell PO Box 347, Bakersville NC 28705-0347 | President 2 | 0 | 0 | 0 |
| Lonnie Cuthbertson PO Box 347, Bakersville NC 28705-0347 | Vice President 2 | 0 | 0 | 0 |
| Ted Woody PO Box 347, Bakersville NC 28705-0347 | Secretary / Tre 2 | 0 | 0 | 0 |
| Doug Dellinger PO Box 347, Bakersville NC 28705-0347 | Director 0 | 0 | 0 | 0 |
| Hal Campbell PO Box 347, Bakersville NC 28705-0347 | Director 0 | 0 | 0 | 0 |
| Doug Young PO Box 347, Bakersville NC 28705-0347 | Director 0 | 0 | 0 | 0 |
| Dwight Thomas PO Box 347, Bakersville NC 28705-0347 | Director 0 | 0 | 0 | 0 |
| Mark Byrd PO Box 347, Bakersville NC 28705-0347 | Director 0 | 0 | 0 | 0 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Part V Other Information (Note the statement requirements in the instructions for Part V)

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
37 b Did the organization file Form 1120-POL for this year?
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38 b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39 a Initiation fees and capital contributions included on line 9
39 b Gross receipts, included on line 9, for public use of club facilities
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40 b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40 c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
40 e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed NC,
42 a The organization's books are in care of County Farm Bureau Liaison Telephone no 828-688-3745
Located at PO Box 347 Bakersville, NC ZIP + 4 28705-0347
42 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
42 c At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44 b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44 c Did the organization receive any payments for indoor tanning services during the year?
44 d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

| | | | | |
|-----------|--|------------|-----|----|
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? | 45 | Yes | No |
| a | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | 45a | | X |
| 46 | Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | | X |

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

| | | | | |
|------------|--|------------|-----|----|
| 47 | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | Yes | No |
| 48 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | |
| b | If "Yes," was the related organization a section 527 organization? | 49b | | |

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

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

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

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

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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

Sign Here
 Signature of officer: David Ed Terrell Date: 9-29-11
 Type or print name and title: David Ed Terrell, President

| | | | | | |
|-------------------------------|----------------------------|----------------------|------|---|------|
| Paid Preparer Use Only | 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 | |
| | Firm's address | | | | |

May the IRS discuss this return with the preparer shown above? See Instructions Yes No

Political Campaign and Lobbying Activities

2010

Department of the Treasury
Internal Revenue Service

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.**

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 Mitchell County Farm Bureau Inc | Employer identification number 56-1009554 |
|--|---|

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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">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 | | | | | |

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)).

Table with 3 main columns: (a) Yes, (a) No, (b) Amount. Rows include: 1. During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a. Volunteers?; b. Paid staff or management...; 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?; 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).

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

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."

Table with 2 main columns: Question, Amount. Rows include: 1. Dues, assessments and similar amounts from members; 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; b. Carryover from last year; c. Total; 3. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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?; 5. Taxable amount of lobbying and political expenditures (see instructions)

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

Blank lines for supplemental 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**

Mitchell County Farm Bureau Inc

Employer identification number
56-1009554

01. Description of other revenue (Part I, line 8)

| Description | Amount |
|--------------------------|--------|
| Direct Marketing Revenue | 2,347 |
| Office Rental Income | 47,751 |

02. Description of other expenses (Part I, line 16)

| Description | Amount |
|-------------------------------|--------|
| Bank Charges | 11 |
| Direct Marketing Expenses | 2,035 |
| Education and Promotion | 7,278 |
| Fundraisers, Signs | 78 |
| Insurance | 1,242 |
| Payments to Affiliates | 34,191 |
| Meetings, Travel, Conferences | 2,855 |
| Contract Support Services | 4,975 |
| Supplies | 2,179 |

MITCHELL COUNTY FARM BUREAU-061

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 | Pntr Thru | Prior Accum Depreciation | Depreciation This Run | Current YTD Depreciation | Current Accum Depreciation | Key Code |
|------------------|--|-------------------|--------|--------------|-------------|---------------------------|----------------------|--------------|-----------------------------|--------------------------|-----------------------------|-------------------------------|-------------|
| Class = A | | | | | | | | | | | | | |
| 000001 | LAND | | | | | | | | | | | | |
| | 000 04/30/87 | 9,500.00 | R | NoDep | | 0.00 | 9,500.00 | 12/31/09 | 0.00 | 0.00 | 0.00 | 0.00 | |
| | Class = A | 9,500.00 | | | | 0.00 | 9,500.00 | | 0.00 | 0.00 | 0.00 | 0.00 | |
| | Less disposals and transfers | 0.00 | | | | 0.00 | 0.00 | | 0.00 | | | 0.00 | |
| | Count = 0 | | | | | | | | | | | | |
| | Net Subtotal | 9,500.00 | | | | 0.00 | 9,500.00 | | 0.00 | 0.00 | 0.00 | 0.00 | |
| | Count = 1 | | | | | | | | | | | | |
| Class = B | | | | | | | | | | | | | |
| 000026 | PAVED PARKING LOT | | | | | | | | | | | | |
| | 000 08/08/94 | 6,205.50 | R | MF150 | 15 00 | 0.00 | 6,205.50 | 12/31/09 | 6,205.50 | 0.00 | 0.00 | 6,205.50 | sm |
| 000077 | FARM BUREAU SIGN-NET COSTS-BAKERSVILLE | | | | | | | | | | | | |
| | 002 08/15/07 | 1,351.28 | P | MF200 | 07 00 | 0.00 | 1,351.28 | 12/31/09 | 760.35 | 168.84 | 168.84 | 929.19 | |
| 000085 | Sign - Spruce Pine | | | | | | | | | | | | |
| | 000 09/30/10 | 3,832.86 | P | MF200 | 07 00 | 0.00 | 3,832.86 | | 0.00 | 547.55 | 547.55 | 547.55 | |
| | Class = B | 11,389.64 | | | | 0.00 | 11,389.64 | | 6,965.85 | 716.39 | 716.39 | 7,682.24 | |
| | Less disposals and transfers | 0.00 | | | | 0.00 | 0.00 | | 0.00 | | | 0.00 | |
| | Count = 0 | | | | | | | | | | | | |
| | Net Subtotal | 11,389.64 | | | | 0.00 | 11,389.64 | | 6,965.85 | 716.39 | 716.39 | 7,682.24 | |
| | Count = 3 | | | | | | | | | | | | |
| Class = C | | | | | | | | | | | | | |
| 000002 | BUILDING | | | | | | | | | | | | |
| | 000 04/30/87 | 28,508.00 | R | MF100 | 31 06 | 0.00 | 28,508.00 | 12/31/09 | 20,551.58 | 905.02 | 905.02 | 21,456.60 | |
| 000003 | BLDG IMPROVEMENTS | | | | | | | | | | | | |
| | 000 06/30/87 | 4,865.24 | R | MF100 | 31 06 | 0.00 | 4,865.24 | 12/31/09 | 3,478.55 | 154.45 | 154.45 | 3,633.00 | |
| 000022 | BLDG ENTRANCE | | | | | | | | | | | | |
| | 000 12/18/91 | 2,927.17 | R | MF100 | 31 06 | 0.00 | 2,927.17 | 12/31/09 | 1,676.61 | 92.93 | 92.93 | 1,769.54 | |
| 000025 | HEATING SYSTEM | | | | | | | | | | | | |
| | 000 08/12/93 | 3,800.00 | R | MF200 | 07 00 | 0.00 | 3,800.00 | 01/31/10 | 3,800.00 | 0.00 | 0.00 | 3,800.00 | ds |
| 000034 | CARPET | | | | | | | | | | | | |
| | 000 06/10/97 | 1,693.46 | R | MF200 | 07 00 | 0.00 | 1,693.46 | 12/31/09 | 1,693.46 | 0.00 | 0.00 | 1,693.46 | s |
| 000041 | REMODELING | | | | | | | | | | | | |
| | 000 02/18/98 | 1,200.00 | R | MF100 | 39 00 | 0.00 | 1,200.00 | 12/31/09 | 365.39 | 30.77 | 30.77 | 396.16 | |
| 000070 | LIGHTED SIGN | | | | | | | | | | | | |
| | 000 04/19/04 | 1,478.75 | R | MF200 | 07 00 | 0.00 | 1,478.75 | 12/31/09 | 1,280.79 | 131.97 | 131.97 | 1,412.76 | s |
| 000073 | GUTTERING - BAKERSVILLE | | | | | | | | | | | | |
| | 000 05/25/05 | 300.00 | P | MF200 | 07 00 | 0.00 | 300.00 | 12/31/09 | 233.07 | 26.77 | 26.77 | 259.84 | s |
| 000076 | REPLACED ROOF-BAKERSVILLE | | | | | | | | | | | | |
| | 000 11/09/07 | 12,210.00 | R | MF150 | 15 00 | 0.00 | 12,210.00 | 12/31/09 | 2,814.41 | 939.56 | 939.56 | 3,753.97 | |
| 000080 | WINDOWS REPLACED - BAKERSVILLE | | | | | | | | | | | | |
| | 000 06/01/09 | 7,380.00 | R | MF150 | 15 00 | 0.00 | 7,380.00 | 12/31/09 | 369.00 | 701.10 | 701.10 | 1,070.10 | |
| 000084 | Trane Furnace - Bakersville | | | | | | | | | | | | |
| | 000 12/02/10 | 5,355.81 | P | MF200 | 07 00 | 0.00 | 5,355.81 | | 0.00 | 765.12 | 765.12 | 765.12 | |

MITCHELL COUNTY FARM BUREAU-061

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 = C | | 69,718.43 | | | | 0.00 | 69,718.43 | | 36,262.86 | 3,747.69 | 3,747.69 | 40,010.55 | |
| Less disposals and transfers | | (3,800.00) | | | | 0.00 | (3,800.00) | | (3,800.00) | | | (3,800.00) | |
| Count = 1 | | | | | | | | | | | | | |
| Net Subtotal | | 65,918.43 | | | | 0.00 | 65,918.43 | | 32,462.86 | 3,747.69 | 3,747.69 | 36,210.55 | |
| Count = 10 | | | | | | | | | | | | | |
| Class = E | | | | | | | | | | | | | |
| 000055 | PHONE SYS | | | | | | | | | | | | |
| | 000 11/15/00 | 3,383.14 | P | MF200 | 05 00 | 0.00 | 3,383.14 | 12/31/09 | 3,383.14 | 0.00 | 0.00 | 3,383.14 | s |
| 000059 | COMPUTER CABLE | | | | | | | | | | | | |
| | 000 11/15/00 | 600.00 | P | MF200 | 05 00 | 0.00 | 600.00 | 12/31/09 | 600.00 | 0.00 | 0.00 | 600.00 | s |
| 000064 | PHONE AND CABLES | | | | | | | | | | | | |
| | 000 03/03/04 | 1,138.00 | P | MF200 | 05 00 | 0.00 | 1,138.00 | 12/31/09 | 1,138.00 | 0.00 | 0.00 | 1,138.00 | s |
| 000065 | REFRIGERATOR | | | | | | | | | | | | |
| | 000 03/03/04 | 300.00 | P | MF200 | 05 00 | 0.00 | 300.00 | 12/31/09 | 300.00 | 0.00 | 0.00 | 300.00 | s |
| 000074 | DELL 1100 LASER PRINTER | | | | | | | | | | | | |
| | 000 02/16/06 | 94.75 | P | MF200 | 05 00 | 0.00 | 94.75 | 12/31/09 | 78.38 | 10.91 | 10.91 | 89.29 | s |
| 000075 | MONITOR HEATER | | | | | | | | | | | | |
| | 000 01/05/06 | 1,507.63 | P | MF200 | 05 00 | 0.00 | 1,507.63 | 12/31/09 | 1,247.11 | 173.68 | 173.68 | 1,420.79 | s |
| 000081 | WATER COOLER-BAKERSVILLE | | | | | | | | | | | | |
| | 000 01/13/09 | 214.00 | P | MF200 | 05 00 | 0.00 | 214.00 | 12/31/09 | 42.80 | 68.48 | 68.48 | 111.28 | |
| 000082 | CAMERA/CASE/MEMORY CARD | | | | | | | | | | | | |
| | 000 01/20/09 | 278.00 | P | MF200 | 05 00 | 0.00 | 278.00 | 12/31/09 | 55.60 | 88.96 | 88.96 | 144.56 | |
| 000083 | VACUUM | | | | | | | | | | | | |
| | 000 02/16/09 | 203.00 | P | MF200 | 05 00 | 0.00 | 203.00 | 12/31/09 | 40.60 | 64.96 | 64.96 | 105.56 | |
| Class = E | | 7,718.52 | | | | 0.00 | 7,718.52 | | 6,885.63 | 406.99 | 406.99 | 7,292.62 | |
| Less disposals and transfers | | 0.00 | | | | 0.00 | 0.00 | | 0.00 | | | 0.00 | |
| Count = 0 | | | | | | | | | | | | | |
| Net Subtotal | | 7,718.52 | | | | 0.00 | 7,718.52 | | 6,885.63 | 406.99 | 406.99 | 7,292.62 | |
| Count = 9 | | | | | | | | | | | | | |
| Class = F | | | | | | | | | | | | | |
| 000005 | FOLDING CHAIRS (8) | | | | | | | | | | | | |
| | 000 07/31/73 | 38.00 | P | SLMM | 10 00 | 0.00 | 38.00 | 12/31/09 | 38.00 | 0.00 | 0.00 | 38.00 | |
| 000006 | STORAGE CABINET | | | | | | | | | | | | |
| | 000 09/30/76 | 79.88 | P | SLMM | 10 00 | 0.00 | 79.88 | 12/31/09 | 79.88 | 0.00 | 0.00 | 79.88 | |
| 000018 | OIL TANK | | | | | | | | | | | | |
| | 000 12/31/87 | 162.00 | P | MF200 | 07 00 | 0.00 | 162.00 | 12/31/09 | 162.00 | 0.00 | 0.00 | 162.00 | s |
| 000031 | COPIER STAND | | | | | | | | | | | | |
| | 000 05/30/97 | 239.97 | P | MF200 | 07 00 | 0.00 | 239.97 | 12/31/09 | 239.97 | 0.00 | 0.00 | 239.97 | sm |
| 000032 | CABINET | | | | | | | | | | | | |
| | 000 05/30/97 | 103.89 | P | MF200 | 07 00 | 0.00 | 103.89 | 12/31/09 | 103.89 | 0.00 | 0.00 | 103.89 | sm |
| 000033 | BOOKCASE | | | | | | | | | | | | |
| | 000 07/07/97 | 126.92 | P | MF200 | 07 00 | 0.00 | 126.92 | 12/31/09 | 126.92 | 0.00 | 0.00 | 126.92 | sm |
| 000035 | CHAIRS | | | | | | | | | | | | |
| | 000 06/11/97 | 169.52 | P | MF200 | 07 00 | 0.00 | 169.52 | 12/31/09 | 169.52 | 0.00 | 0.00 | 169.52 | sm |
| 000036 | CABINET | | | | | | | | | | | | |
| | 000 07/17/97 | 1,020.00 | P | MF200 | 07 00 | 0.00 | 1,020.00 | 12/31/09 | 1,020.00 | 0.00 | 0.00 | 1,020.00 | sm |
| 000038 | CABINET | | | | | | | | | | | | |
| | 000 07/07/97 | 169.92 | P | MF200 | 07 00 | 0.00 | 169.92 | 12/31/09 | 169.92 | 0.00 | 0.00 | 169.92 | sm |

MITCHELL COUNTY FARM BUREAU-061

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 = F | | | | | | | | | | | | | |
| 000039 | DESK 000 05/31/97 | 106.00 | P | MF200 | 07 00 | 0 00 | 106 00 | 12/31/09 | 106.00 | 0 00 | 0.00 | 106 00 | sm |
| 000040 | CABINET 000 06/06/97 | 100 00 | P | MF200 | 07 00 | 0 00 | 100 00 | 12/31/09 | 100 00 | 0.00 | 0 00 | 100.00 | sm |
| 000046 | COOLER 000 10/08/99 | 294 68 | P | MF200 | 07 00 | 0.00 | 294.68 | 12/31/09 | 294.68 | 0.00 | 0.00 | 294 68 | s |
| 000048 | SEC CHAIR 000 02/10/00 | 114 94 | P | MF200 | 07 00 | 0.00 | 114.94 | 12/31/09 | 114 94 | 0 00 | 0 00 | 114.94 | s |
| 000050 | CHAIR - SP 000 10/23/00 | 424 90 | P | MF200 | 07 00 | 0 00 | 424 90 | 12/31/09 | 424 90 | 0.00 | 0 00 | 424.90 | s |
| 000053 | CHAIR 000 11/06/00 | 99 99 | P | MF200 | 07 00 | 0 00 | 99 99 | 12/31/09 | 99.99 | 0 00 | 0 00 | 99 99 | s |
| 000054 | ORGANIZER 000 11/13/00 | 139.99 | P | MF200 | 07 00 | 0 00 | 139 99 | 12/31/09 | 139 99 | 0.00 | 0.00 | 139 99 | s |
| 000056 | FILE CABINET 000 11/20/00 | 212.00 | P | MF200 | 07 00 | 0.00 | 212 00 | 12/31/09 | 212 00 | 0.00 | 0.00 | 212 00 | s |
| 000060 | AGT DESKS(2) 000 11/29/00 | 720 00 | P | MF200 | 07 00 | 0 00 | 720 00 | 12/31/09 | 720 00 | 0 00 | 0 00 | 720 00 | s |
| 000061 | AGT DESK 000 12/29/00 | 585 00 | P | MF200 | 07 00 | 0 00 | 585 00 | 12/31/09 | 585 00 | 0.00 | 0.00 | 585.00 | s |
| 000066 | DRAWER FILE 000 03/03/04 | 42.76 | P | MF200 | 07 00 | 0 00 | 42 76 | 12/31/09 | 37.04 | 3 81 | 3 81 | 40 85 | s |
| 000067 | BAR STOOLS 000 03/03/04 | 74 26 | P | MF200 | 07 00 | 0 00 | 74.26 | 12/31/09 | 64 32 | 6.63 | 6 63 | 70 95 | s |
| 000068 | BOOKCASES 000 03/03/04 | 105 33 | P | MF200 | 07 00 | 0 00 | 105 33 | 12/31/09 | 91 23 | 9 40 | 9 40 | 100 63 | s |
| 000069 | FOLDING CHAIRS 000 03/03/04 | 127 56 | P | MF200 | 07 00 | 0 00 | 127 56 | 12/31/09 | 110 48 | 11.39 | 11 39 | 121 87 | s |
| 000072 | DESK - J HUGHES 000 06/18/05 | 900 00 | P | MF200 | 07 00 | 0 00 | 900 00 | 12/31/09 | 699.19 | 80 32 | 80.32 | 779.51 | s |
| 000078 | WINDOW BLINDS-SPRUCE PINE 000 11/20/07 | 268 21 | P | MF200 | 07 00 | 0 00 | 268.21 | 12/31/09 | 150 92 | 33 51 | 33 51 | 184.43 | |
| 000079 | WINDOW BLINDS-SPRUCE PINE 000 11/20/07 | 268 21 | P | MF200 | 07 00 | 0.00 | 268 21 | 12/31/09 | 150 92 | 33.51 | 33 51 | 184 43 | |
| | Class = F | 6,693.93 | | | | 0 00 | 6,693 93 | | 6,211 70 | 178 57 | 178.57 | 6,390 27 | |
| | Less disposals and transfers Count = 0 | 0 00 | | | | 0 00 | 0 00 | | 0 00 | | | 0 00 | |
| | Net Subtotal Count = 26 | 6,693.93 | | | | 0 00 | 6,693 93 | | 6,211.70 | 178.57 | 178.57 | 6,390 27 | |
| | Grand Total | 105,020 52 | | | | 0.00 | 105,020 52 | | 56,326 04 | 5,049.64 | 5,049.64 | 61,375 68 | |
| | Less disposals and transfers Count = 1 | (3,800 00) | | | | 0 00 | (3,800 00) | | (3,800 00) | | | (3,800 00) | |
| | Net Grand Total Count = 49 | 101,220 52 | | | | 0 00 | 101,220 52 | | 52,526 04 | 5,049.64 | 5,049 64 | 57,575 68 | |

MITCHELL COUNTY FARM BUREAU-061

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 | Pnor Thru | Pnor Accum Depreciation | Depreciation This Run | Current YTD Depreciation | Current Accum Depreciation | Key Code |
|--------|-----|-------------|----------------|-----|-----------|----------|------------------------|-------------------|-----------|-------------------------|-----------------------|--------------------------|----------------------------|----------|
|--------|-----|-------------|----------------|-----|-----------|----------|------------------------|-------------------|-----------|-------------------------|-----------------------|--------------------------|----------------------------|----------|

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

MITCHELL COUNTY FARM BUREAU-061

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 |
|--------------------|-----|-------------|----------------|----|-------------|---------------|-----|--------------------|----------------------------|----------------|------------------------|----------------------|-----|
| 000025 | 000 | | HEATING SYSTEM | C | 08/12/93 | 01/01/10 | A | \$ 3,800.00 | \$ 3,800.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | Y |
| Grand Total | | | | | | | | <u>\$ 3,800.00</u> | <u>\$ 3,800.00</u> | <u>\$ 0.00</u> | <u>\$ 0.00</u> | <u>\$ 0.00</u> | |
| Count = 1 | | | | | | | | | | | | | |

| | 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 | <u>\$ 0.00</u> | <u>\$ 0.00</u> | <u>\$ 0.00</u> |

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

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

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/file 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

Table with 3 columns: Type or print, Name of exempt organization, Employer identification number. Includes address: Mitchell County Farm Bureau Inc, PO Box 347, Bakersville, NC 28705-0347.

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

Table mapping Application Is For (e.g., Form 990, Form 990-T) to Return Code (01-12).

The books are in the care of COUNTY FARM BUREAU LIAISON, NC 28705-0347

Telephone No 828-688-3745

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, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for [X] calendar year 2010 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

Table for tax amounts: 3a tentative tax, 3b refundable credits, 3c balance due.

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box X
- 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 Mitchell County Farm Bureau Inc | Employer identification number 56-1009554 |
| | Number, street, and room or suite no. If a P O box, see instructions PO Box 347 | |
| | City, town or post office, state, and ZIP code For a foreign address, see instructions Bakersville, NC 28705-0347 | |

Enter the Return code for the return that this application is for (file a separate application for each return) 0 3

| 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 PO Box 347, NC 28705-0347
 Telephone No 828-688-3745 FAX No

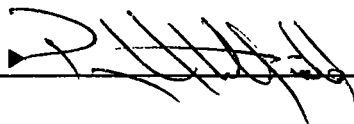
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

- I request an additional 3-month extension of time until 11-15, 2011
- For calendar year 2010, or other tax year beginning _____, 20__ and ending _____, 20__
- If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return
 Change in accounting period _____
- 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  Title Treasurer NCFB Date 8/15/2011
 EEA Form 8868 (Rev 1-2011)