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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: <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 Rowan County Farm Bureau Inc
	Doing Business As
	Number and street (or P O box if mail is not delivered to street address) Room/suite 816 Mooresville Road
	City or town, state or country, and ZIP + 4 Salisbury, NC 28144-6816
	F Name and address of principal officer Karlene Doby Same as C above
D Employer identification no. 56-6065251	E Telephone number (704) 633-4801
	G Gross receipts \$
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	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? If "No," attach a list (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No H(c) Group exemption number
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	
A Governance & Activities	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) 3 11
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 11
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 0
	6 Total number of volunteers (estimate if necessary) 6
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 102,818 b Net unrelated business taxable income from Form 990-T, line 34 7b 0
R Revenue	8 Contributions and grants (Part VIII, line 1h) 8 168,693
	9 Program service revenue (Part VIII, line 2g) 9 0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 2,690
	11 Other revenue (Part VIII, column (A), lines 5, 6c, 8c, 9c, 10c, and 11e) 11 100,128
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 271,511
E Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0
	14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 0
	16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0
	b Total fundraising expenses (Part IX, column (D), line 25) b 0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 17 228,188
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 18 228,188
Net Assets or Fund Balances	19 Revenue less expenses Subtract line 18 from line 12 19 43,323
	20 Total assets (Part X, line 16) 20 271,850 315,173
	21 Total liabilities (Part X, line 26) 21 0
	22 Net assets or fund balances Subtract line 21 from line 20 22 271,850 315,173

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	Karlene Doby Signature of officer Karlene Doby, President Type or print name and title
	10/25/11 Date
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

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 AccomplishmentsCheck 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 \$ 617 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.

4b (Code) (Expenses \$ 1,279 including grants of \$) (Revenue \$)
 Public Awareness Activities - To inform the public of the importance of agriculture to the economy of Rowan County. Coordinated and helped to sponsor events with other agriculture and community groups to raise the public awareness of agricultural enterprises within the county and to increase farmer's production knowledge.

4c (Code) (Expenses \$ 2,824 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.

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ► 4,720

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 ComplianceCheck 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?		
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 ☒

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	11	
b	Enter the number of voting members included in line 1a, above, who are independent	11	
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?	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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		X

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

	Yes	No
10a		X
b		
10b		
11a		X
b		
12a		X
b		
12b		
c		
12c		
13		X
14	X	
15		
a		X
b		X
15a		
15b		
16a		X
b		
16b		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NC**
- 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 (704) 633-4801**

816 Mooresville Road Salisbury, NC 28144-6816

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) Douglas Patterson Director		X							0	0	0
(2) Frank Small Jr Director		X							0	0	0
(3) Jason Starnes Director		X							0	0	0
(4) Randy Elum Director		X							0	0	0
(5) Susan Hoffner Director		X							0	0	0
(6) Ted Luther Director		X							0	0	0
(7) Terry Lee Hoffner Director		X							0	0	0
(8) William Yost Director		X							0	0	0
(9) Karlene Doby President	2.00			X					0	0	0
(10) Robin Starnes Secretary / Treasurer	2.00			X					0	0	0
(11) Terry Tatum Vice President	2.00			X					0	0	0
(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
		Individual director	Individual trustee	Individual officer	Key employee	Highest compensated employee	Former officer	Former trustee			
(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**

	Yes	No
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		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		X
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		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 **0**

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	168,375		
	c	Fundraising events	1c	11		
	d	Related organizations	1d			
	e	Government grants (contributions) . .	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	307		
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f		168,693		
Program Service Revenue	2a	Business Code				
	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)		2,690	
4		Income from investment of tax-exempt bond proceeds . . .				
5		Royalties				
6a		Gross Rents	(i) Real 100,128	(ii) Personal		
b		Less rental expenses				
c		Rental income or (loss)	100,128			
d		Net rental income or (loss)			100,128	
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b		Less cost or other basis and sales expenses				
c		Gain or (loss)				
d		Net gain or (loss)				
8a		Gross income from fundraising events (not including \$ 11 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		271,511	0	102,818	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	3,222	3,222		
13 Office expenses	3,100		3,100	
14 Information technology				
15 Royalties				
16 Occupancy	105,522		105,522	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,498	1,498		
20 Interest				
21 Payments to affiliates	97,643		97,643	
22 Depreciation, depletion, and amortization	1,161		1,161	
23 Insurance	3,515		3,515	
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	114		114	
b Dues and Publications	345		345	
c Contract Office Assistance	12,068		12,068	
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	228,188	4,720	223,468	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	7,135	1	9,271
	2	Savings and temporary cash investments	231,640	2	142,359
	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 189,184		
	b	Less accumulated depreciation	10b 28,691	31,181	10c 160,493
	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	1,894	15	3,050
16	Total assets. Add lines 1 through 15 (must equal line 34)	271,850	16	315,173	
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 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	271,850	27	315,173
	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	271,850	33	315,173	
34	Total liabilities and net assets/fund balances	271,850	34	315,173	

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	271,511
2	Total expenses (must equal Part IX, column (A), line 25)	2	228,188
3	Revenue less expenses Subtract line 2 from line 1	3	43,323
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	271,850
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	315,173

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	
b Were the organization's financial statements audited by an independent accountant?		X
c 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 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
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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

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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

Rowan County Farm Bureau Inc

Employer identification number

56-6065251

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 groupB 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					

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	
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

Rowan County Farm Bureau Inc

Employer identification number

56-6065251

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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

Part VI 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		110,658		110,658
b Buildings		44,161	330	43,831
c Leasehold improvements		9,432	4,110	5,322
d Equipment		8,966	8,792	174
e Other		15,967	15,459	508
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				160,493

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) PrePaid Expenses	3,000
(2) Returned Checks	50
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	3,050

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

Rowan County Farm Bureau Inc

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**

Employer identification number

56-6065251

01. Officer, directors, etc. family relationship (Part VI, line 2)

Jason & Robin Starnes and Terry Lee & Sue Hoffner are married couples.

02. 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.

03. 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.

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

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

Name of the organization

Employer identification number

Rowan County Farm Bureau Inc

56-6065251

05. 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
make the form available during regular business hours.

Federal Supporting Statements

2010 PG01

Name(s) as shown on return

FEIN

Rowan County Farm Bureau Inc

56-6065251

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

Statement #D1e

Description of Investment	Cost/basis (Investment)	Cost/basis (Other)	Depr	Book Value
Furniture and Fixtures	0	15,967	15,459	508
Total	0	15,967	15,459	508

ROWAN COUNTY FARM BUREAU-080

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-SAL												
	000 12/31/79	12,500.00	R	NoDep	00 00	0.00	12,500.00	06/30/10	0.00	0.00	0.00	0.00	d
000002	LAND IMPROVE-SAL												
	000 12/31/81	1,285.39	R	NoDep	00 00	0.00	1,285.39	06/30/10	0.00	0.00	0.00	0.00	d
000122	Land - Salisbury												
	000 09/21/10	110,658.00	R	NoDep	00 00	0.00	110,658.00		0.00	0.00	0.00	0.00	
	Class = A	124,443.39				0.00	124,443.39		0.00	0.00	0.00	0.00	
	Less disposals and transfers	(13,785.39)				0.00	(13,785.39)		0.00			0.00	
	Count = 2												
	Net Subtotal	110,658.00				0.00	110,658.00		0.00	0.00	0.00	0.00	
	Count = 1												
Class = B													
000078	PARKING LOT-SAL												
	000 07/14/97	1,975.00	R	MF150	15 00	0.00	1,975.00	06/30/10	1,668.86	0.00	43.74	1,712.60	dm
000101	PAVED PARKING-SAL												
	000 12/01/99	14,000.00	R	MF150	15 00	0.00	14,000.00	06/30/10	10,279.92	0.00	413.34	10,693.26	ds
	Class = B	15,975.00				0.00	15,975.00		11,948.78	0.00	457.08	12,405.86	
	Less disposals and transfers	(15,975.00)				0.00	(15,975.00)		(11,948.78)			(12,405.86)	
	Count = 2												
	Net Subtotal	0.00				0.00	0.00		0.00	0.00	457.08	0.00	
	Count = 0												
Class = C													
000003	OFFICE BUILDING-SAL												
	000 10/31/85	74,737.74	R	AltST	19 00	0.00	74,737.74	06/30/10	74,737.74	0.00	0.00	74,737.74	d
000004	OFFICE BUILDING-SAL												
	000 01/31/86	8,339.33	R	AltST	19 00	0.00	8,339.33	06/30/10	8,138.69	0.00	0.00	8,138.69	d
000056	STAIRCASE-SAL												
	000 01/30/91	200.00	R	MF100	31 06	0.00	200.00	06/30/10	120.38	0.00	2.91	123.29	d
000064	SMOKE DETECT-SAL(2)-SAL												
	000 05/04/94	168.00	P	MF200	07 00	0.00	168.00	06/30/10	168.00	0.00	0.00	168.00	dm
000068	SIGNS(2)-SAL												
	000 04/27/95	383.72	R	MF200	07 00	0.00	383.72	06/30/10	383.72	0.00	0.00	383.72	ds
000111	ROOF REPLACEMENT-SALISBURY												
	000 04/12/04	3,290.00	R	MF100	39 00	0.00	3,290.00	06/30/10	481.56	0.00	38.67	520.23	d
000119	AC UNIT-SAL												
	000 05/21/07	7,875.00	P	MF200	07 00	0.00	7,875.00	06/30/10	4,431.12	0.00	491.98	4,923.10	d
000123	Building - Salisbury												
	000 09/21/10	44,161.14	R	MF100	39 00	0.00	44,161.14		0.00	330.27	330.27	330.27	
	Class = C	139,154.93				0.00	139,154.93		88,461.21	330.27	863.83	89,325.04	
	Less disposals and transfers	(94,993.79)				0.00	(94,993.79)		(88,461.21)			(88,994.77)	
	Count = 7												
	Net Subtotal	44,161.14				0.00	44,161.14		0.00	330.27	863.83	330.27	
	Count = 1												
Class = D													

Class = D

ROWAN COUNTY FARM BUREAU-080

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 = D													
000091	RENOVATIONS-CG												
	000 08/13/98	7,000.00	R	MF100	39 00	0 00	7,000.00		2,041.70	2,221 19	179.49	2,221 19	
000118	SIGN-CHINA GROVE												
	000 07/01/06	2,431.80	P	MF200	07 00	0 00	2,431.80		1,672.18	1,889 22	217.04	1,889.22	
	Class = D	9,431.80				0 00	9,431.80		3,713.88	4,110.41	396.53	4,110.41	
	Less disposals and transfers	0.00				0 00	0 00		0.00			0.00	
	Count = 0												
	Net Subtotal	9,431 80				0 00	9,431.80		3,713.88	4,110 41	396.53	4,110.41	
	Count = 2												
Class = E													
000063	SECURITY SYSTEM-SAL												
	000 04/03/94	627.00	P	MF200	05 00	0 00	627 00	12/31/97	627 00	98.01	0.00	627 00	sm
000076	PHONE-SAL												
	000 03/04/97	1,834.64	P	MF200	05 00	0 00	1,834 64	12/31/97	1,834.64	1,192 52	0.00	1,834.64	sm
000082	REFRIGERATOR-SAL												
	000 04/15/98	311 34	P	MF200	07 00	0 00	311.34		311.34	311.34	0.00	311.34	s
000110	PHONE SYSTEM-SAL												
	000 09/25/03	4,897.00	P	MF200	05 00	0 00	4,897.00		4,897.00	4,897 00	0 00	4,897 00	s
000116	DELL LASER PRINTER-SAL												
	000 02/20/06	94 75	P	MF200	05 00	0 00	94 75		78 38	89.29	10.91	89.29	s
000120	REFRIGERATOR-USED												
	000 07/20/09	200.00	P	MF200	07 00	0 00	200.00		28.57	77 55	48 98	77 55	
	Class = E	7,964.73				0 00	7,964.73		7,776.93	6,665 71	59 89	7,836 82	
	Less disposals and transfers	0.00				0 00	0 00		0.00			0 00	
	Count = 0												
	Net Subtotal	7,964.73				0 00	7,964.73		7,776 93	6,665.71	59 89	7,836 82	
	Count = 6												
Class = E2													
000055	TYPEWRITER - CG												
	000 08/08/91	210.94	P	MF200	05 00	0 00	210.94	12/31/96	210.94	0 00	0 00	210.94	s
000115	ALARM SYSTEM-CG												
	000 02/09/06	790 00	P	MF200	05 00	0 00	790 00		653 49	744.50	91 01	744.50	s
	Class = E2	1,000.94				0 00	1,000.94		864 43	744.50	91.01	955.44	
	Less disposals and transfers	0 00				0 00	0 00		0.00			0.00	
	Count = 0												
	Net Subtotal	1,000.94				0 00	1,000.94		864.43	744.50	91.01	955.44	
	Count = 2												
Class = F													
000018	DESK/FOLDING CHAIRS(3)-SAL												
	000 06/30/79	100.00	P	SLMM	10 00	0 00	100.00	12/31/89	100 00	0 00	0 00	100 00	
000020	METAL FOLDING CHAIRS(20)-SAL												
	000 02/28/82	166.20	P	AltST	10 00	0 00	166 20	12/31/92	166.20	0 00	0 00	166 20	
000025	FILE CABINET-SAL												
	000 11/30/84	145.26	P	AltST	05 00	0 00	145 26	12/31/89	145.26	0 00	0 00	145.26	

ROWAN COUNTY FARM BUREAU-080

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 = F														
000026		MINI BLINDS-SAL												
		000 09/30/85	405.31	P	AltST	05 00	0 00	405.31	06/30/10	405.31	0.00	0.00	405.31	d
000033		FILE CABINET(8)-SAL												
		000 06/30/88	600.00	P	MF200	07 00	0 00	600.00	12/31/95	600.00	0.00	0.00	600.00	s
000059		FILING SHELVES-SAL												
		000 06/23/93	700.24	P	MF200	07 00	0 00	700.24	12/31/97	700.24	147.51	0.00	700.24	sm
000060		WATER COOLER-SAL												
		000 06/25/93	495.10	P	MF200	07 00	0 00	495.10	06/30/10	495.10	0.00	0.00	495.10	dm
000086		FILE CAB-FIRE PROOF-SAL												
		000 06/26/98	736.70	P	MF200	07 00	0.00	736.70		736.70	736.70	0.00	736.70	s
		Class = F	3,348.81				0.00	3,348.81		3,348.81	884.21	0.00	3,348.81	
		Less disposals and transfers	(900.41)				0.00	(900.41)		(900.41)			(900.41)	
		Count = 2												
		Net Subtotal	2,448.40				0.00	2,448.40		2,448.40	884.21	0.00	2,448.40	
		Count = 6												

Class = F2

000043		TABLES-CG												
		000 05/17/91	142.80	P	MF200	07 00	0 00	142.80	12/31/97	142.80	6.37	0.00	142.80	s
000051		BOOKCASE-CG												
		000 06/19/91	250.99	P	MF200	07 00	0.00	250.99	12/31/97	250.99	11.20	0.00	250.99	s
000053		FILE CABINET-CG												
		000 06/25/91	186.90	P	MF200	07 00	0.00	186.90	12/31/97	186.90	8.34	0.00	186.90	s
000054		FILE SYSTEM-CG												
		000 07/19/91	6,453.68	P	MF200	07 00	0 00	6,453.68	12/31/97	6,453.68	287.99	0.00	6,453.68	s
000077		DESK-CG												
		000 10/03/97	160.10	P	MF200	07 00	0.00	160.10	12/31/97	160.10	154.38	0.00	160.10	sm
000079		DESK-CG												
		000 12/23/97	137.79	P	MF200	07 00	0.00	137.79	12/31/97	137.79	132.87	0.00	137.79	sm
000081		SHELF ORGANIZER-CG												
		000 01/15/98	225.00	P	MF200	07 00	0 00	225.00		225.00	225.00	0.00	225.00	s
000089		FILE SYSTEM/SHELVES-CG												
		000 09/04/98	1,636.88	P	MF200	07 00	0.00	1,636.88		1,636.88	1,636.88	0.00	1,636.88	s
000090		DESKS(4)-CG												
		000 08/07/98	200.00	P	MF200	07 00	0.00	200.00		200.00	200.00	0.00	200.00	s
000094		FILE CABINET-CG												
		000 12/03/98	264.98	P	MF200	07 00	0.00	264.98		264.98	264.98	0.00	264.98	s
000096		DESK-CG												
		000 09/29/98	137.79	P	MF200	07 00	0 00	137.79		137.79	137.79	0.00	137.79	s
000097		FILE CAB/BOOK SHELVES-CG												
		000 02/19/99	180.12	P	MF200	07 00	0.00	180.12		180.12	180.12	0.00	180.12	s
000103		CHAIR-CG												
		000 03/13/01	105.99	P	MF200	07 00	0.00	105.99		105.99	105.99	0.00	105.99	s
000107		COMPUTER DESK-CG												
		000 06/06/02	106.44	P	MF200	07 00	0.00	106.44		106.44	106.44	0.00	106.44	s
000109		DESK-CG												
		000 10/02/02	149.08	P	MF200	07 00	0.00	149.08		149.08	149.08	0.00	149.08	s
000113		DESKS(2)-CG												
		000 12/16/05	1,300.00	P	MF200	07 00	0.00	1,300.00		1,009.94	1,125.96	116.02	1,125.96	s
000114		BLINDS(1/2)-CG												
		000 12/16/05	940.25	P	MF200	07 00	0.00	940.25		730.47	814.38	83.91	814.38	s

ROWAN COUNTY FARM BUREAU-080

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 = F2													
000117	WINDOW BLINDS-CG												
	000 01/12/06	940.25	P	MF200	07 00	0.00	940.25		646.55	730.47	83.92	730.47	
	Class = F2	13,519.04				0.00	13,519.04		12,725.50	6,278.24	283.85	13,009.35	
	Less disposals and transfers	0.00				0.00	0.00		0.00			0.00	
	Count = 0												
	Net Subtotal	13,519.04				0.00	13,519.04		12,725.50	6,278.24	283.85	13,009.35	
	Count = 18												
<hr/>													
	Grand Total	314,838.64				0.00	314,838.64		128,839.54	19,013.34	2,152.19	130,991.73	
	Less disposals and transfers	(125,654.59)				0.00	(125,654.59)		(101,310.40)			(102,301.04)	
	Count = 13												
	Net Grand Total	189,184.05				0.00	189,184.05		27,529.14	19,013.34	2,152.19	28,690.69	
	Count = 36												

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

ROWAN COUNTY FARM BUREAU-080

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
000001	000		LAND-SAL	A	12/31/79	06/01/10	S	\$ 12,500.00	\$ 0.00	\$ 0.00	\$ 12,500.00	\$ (12,500.00)	N
000002	000		LAND IMPROVE-SAL	A	12/31/81	06/01/10	S	1,285.39	0.00	0.00	1,285.39	(1,285.39)	N
000003	000		OFFICE BUILDING-S/	C	10/31/85	06/01/10	S	74,737.74	74,737.74	0.00	0.00	0.00	N
000004	000		OFFICE BUILDING-S/	C	01/31/86	06/01/10	S	8,339.33	8,138.69	0.00	200.64	(200.64)	N
000026	000		MINI BLINDS-SAL	F	09/30/85	06/01/10	S	405.31	405.31	0.00	0.00	0.00	N
000056	000		STAIRCASE-SAL	C	01/30/91	06/01/10	S	200.00	123.29	0.00	76.71	(76.71)	N
000060	000		WATER COOLER-SAL	F	06/25/93	06/01/10	S	495.10	495.10	0.00	0.00	0.00	N
000064	000		SMOKE DETECT-SAL	C	05/04/94	06/01/10	S	168.00	168.00	0.00	0.00	0.00	N
000068	000		SIGNS(2)-SAL	C	04/27/95	06/01/10	S	383.72	383.72	0.00	0.00	0.00	N
000078	000		PARKING LOT-SAL	B	07/14/97	06/01/10	S	1,975.00	1,712.60	0.00	262.40	(262.40)	N
000101	000		PAVED PARKING-SAI	B	12/01/99	06/01/10	S	14,000.00	10,693.26	0.00	3,306.74	(3,306.74)	N
000111	000		ROOF REPLACEMEN	C	04/12/04	06/01/10	S	3,290.00	520.23	0.00	2,769.77	(2,769.77)	N
000119	000		AC UNIT-SAL	C	05/21/07	06/01/10	S	7,875.00	4,923.10	0.00	2,951.90	(2,951.90)	N

Grand Total \$ 125,654.59 \$ 102,301.04 \$ 0.00 \$ 23,353.55 \$ (23,353.55)

Count = 13

	Gains	Losses	Net
Recognized	\$ 0.00	\$ 0.00	\$ 0.00
Not Recognized	0.00	(23,353.55)	(23,353.55)
Deferred	0.00	0.00	0.00
Total	\$ 0.00	\$ (23,353.55)	\$ (23,353.55)

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**

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 ☒
- 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	Name of exempt organization Rowan County Farm Bureau Inc	Employer identification number 56-6065251
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions 816 Mooresville Road	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Salisbury, NC 28144-6816	

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-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 ▶ 704-633-4801

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

● 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
	Rowan County Farm Bureau Inc	56-6065251
	Number, street, and room or suite no. If a P.O. box, see instructions	
	816 Mooresville Road	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	Salisbury, NC 28144-6816	

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ 1 ☐ 2 ☒ 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 816 Mooresville Road, NC 28144-6816**

Telephone No ☒ **704-633-4801**

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

¹ 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

Title

Date

EEA

Form 8868 (Rev 1-2011)