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# Form **990**

# **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Department of the Treasury

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

Open to Public Inspection

_	=	010 1	1				·		
			dar year, or tax year beginning , 2010, and endi	ng	I D = 1				
В	Check if app	dicable	C Name of organization SMITH COUNTY FARM BUREAU		D Employer Identification Number				
	Address	s change	Doing Business As		75-0911896				
	Name o	change	Number and street (or P O box if mail is not delivered to street addr)	n/suite	E Telephone number				
	Initial r	eturn	12208 HIGHWAY 31 W		(90	3) 5	96-0690		
	Termin	ated	City, town or country State ZIP code +	4					
	Amend	ed return	TYLER TX 75709	l	G Gross r	eceipts	\$ 245,9	72.	
	Applica	ition pending	F Name and address of principal officer	H(a) Is this	a group retur	n for aff			X No
			CHARLES RAND "SAME AS C ABOVE"		affiliates inc			Yes	No
1	Tax-exem	nt etatue	501(c)(3) <b>X</b> 501(c) ( <b>5</b> ) <b>4</b> (insert no ) 4947(a)(1) or 527	If 'No,'	attach a list	(see in	structions)	_	_
÷		e: ► N/			exemption ni		-		
<del></del>		<del></del>						mv	
K		rganization	X   Corporation   Trust   Association   Other ►   L Year of Form	ation 195	4   W S	state of	legal domicile	TX	
Pa		Summai			• • • •	•			
			be the organization's mission or most significant activitiesTo_bett			10n	s_and		· <b>-</b> -
e			cy of agricultural producers and promote a w		<u>me</u>				
Activities & Governance			rable rural life through education, informat	ion,			· <del></del> -		
le II			r such programs.			<del>-</del>	·		
é			ix • I if the organization discontinued its operations or disposed of mo	ore than 25	% of its ne		1		
ଐ			iting members of the governing body (Part VI, line 1a) dependent voting members of the governing body (Part VI, line 1b)		•	4	6		
ies			of individuals employed in calendar year 2010 (Part V, line 2a)			5	8		
₹			of volunteers (estimate if necessary)			6	7		
Ac	72 Tot	al unrolate	and business revenue from Part VIII. column (C) line 12			7 a	1.	42,0	85.
	<b>b</b> Net	t unrelated	business taxable income from Form 990-TaineGETVED			7 b	<del></del>	34,0	
_			No.	F	Prior Year	•	Curren		
	8 Cor	ntributions	and grants (Part VIII, line 1h)  (Car revenue (Part VIII, line 2d)  (Car revenue (Part VIII, line 2d)		94,6	80.		95,8	
ne	9 Pro	ogram serv	vice revenue (Part VIII, line 20)						
Revenue	10 Inv	estment in	come (Part VIII, column (A), lines 3, 4, and 7d)					1	40.
æ	11 Oth	ner revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and the		148,3	38.	1	49,9	57.
			e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		243,018. 2			45,9	72.
			imilar amounts paid (Part IX, column (A), lines 1-3)		4,5	29.		5,3	92.
			to or for members (Part IX, column (A), line 4)						
			er compensation, employee benefits (Part IX, column (A), lines 5-10)		81,9	58.		79,6	45.
e S			fundraising fees (Part IX, column (A), line 11e)		<u> </u>			•	
Expenses				164.	The state of the s	ر د والعرب	13 To 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•	<del></del>
ă			sing expenses (Part IX, column (D), line 25) ▶	- <del>  ·' `</del>	1 (2) 40		1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·	
	I		ses (Part IX, column (A), lines 11a-11d, 11f-24f)		151,9			46,8	
	18 Tot	tal expens	es Add lines 13-17 (must equal Part IX, column (A), line 25)		238,4	135.		31,9	
	<b>19</b> Re	venue less	expenses Subtract line 18 from line 12			<u> 83.</u>		14,0	
5 8				Beginni	ng of Currer	it Year	End o	f Year	, 
Net Assets or Fund Balanco	<b>20</b> Tot	tal assets	(Part X, line 16)		473,4			69,2	
ě ě	<b>21</b> Tot	tal liabilitie	es (Part X, line 26)		400,8	324.	3	82,4	91.
55	22 Ne	t assets or	fund balances. Subtract line 21 from line 20		72,0	541.		86,7	/13.
Pa	art II	Signatu	re Block					-	
			declare that I have examined this return, including accompanying schedules and statements, and large (other than officer) is basis on all information of which preparer has any knowledge	to the best of	my knowledg	e and b	elief, it is true, c	orrect, a	and
con	plete Decla	ration of prep	are (other than officer) is based on all information of which preparer has any knowledge						
					5//2	<u> </u>			
Sig	n	Signati	ure of officer	D	ate				
He	re			PRES	IDENT				
		Type o	r print name and title						
_		Print/Type	preparer's name  Preparer's signature  Ck W Ehlers  Date  05/09		Check	ıf	PTIN		
Pa	id	Patri	ck W Ehlers Faxhwell 05/09	/11	self-employ	 red	0127852	3	
	eparer			·	33 3		, , ,	•	
l lo	e Only	Firm's nam			Firm's EIN	<b>•</b>			
		Firm's addr			Phone no	(25	4) 751-	2337	<del></del>
N4-	u the IDC	diacriss H	waco TX 76702		1 LHORE HO	(23	X Yes	<u> </u>	No
N/IA			os como o ward the theretaer shown above (1865 HISHHCHDIST				1441 153		110

Form 990 (2010)

	1 990 (2010) SMITH COUNTY FARM BUREAU	75-0	9118	96		Page 2
Par	t III Statement of Program Service Accomplishments					
	Check if Schedule O contains a response to any question in this Part III	•	_			X
1	Briefly describe the organization's mission:					
	To better the conditions and					
	efficiency of agricultural producers and promote a wholesome					
	See Form 990, Page 2, Part III, Line 1 (continued)					
	Did the organization undertake any significant program services during the year which were not listed on	the prior			-	
	Form 990 or 990-EZ?			Yes	x	No
	If 'Yes,' describe these new services on Schedule O	•				
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	ices?		Yes	x	No
•	If 'Yes,' describe these changes on Schedule O.	iccs	ш	163	A	110
4	Describe the exempt purpose achievements for each of the organization's three largest program services	by ovnon		otion F	:01/6\	(2)
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported.	allocatio	ns to ot	ners, t	he tot	al
4 a	(Code) (Expenses \$ including grants of \$) (F	Revenue	\$			)
	Annual meeting					
	Held an annual meeting in which all members are invited. Purpo	se was	to			
	discuss relative local, statewide, and national agricultural is					
	the importance of agriculture education, the business of the or					
	and current legislative issues as they relate to agriculture.					
	of the county farm bureau, county farm bureau staff, county far					
	voluntary leaders, Texas Farm Bureau staff and invited guests p					
4 t	(Code:) (Expenses \$ including grants of \$) (F	Revenue	\$			)
	Youth Livestock Show/Fair					
	Contributed to local youth livestock show/fair. Purposes of th					
	promote responsibility, leadership skills, and interest in rais			<u>nima</u>	ls	- <b>-</b> -
	for area youth. The County Farm Bureau volunteers as well, and	_the_]	ocal			
	4-H Clubs and FFA Chapters participate in this important event.					
	** <del>***</del>					
<del></del>		•				<del></del>
40	c (Code) (Expenses \$ including grants of \$) (F	Revenue	\$			<u> </u>
	State meetings					
	Volunteer Directors of the County Farm Bureau attended meetings					
	sponsored by Texas Farm Bureau, including its annual state conv					
	at these meetings, various agricultural issues are discussed wi	th sin	<u>ilar</u>		<b>_</b>	
	local volunteers from other county farm bureaus across the stat	e A	the:			- <del>-</del> -
	Texas Farm Bureau annual convention, local county farm bureau 1	eader	<u> </u>			 - <b>-</b> -
	from all over Texas voted on agricultural issues that these vol					
	would like Texas Farm Bureau and the volunteers to pursue on a					
	statewide level in the upcoming year.					
	1016					
40	d Other program services (Describe in Schedule O.)				,	
	(Expenses \$ including grants of \$ ) (Revenue \$				)	
	e Total program service expenses ►		_		m 000	(2010)
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Form 990 (2010) SMITH COUNTY FARM BUREAU

Part IV | Checklist of Required Schedules

	•		Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
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	4		
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 .	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8	-	х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9_		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	,	х
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			
ā	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
ŧ	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	11 ь		x
(	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.	11 c		x
	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	11 d		х
•	e Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X .	11 e		x
1	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.	11f		х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		x
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV	14 <u>b</u>		х
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	15		х
	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	16		х
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)	17		х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18_		х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		x
20	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
	b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 b		

Form **990** (2010)

| Parts | Value | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 X Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 X Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete* Schedule J 23 X 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25. 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a 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 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a Х b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b 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 . 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M30 30 x Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I . 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 X 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? X 35 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 Yes X No 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 36 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

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X Form 990 (2010)

X

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2010) SMITH COUNTY FARM BUREAU	75-0911896		Page
Part V Statements Regarding Other IRS Filings and Tax Compliance			_
Check if Schedule O contains a response to any question in this Part V			
		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4	1	1
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportal (gambling) winnings to prize winners?	ole gaming 10	c x	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a	8		ļ
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 21	b X	
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?	3	a X	
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	. 31	b X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authorinancial account in a foreign country (such as a bank account, securities account, or other financial account.)	ority over, a nt)? 4a	a	x
b If 'Yes,' enter the name of the foreign country.	<del></del>	1	
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	ınts		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .	5a	a	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	? . <u>5</u> 1	b	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	. 50	<u> </u>	
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the org solicit any contributions that were not tax deductible?	anization 6a	a X	
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or not tax deductible?	gifts were . 6t	X	
7 Organizations that may receive deductible contributions under section 170(c).			İ
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods services provided to the payor?	and 7a	-   a	
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	71	Ь	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was req Form 8282?	uired to file	c	
d If 'Yes,' indicate the number of Forms 8282 filed during the year . 7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra	ct? <b>7</b> •	е	L
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u>7</u> f	<u> </u>	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8 as required?	899	9	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization Form 1098-C?	file a	h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess buildings at any time during the year?	ins. Did the isiness		_
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	98	a	_
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	91	b	<del> </del>
10 Section 501(c)(7) organizations. Enter:		-	
a Initiation fees and capital contributions included on Part VIII, line 12			1
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .			1
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders . 11a	<del></del>	-	1
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?	12:	a	<del> </del>
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	<del></del>		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	113	-	-
a Is the organization licensed to issue qualified health plans in more than one state?	133	<u> </u>	1-
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	. 14		x
14a Did the organization receive any payments for indoor tanning services during the tax year?  b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	141	-	┼^
uni res, nas il nieu a conni 720 lo report litese payments, ni no, provide an explanation in Schedule O	. 141	~	1

Parl	Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b being a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chan Schedule O. See instructions.	ow, a ges i	and i	for		
	• Check if Schedule O contains a response to any question in this Part VI			x		
Sect	ion A. Governing Body and Management					
			Yes	No		
	Enter the number of voting members of the governing body at the end of the tax year  Enter the number of voting members included in line 1a, above, who are independent  1a 6  1b 6	-				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2	x			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		x		
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?						
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х		
	Does the organization have members or stockholders?	6	x			
	Does the organization have members, stockholders, or other persons who may elect one or more members of the					
	governing body?  Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7a 7b	x	<u>x</u>		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		17	۰		
	The governing body?	8a	X X			
	Each committee with authority to act on behalf of the governing body?  Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b				
<u></u>	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		<u> </u>		
Seci	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No		
10 -	Does the organization have local chapters, branches, or affiliates?	10a	162	X		
	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?					
		10b				
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11 a	x			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	10				
	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X			
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x			
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c	х			
	Does the organization have a written whistleblower policy?	13		Х		
14	Does the organization have a written document retention and destruction policy?	14		x		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15 a		X		
b	Other officers of key employees of the organization	15 b		X		
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)					
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a	_	x		
b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b				
	tion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed ▶		- <b>-</b> -			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available. Check all that apply.	ılable	for pu	ıblıc		
	Own website Another's website X Upon request					
	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy statements available to the public			ial		
	State the name, physical address, and telephone number of the person who possesses the books and records of the organic TEXAS FARM BUREAU P O BOX 2689 WACO TX 76702-2689 (2			2337		
_		'-'	<del></del> -			
BAA		Form	990	(2010)		

Form <b>990</b> (2010) S	MITH COUN	TY FARM	BUREAU
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75-0911896

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Form 990 (2010)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a 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.

K Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A)	(B)	(B) (C)						(D)	(E)	(F)
Name and title	Average hours per week (describe hours for related organiza- tions in	o or director	mshlutional trustee	(checi	a key amplayee	a employae	y) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) CHARLES RAND	Schedule O)	i#	stee			nsej ed.				
PRESIDENT	3.00			X			L	0.	0.	0.
(2) BOB CARTWRIGHT VICE PRESIDENT	4.00			x				0.	0.	0.
(3) BILL CROOK SEC TREAS	1.00			x			,	0.	0.	0.
(4) BUD PRAYTOR DIRECTOR	1.00	х					ļ	0.	0.	0.
(5) OTIS TATE DIRECTOR	1.00							0.	0.	0.
(6) MARK CHAMBLEE DIRECTOR	5.00							0.	0.	0.
	3.00		<u>-</u>			-		0.		
(8)										
_(9)										
(10)										
טט										
(12)										
(13)										
(14)										
(15)										
(16)										
נוט										

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Part VII	Section A. Officers, Directors, Trus	tees, k	(ey	En	ıplo	ye	es,	an	d Highest Con	pensated Emp	oloyees (cont)
	' (A) Name and title		erage Position (check all that apply)		(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated				
•		hours per week (describe hours for related organi- zations in Sch O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
_(18)									3.5	., <del>.</del> .	
(19)		1									
(20)		-				<u> </u>					
(21)						-					
(22)		-									
(23)		-				-					
(24)											
(25)										-	
(26)											
(27)		-									
(28)											
(29)		-									
1 b Sub-t	otal	<u> </u>	•					<b></b>	0.	0.	0.
c Total	from continuation sheets to Part VII, Section	Α.						<b>&gt;</b>			
d Total	(add lines 1b and 1c)							<b>&gt;</b>	0.	0.	0.
2 Total	number of individuals (including but not limited	l to thos	e lisi	ted a	abov	e) v	vho	rece	eived more than \$	100,000 in reportab	le compensation
from	the organization   O						_			<del></del>	Ty Tu
3 Did th	ne organization list any <b>former</b> officer, director e 1a? <i>If 'Yes,' complete Schedule J for such in</i>	or truste	e, k		mple			· hıg		l employee	Yes No
4 For a	ny individual listed on line 1a, is the sum of reganization and related organizations greater the	ortable	com	pen )? <i>II</i>	sation	on a s' c	nd d	othei elete	r compensation fro Schedule J for	om	
such	individual  ny person listed on line 1a receive or accrue concerved to the organization? If 'Yes,' concerved to the organization.	•							•	ndıvıdual	4 X
	ervices rendered to the organization? <i>If 'Yes,' c</i> B. Independent Contractors	omplete	Sch	edu.	ie J	tor :	sucr	per	rson		5 X
1 Comp	plete this table for your five highest compensate	ed indep	ende	ent c	contr	ract	ors t	hat	received more that	n \$100,000 of	
comp	ensation from the organization							_		<del></del>	(0)
	Name and business addres	s							Description	of services	(C) Compensation
				_					-		
<del></del>		_									<del> </del>
		_									
		L. A		٠ .				4	oue) who we can	I more than	<del></del>
	number of independent contractors (including 000 in compensation from the organization		ımıte	u to	, tr10	se I	iste	u ab	wno received	more than	

Fai	t viii   Statement of Revenue	(4)	(P)		(0)
	•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u>"</u>	1 a Federated campaigns 1 a		Teveride		312, 313, 01 314
ANTS	b Membership dues 1b 95,875.	1			1
ğğ.	c Fundraising events 1c	1	ĺ		
FTS, R AN	d Related organizations 1 d				
교실	e Government grants (contributions) 1 e				
ONS		<del> </del>			J
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above		Ì		
¥ 0	g Noncash contributions included in Ins 1a-1f. \$				
8	h Total. Add lines 1a-1f	95,875.			
3	Business Code				
NE	2a				
2	b				
힣	с				
SER	d				
Ψ	e				
g	f All other program service revenue				
<u>«</u>	g Total. Add lines 2a-2f				
	3 Investment income (including dividends, interest and				
	other similar amounts)				
Į	4 Income from investment of tax-exempt bond proceeds	•			
- 1	5 Royalties	•			
	(i) Real (ii) Personal	4	1		
	6a Gross Rents 54,000.				
Ì	b Less rental expenses 0.	-			
	c Rental income or (loss) 54,000.	_			}
ļ	d Net rental income or (loss)	54,000.	7,837.	46,163.	0.
Ì	7a Gross amount from sales of (i) Securities (ii) Other	_			
	assets other than inventory 140.	_			
Į	<b>b</b> Less cost or other basis		İ		
	and sales expenses 0.				
	c Gain or (loss) . 140.	4	_	_	
ļ	d Net gain or (loss)	140.	0.	0.	140.
NUE	8a Gross income from fundraising events (not including \$				:
OTHER REVEN	of contributions reported on line 1c)				ļ
8.	See Part IV, line 18	_			
풀	b Less direct expenses . b	4			į
-	c Net income or (loss) from fundraising events				<del></del>
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b	_	1		}
	c Net income or (loss) from gaming activities				<b></b>
	10a Gross sales of inventory, less returns				
	and allowances a				
	<b>b</b> Less cost of goods sold <b>b</b>	4			}
	c Net income or (loss) from sales of inventory	<b>`</b>	· · - ·		<del></del>
	Miscellaneous Revenue Business Code	<del>-</del>			
	11a INSURANCE SVC FEES 524298	74,308.	0.	74,308.	
	b INS AGENT INCOME 524298	21,614.	0.	21,614.	0.
l	c ANNUAL MEETING INCOME 900099	35.	0.	0.	35.
	d All other revenue	05 055		<del></del>	<del> </del>
	e Total. Add lines 11a-11d	70,720		140 005	125
	12 Total revenue. See instructions .	245,972.	7,837.	142,085.	175.

#### 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 1 6b,	not include amounts reported on lines 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	3,392.			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	2,000.			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16				
	Benefits paid to or for members				1
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 .	72,969.			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits .	537.			
10	Payroll taxes	6,139.			
11	Fees for services (non-employees)			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
a	Management .		·		
Ł	Legal .	<u></u>			<u> </u>
C	: Accounting	880.			
C	Lobbying				
e	Professional fundraising services See Part IV, line 17				
	Investment management fees				
•	Other				L
12	Advertising and promotion .	1,197.		ļ	
13	Office expenses	10,270.			
14	Information technology		<del></del>		
15	Royalties .				
16	Occupancy	57,729.			
17	Travel	4,383.			·
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest	4,451.			
	Payments to affiliates .	<del></del>			<del>                                     </del>
	Depreciation, depletion, and amortization	14,172.			<del></del>
	Insurance .		<del></del> -	<del>                                     </del>	
	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.)				
ā	COMMITTEE/CONTRACT SVC	156.			
t	OTHER EXPENSE	4,486.			
(	STATE MEMBERSHIP	49,139.			<u> </u>
C	1				
	All other expenses				
_	Total functional expenses. Add lines 1 through 24f	231,900.			
26	Joint costs. Check here Lift of 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.				
BAA					Form 990 (2010)

Part X	Balance Sheet					
				(A) Beginning of year	:	(B) End of year
1	Cash - non-interest-bearing			11,244.	1	20,507.
2	Savings and temporary cash investments		[		2	
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net				4	
5	Receivables from current and former officers, director and highest compensated employees. Complete Part	s, truste	ees, key employees, hedule L		5	
6			6			
\$ 7				7		
A 7 8 8 T 9	·				8	
T 9				3,124.	9	3,772.
		1 1				
10	a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10 a	520,056.			
	b Less, accumulated depreciation	10 b	75,131.	459,097.	10 c	444,925.
	Investments — publicly traded securities				11	
12	, ,				12	
13			•	·	13	
14	Intangible assets		·		14	-
15	-				15	
16	Total assets Add lines 1 through 15 (must equal line	34)		473,465.	16	469,204.
17		<del>/</del>		5,274.	17	5,526.
18	Grants payable	·		18		
19	Deferred revenue .				19	
ት 20	Tax-exempt bond liabilities				20	
: I	Escrow or custodial account liability Complete Part I	V of Sc	hedule D .	<del>-</del>	21	
ĭ	, i					
L 22	Payables to current and former officers, directors, trushighest compensated employees, and disqualified per	stees, k sons C	cey employees, Complete Part II			
1 ]	of Schedule L .				22	
E 23	Secured mortgages and notes payable to unrelated the	ırd part	ties .	395,550.	23	376,965.
24	Unsecured notes and loans payable to unrelated third	parties	5		24	
25	Other liabilities Complete Part X of Schedule D .			- <u>-</u>	25	
26	Total liabilities. Add lines 17 through 25		• • • • • • • • • • • • • • • • • • • •	400,824.	26	382,491.
Ę,	Organizations that follow SFAS 117, check here ▶	☐ ar	nd complete lines			
₹   ·	27 through 29 and lines 33 and 34.				ļ_ <b>_</b>	
§ 27	Unrestricted net assets .				27	
\$ 27 E 28 S 29	Temporarily restricted net assets .				28	
4-5	Permanently restricted net assets .				29	
잁	Organizations that do not follow SFAS 117, check he	re >	X and complete			
F,	lines 30 through 34.				Ìl-	
F N N 30	Capital stock or trust principal, or current funds				30	
		nent fur	nd .		31	
ដ្ឋ 32				72,641.	32	86,713.
B 31 32 NC 33 S 34				72,641.	33	86,713.
§ 34				473,465.	34	469,204.

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Form 990 (2010) SMITH COUNTY FARM BUREAU	75-0911896	i !	Page <b>12</b>
Part XI Reconciliation of Net Assets	<u>-</u>		
Check if Schedule O contains a response to any question in this Part XI	<u> </u>		
•	1 1		
1 Total revenue (must equal Part VIII, column (A), line 12)	1	245	<u>,972.</u>
2 Total expenses (must equal Part IX, column (A), line 25)	2		<u>,900.</u>
3 Revenue less expenses Subtract line 2 from line 1	3		<u>,072.</u>
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	72,	<u>,641.</u>
5 Other changes in net assets or fund balances (explain in Schedule O)	5		
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	86	,713 <u>.</u>
Part XII Financial Statements and Reporting			
Check if Schedule O contains a response to any question in this Part XII	<del></del>		x
1 Accounting method used to prepare the Form 990 X Cash Accrual Other		Ye	s No
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	•	2a	Х
<b>b</b> Were the organization's financial statements audited by an independent accountant?		2ь	X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign review, or compilation of its financial statements and selection of an independent accountant?	jht of the audit,	2c	
If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.	n		
<b>d</b> If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year we separate basis, consolidated basis, or both	re issued on a		
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	in the Single	3a	x
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo to or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ne required audit	3 b	
BAA		Form 99	<b>0</b> (2010)

TEEA0112 12/21/10

#### 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, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions. OMB No 1545 0047

2010

Open to Public 12
Inspection

Name of the organization

Employer identification number

	TH COUNTY FARM BUREAU		75-0911896			
Par	Parill Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if					
	the organization answered 'Yes' t	o 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 funds are the organization's property, subject to		onor advised Yes 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?					
Par	till Conservation Easements. Compl	ete if the organization answered 'Yes	s' to Form 990, Part IV, line 7.			
1	Purpose(s) of conservation easements held by	the organization (check all that apply).				
	Preservation of land for public use (e.g., re	ecreation or education) Preservation	of an historically important land area			
	Protection of natural habitat	Preservation	n of a certified historic structure			
	Preservation of open space	<del></del>				
2	Complete lines 2a through 2d if the organization last day of the tax year.	n held a qualified conservation contribution in				
		—	Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easen	nents .	2b			
c	Number of conservation easements on a certification	ed historic structure included in (a)	. 2c			
d	Number of conservation easements included in structure listed in the National Register .	(c) acquired after 8/17/06, and not on a histo	ric 2d			
3	Number of conservation easements modified, t tax year ►	ransferred, released, extinguished, or termina	ted by the organization during the			
4	Number of states where property subject to cor	nservation easement is located >				
5	Does the organization have a written policy regard enforcement of the conservation easemen	garding the periodic monitoring, inspection, hats it holds?	ndling of violations, Yes No			
6	Staff and volunteer hours devoted to monitoring	g, inspecting, and enforcing conservation ease	ements during the year			
7	Amount of expenses incurred in monitoring, in:  • \$	specting, and enforcing conservation easemer	nts during the year			
8	Does each conservation easement reported on 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of se	ection . Yes No			
9	In Part XIV, describe how the organization repinclude, if applicable, the text of the footnote to conservation easements	orts conservation easements in its revenue and the organization's financial statements that d	d expense statement, and balance sheet, and describes the organization's accounting for			
Rai	tilla Organizations Maintaining Colle	ections of Art, Historical Treasures, owered 'Yes' to Form 990, Part IV, In	or Other Similar Assets. e 8.			
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its finance.	s held for public exhibition, education, or resea	nue statement and balance sheet works of arch in furtherance of public service, provide,			
ŀ	olf the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items:	SFAS 116 (ASC 958), to report in its revenue d for public exhibition, education, or research	statement and balance sheet works of art, in furtherance of public service, provide the			
	(i) Revenues included in Form 990, Part VIII,	line 1	<b>&gt;\$</b>			
	(ii) Assets included in Form 990, Part X		►\$			
2	If the organization received or held works of ar amounts required to be reported under SFAS 1	t, historical treasures, or other similar assets 116 (ASC 958) relating to these items:	for financial gain, provide the following			
á	Revenues included in Form 990, Part VIII, line	1 .	<b>&gt;</b> \$			
	Assets included in Form 990, Part X		<b>&gt;</b> \$			

Schedule <b>D</b> (Form 990) 2010 SMITH	COUNTY FARM	BUREAU		75-0911	L896	Page
Part III Organizations Maintai			al Treasures, or O			
3 Using the organization's acquisition items (check all that apply)	n, accession, and oth	her records, check a	ny of the following that	are a significant use	of its collection	on
a Public exhibition		d Loan or ex	change programs			
<b>b</b> Scholarly research		e Other				
c Preservation for future genera	tions					
4 Provide a description of the organi Part XIV	zation's collections a	and explain how they	further the organization	n's exempt purpose i	n	
5 During the year, did the organizati assets to be sold to raise funds ra					Yes	∏No
Part IV Escrow and Custodial 9, or reported an amou	Arrangements. unt on Form 990,	Complete if organic Part X, line 21.	anization answered	d 'Yes' to Form 9	90, Part IV	, line
1a Is the organization an agent, trusto included on Form 990, Part X?	e, custodian, or othe	er intermediary for c	ontributions or other as	sets not	Yes	No
<b>b</b> If 'Yes,' explain the arrangement in	n Part XIV and comp	lete the following tat	ole			
				<u> </u>	Amount	
c Beginning balance		•		1c		
<b>d</b> Additions during the year				1 d		
e Distributions during the year .		•	•	1 e		
f Ending balance .		• •		1f		
2a Did the organization include an an	'	Part X, line 21?	ů.	٠	Yes	∐ No
b If 'Yes,' explain the arrangement in			<del></del>			
Part V Endowment Funds. Co						
<u> </u>	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four yea	irs back
1a Beginning of year balance					ļ	
<b>b</b> Contributions			<del>                                     </del>			
c Net investment earnings, gains, and losses						
d Grants or scholarships						
Other expenditures for facilities and programs						
f Administrative expenses			<u> </u>			
<b>g</b> End of year balance						
2 Provide the estimated percentage	of the year end bala	nce held as				
a Board designated or quasi-endowr	nent <b>&gt;</b>	%				
<b>b</b> Permanent endowment ▶	<b>%</b>					
c Term endowment	<del></del> %					
3a Are there endowment funds not in organization by.	the possession of th	e organization that a	are held and administer	ed for the	Yes	No
(i) unrelated organizations					3a(i)	1
(ii) related organizations		•			3a(ii)	1

(i) unrelated organizations
(ii) related organizations

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

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10 (a) Cost or other basis (d) Book value Description of investment (b) Cost or other (c) Accumulated (investment) basis (other) depreciation 70,107. 70,107. 1a Land . 337,724. **b** Buildings 40,339 378,063. c Leasehold improvements 796. **d** Equipment . 16,669. <u>15,873.</u> 55,217. 18,919. 36,298. e Other Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) 444,925.

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Schedule **D** (Form 990) 2010

Part VII	Investments-Other Securities. See F	<u> Form 990, Part X, III</u>	ne 12	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1) Financ	ial derivatives			
(2) Closely	-held equity interests			
(3) Other				
<u>(A)</u>			· · · · · · · · · · · · · · · · · · ·	<u> </u>
			· · · · · · · · · · · · · · · · · · ·	
<u></u>				7-7
<u>(E)</u>			· · · · · · · · · · · · · · · · · · ·	
<u></u>				<del></del>
(G)				<del></del>
(H)		· <del>  </del>		
	mn (b) must equal Form 990 Part X, column (B) line 12.)	•		
	Investments-Program Related. (See	Form 990, Part X.	line 13)	
	(a) Description of investment type	(b) Book value	(c) Method of valuat	ion
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Cost or end-of-year mark	ket value
(1)(2)				<del></del>
(3)	······································	<del></del>		
_(4)		<del> </del>		<del> </del>
(5)				
(6)		<del> </del>		
_(7)		<del> </del>		<del></del>
(8)				
(9)				
(10)				
	nn (b) must equal Form 990, Part X, column (B) line 13)			
Part IX	Other Assets. (See Form 990, Part X	, line 15)		
	<b>(a)</b> D	escription		(b) Book value
_(1)				
_(2)				
(3)				
(4)			<del></del>	
(5)		·		·
<u>(6)</u>		· · · · · · · · · · · · · · · · · · ·		
(8) (9)		<del></del>		<del></del> -
<u>(9)</u> <u>(10)</u>			······································	"·····
	lumn (b) must equal Form 990, Part X, column(E	3) line 15)	<b>•</b>	
Part X	Other Liabilities. (See Form 990, Par			
<u> </u>	(a) Description of liability	(b) Amount		
(1) Fede	ral income taxes			
(2)				
(3)				
_(4)				
(5)				
(6)			_	
_(7)				
(8)			<del></del>	
(9)			<b>_</b>	
_(10)			<del> </del>	
(11)			<del> </del>	
	nn (b) must equal Form 990, Part X, column (B) line 25)			
2. FIN 48 (	ASC 740) Footnote. In Part XIV, provide the text	or the roothote to the org	ganization's financial statements that re	ports the

Schedule D (Form 990) 2010 SMITH COUNTY FARM BUREAU

75-0911896

Page 3

	A VI Deconsiliation of Charge in Net Acade from France 2004 A Audited Financial Statements	3-0311030	raye 4
	t XI   Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements	<del></del>	
1	Total revenue (Form 990, Part VIII,column (A), line 12)		
2	Total expenses (Form 990, Part IX, column (A), line 25)	<del></del>	
3	Excess or (deficit) for the year Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments	·	
5	Donated services and use of facilities		
6	Investment expenses .		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9.	<u> </u>	
Pa	t XII   Reconciliation of Revenue per Audited Financial Statements With Revenue per F	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:		
á	Net unrealized gains on investments . 2a		
t	Donated services and use of facilities	_ '	
•	Recoveries of prior year grants 2c	_] ·	
(	Other (Describe in Part XIV)	<u> </u>	
•	Add lines 2a through 2d	2 e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
ā	Investments expenses not included on Form 990, Part VIII, line 7b		
Ł	Other (Describe in Part XIV )	] _	
(	: Add lines <b>4a</b> and <b>4b</b>	4c	
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Pai	t XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r 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		
á	Donated services and use of facilities 2a	1 1	
ŧ	Prior year adjustments 2b	7	
	Other losses		
	Other (Describe in Part XIV.)		
•	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:		<u> </u>
	Investments expenses not included on Form 990, Part VIII, line 7b		
ı	Other (Describe in Part XIV )		
•	Add lines <b>4a</b> and <b>4b</b>	. 4c	
_5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
	t XIV   Supplemental Information		
Com Part any	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, 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 additional information.	lines 1b and 2b, this part to provide	,
		·	. <b>-</b>
		<b></b>	
		·	
		- <b>-</b>	. <b></b> -

TEEA3304 02/11/11

BAA

Schedule **D** (Form 990) 2010

Department of the Treasury Internal Revenue Service

**Depreciation and Amortization** (Including Information on Listed Property)

OMB No 1545-0172

2010

Name(s) shown on return							
SMITH COUNTY FARM BUREAU					75	-0911896	
Business or activity to which this form re	elates						
Form 990 / Form 99							
Part I Election To E Note: If you have	xpense Certain F any listed property,	Property Under Sec complete Part V before	t <mark>tion 179</mark> you com <u>p</u> lete Par	rt I.			
1 Maximum amount (see i	nstructions)					1	
2 Total cost of section 179	property placed in s	service (see instructions)				2	
3 Threshold cost of section	n 179 property before	e reduction in limitation (	see instructions)			3	
4 Reduction in limitation S	Subtract line 3 from I	ine 2. If zero or less, ent	ter -0			4	
5 Dollar limitation for tax y separately, see instruction	year Subtract line 4 f	from line 1 If zero or les	s, enter -0 If m	arried filing		5	
6	(a) Description of property		(b) Cost (business	use only)	(C) Elected cos	t	
<u> </u>							
7 Listed property Enter th	e amount from line 2	29	<del>-</del> -	7			
8 Total elected cost of sec	tion 179 property. Ac	id amounts in column (c	), lines 6 and 7		_	8	
9 Tentative deduction Ent						9	
10 Carryover of disallowed	deduction from line 1	3 of your 2009 Form 456	52			10	
11 Business income limitati	on Enter the smaller	r of business income (no	t less than zero)	or line 5 (see	ınstrs)	11	
12 Section 179 expense de						12	
_13 Carryover of disallowed				13			
Note: Do not use Part II or Pa						_	
Part II   Special Depre	eciation Allowan	ce and Other Depre	ciation (Do no	t include listed	property)	(See in	structions)
14 Special depreciation allotax year (see instruction	owance for qualified p	property (other than liste	d property) place	d in service d	uring the	14	
15 Property subject to secti	•	•	•			15	
_16 Other depreciation (inclu		•	•			16	
		nclude listed property) (	Pag instructions)		<del></del>	10	
L'artin   mACKS Depi	eciation (building	Section	**	<del></del>			
17 MACDS deductions for a	acata alaaad .a aanu			<del></del>		17	14 172
17 MACRS deductions for a	issets placed in servi	ice in tax years beginnin	g belore 2010		•	<del>  ''  </del>	14,172
18 If you are electing to gro asset accounts, check h		d in service during the ta	ix year into one o	or more genera	al ►∏	<u> </u>	
Section B — Assets Placed in Service During 2010 Tax Year Using the General Depreciation System					1		
(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method		(g) Depreciation deduction
19a 3-year property							
<b>b</b> 5-year property							
c 7-year property .							
d 10-year property				1			
e 15-year property			-				
f 20-year property	<del>-</del>						<del></del>
g 25-year property		<del> </del>	25 yrs	<del> </del>	S/L		
h Residential rental	<del></del>		27.5 yrs	MM	S/L		
property .				MM	S/L		<del></del>
<del></del>	·	}	27.5 yrs	<del></del>			
i Nonresidential real		<del> </del>	39 yrs	MM	S/L		<del></del>
property				MM	S/L		
Section C — Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System							
20 a Class life		<u> </u>		<del></del>	S/L	-	
_ <b>b</b> 12-year .		<u> </u>	12 yrs	ļ	S/L		<del></del>
c 40-year		L	40 yrs	MM	S/L		
Part IV   Summary (See							
21 Listed property. Enter a	mount from line 28 .			•	· L	21	

the appropriate lines of your return Partnerships and S corporations — see instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

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

14,172.

22

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles No 24b If 'Yes.' is the evidence written? 24 a Do you have evidence to support the business/investment use claimed? Yes No Yes (b) (c) Busine (e) **(f)** (h) (d) **(i)** Basis for depreciation (business/investment Elected section 179 cost Type of property (list vehicles first) Date placed Method/ Cost or Recovery Depreciation deduction investment in service other basis period Convention IISA use only) percentage Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) Property used more than 50% in a qualified business use Property used 50% or less in a qualified business use Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (b) (c) (d) **(f)** (a) 30 Total business/investment miles driven Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 during the year (do not include commuting miles) Total commuting miles driven during the year Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 Yes No Yes No Yes No Yes No Yes No Yes No Was the vehicle available for personal use during off-duty hours? Was the vehicle used primarily by a more 35 than 5% owner or related person? Is another vehicle available for personal use? Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions). Yes Νo Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles. Amortization **(f)** (d) (b) (c) (e) (a) Amortizable Amortization Amortization for this year Description of costs Date amortization Code amount period or percentage Amortization of costs that begins during your 2010 tax year (see instructions) 43 Amortization of costs that began before your 2010 tax year 44 44 Total. Add amounts in column (f). See the instructions for where to report

#### **SCHEDULE O** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2010

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.

Open to Public

Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number 75-0911896 SMITH COUNTY FARM BUREAU Pt VI-A, Line 2 Mark Chamblee & Bill Crook - Business Relationship Pt VI-A, Line 6 Members Pt VI-A, Line 7a All members are the same class and are invited to the\_\_ annual membership meeting where directors are elected. Pt VI-B, Line 11a When time allows, the Form 990 is reviewed by all directors at the board meeting prior to its filing. Otherwise, its, is reviewed by the president prior to filing and all other directors at the subsequent board meeting. Pt\_VI-B, Line 12c The board reviews annually if any conflicts the board will address the issue at that time. Pt VI-B, Line 15 No officers or directors receive any compensation; therefore no compensation review is needed. Pt VI-C, Line 19 The organization makes its Form 990 and any other required information available to the public upon specific request only. Part XII, Line 2a & 2b While the financial statements are not compiled by an "independent" accountant, they are compiled by a separate entity who compiles its financial statements and prepares and files all of its state and federal tax returns/reports. This entity also reconciles the organization's bank statements. The organization pays a fee for these services.

Revenue

SMITH COU	JNTY FARM BURE	EAU 75-0911896
	) (Form 990), Sup Page 2, Part III, Li	plemental Information to Form 990 ne 1 (continued)
and desi	cribe the organization that is the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of	life through education, information,
		plemental Information to Form 990 ne 4d (continued)
services report th each pro Code:	. Section 501(c)(3 ne amount of grant ogram service repo Description:	National Affairs Meetings
Expenses		County Farm Bureau Directors attended meetings with national
Grants Of	<del></del>	legislators as well as state legislators to explain how
Revenue		laws and regulations impact agriculture and rural areas.
Code:	Description:	Youth Leadership Conference  Sponsored student(s) to attend the Farm Bureau Youth Leadership Conference.  The purpose of the conference is to give selected high school students in Texas
Expenses		a better understanding of the various forms of government and educate them
Grants Of		their responsibilities as citizens. The conference runs three full days and
Revenue		includes lectures, discussions, and films by outstanding authorities in
		government, history, and economics.
Cada	Description	Members of the County Farm Bureau are also members of
Code: Expenses	Description:	Texas Farm Bureau, a statewide agricultural organization (exempt under 501(c) (5)) that works for the betterment
Grants Of	<del></del>	of agriculture and coordinates programs on a statewide
Revenue		basis. Members of the County Farm Bureau are also members
. 10 701100		of the American Farm Bureau, a national agricultural
		organization that also works for the betterment of agriculture.
Code:	Description:	County Farm Bureau volunteers participate in matters
Expenses		dealing with legislation that affects agriculture.
Cronto Of		

County Farm Bureau volunteers help organize their members

into separate agricultural commodity interests.