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Department of the Treasury Internal Revenue Service

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)

Open to Public Inspection ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

<u>A F</u>	or the 2010 calendar year, or tax year beginning NOV 1, 2010 and	enaing (JCT 31, 2011	
Bo	neck if plicable C Name of organization		D Employer identifica	tion number
	Address White County Farm Bureau			
	Name Change Doing Business As		71-02	78869
	Initial return Number and street (or P 0 box if mail is not delivered to street address)	Room/suite		
	Terminated P.O. Box 1007	<u>j</u>	501-2	68- <u>5358</u>
Ļ	Amended return City or town, state or country, and ZIP + 4		G Gross receipts \$	288,953
	Application Searcy, AR 72143		H(a) Is this a group retu	
	F Name and address of principal officer: THORIGS LEECHEL		for affiliates?	Yes X No
	same as C above		H(b) Are all affiliates includ	
	ax-exempt status: 501(c)(3) X 501(c)(5) (Insert no) 4947(a)(1)) or 527	┥ '	t. (see instructions)
	Website: ► www.arfb.com/white	<u> </u>	H(c) Group exemption i	
	orm of organization X Corporation Trust Association Other >	L Year	of formation 1936 M s	state of legal domicile. A
-		cul+iii	ral Promotion	
ဥ	1 Briefly describe the organization's mission or most significant activities: Agri	Cuicui	at Flomocion	
Activities & Governance	2 Check this box I if the organization discontinued its operations or disposation	acad of mar	e than 25% of its not asse	
Ver	 Check this box If the organization discontinued its operations or disposal Number of voting members of the governing body (Part VI, line 1a) 	osea oi mor	3	2
ő	Number of independent voting members of the governing body (Part VI, line 1b)		4	
S.	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	
iţie	6 Total number of volunteers (estimate if necessary)		6	3
Ę	7 a Total unrelated business revenue from Part VIII, column (C), line 12		7a	176,445
Activities &	b Net unrelated business taxable income from Form 990-T, line 34		7b	-34,213
			Prior Year	Current Year
a	8 Contributions and grants (Part VIII, line 1h		0.	0
Š	9 Program service revenue (Part VIII, line 2g)		93,894.	90,372
Revenue	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,641.	3,401
CC	11 Other revenue (Part VIII, column (A) Tires 5, 60, 8c; 9c, 201, 2and (P)		185,632.	195,180
	12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)		285,167.	288,953
	13 Grants and similar amounts paid Part IX, column (A) lines 113		0.	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0
Š	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	·	138,438.	144,280
Expenses	16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0
Š	b Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		139,987.	140,132
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	_	278,425.	284,412
	19 Revenue less expenses. Subtract line 18 from line 12		6,742.	4,541
Net Assets or Fund Balances		Be	eginning of Current Year	End of Year
sset	20 Total assets (Part X, line 16)	<u> </u>	473,380.	477,768
ag A	21 Total liabilities (Part X, line 26)	_	36,928.	36,775
	22 Net assets or fund balances. Subtract line 21 from line 20		436,452.	440,993
	rt II Signature Block			
	r penalties of perjury, I declare that I have examined this return, including accompanying schedul			nowledge and belief, it is
true,	correct, and complete Declaration of preparer (other than officer) is based on all information of v	vnich prepare		
0:-	Signature of officer	<u> </u>	9-5-201 Date	
Sign			Duto	-
Her	Type or print name and title		· · · · · · · · · · · · · · · · · · ·	
	-		Date Check	1 PTIN
Paid	Print/Type preparer's name Maria K. Bean Preparer's signature, Main K. Kan, C.	OR	B/29/12 if self-employed	1
Prep		<u> </u>	Firm's EIN	
Use			TIMES LIV	
-50	Little Rock, AR 72201		Phone no (5)	01) 375-202
May	the IRS discuss this return with the preparer shown above? (see instructions)	-		X Yes No
iviay	the the disease this fertill with the biebald showl above, [see histroctions]		 	Form 000 (201)

Form 990 (2010) White County Farm Bureau
Part IV Checklist of Required Schedules

ra	TEN Checklist of Required Schedules	1		
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
•	If "Yes," complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ĭ	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	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	_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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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	9		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	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	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			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Α_
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Λ.
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	11d		Х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI, XII, and XIII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
Ü	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		Х
b				
-	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		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		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	16		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	17_		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	18		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	19		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Х
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)	20b		<u> </u>
		Form	990 <i>(</i>	2010)

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

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

and that is treated as a partnership for federal income tax purposes? *If* "Yes," *complete Schedule R, Part VI*38 — Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

38 X Form 990 (2010)

37

X

Form	990 (2010) White County Farm Bureau		71-0278	869	Р	age 5
Par				-		
<u> </u>	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	1a	5			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
•	(gambling) winnings to prize winners?	·	-	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1			
	filed for the calendar year ending with or within the year covered by this return	2a	8			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•		3a	Х	[
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
•••	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		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	Accou	nts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transfer	action	?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	he ora	anization solicit			
-	any contributions that were not tax deductible?			6a		X
h	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	or gifts			
-	were not tax deductible?		J	6ь		
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 se	rvices	provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		• •	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	juired			
•	to file Form 8282?		•	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contra	ct?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		_
g	If the organization received a contribution of qualified intellectual property, did the organization file F		399 as required?	7g	ļ	
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations C					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		i			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1		
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b		_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ւ 1041	?	12a	ļ	ļ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				<u> </u>	ļ
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	ļ	ļ
	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		1			}
	organization is licensed to issue qualified health plans	13b		1		
С	Enter the amount of reserves on hand	13c		ļ		
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	ļ	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b	Ļ	<u> </u>
				C	$\Delta \Delta \Delta$	/2010\

71-0278869 Page 6 White County Farm Bureau Form 990 (2010) 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 No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 27 1b b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 3 of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the 7a governing body? Х 7b b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a a The governing body? Х 8ь b Each committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes 10a 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with those of the organization? 11a 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b Х c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this is done 13 13 Does the organization have a written whistleblower policy? Х 14 14 Does the organization have a written document retention and destruction policy? 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? 15a a The organization's CEO, Executive Director, or top management official 15b **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? 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 16b exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶_ 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 18 public inspection. Indicate how you make these available. Check all that apply.

Another's website X Upon request Own website

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 19 statements available to the public.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization: The Organization - 501-268-5358 P.O. Box 1007, Searcy,

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

- 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.

C	X Check this box if neither the organization in	or any related	orga	aniza	atior	COL	mpe	nsat	ted any current officer, o	director, or trustee.	
Note President President											(F)
Name	Name and Title	Average							Reportable	Reportable	Estimated
Compensation Comp		1	(с	hecl	(all	that	арр	ly)	1 '		
Organizations Organization			녆						1		
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Nike Fisher Vice President 0.50 X X X 0.00 <td>Thomas Lercher</td> <td>, o,</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td>	Thomas Lercher	, o,						-			
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John McKnight	Kenneth May									-	_
		0.50	X	<u> </u>					0.	0.	0.
											•
	Member	0.50	X		<u> </u>				0.	0.	0.

Part VII Section A. Officers, Directors, Tru (A)	ustees, Key Ei (B)	mple	oyee		and (C)	High	iest	(D)	(E)	T	(F)
Name and title	Average			•	sitio	n		Reportable	Reportable		stimated
Harrie dire title	hours per week (describe hours for related organizations in Schedule O)	ustee or director	ec eclerational frustee	k all	ployee	Highest compensated employee	Ī	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	cor	mount of other npensation from the ganization nd related ganizations
Matt Morrison Member	0.50	х						0.	0		0.
Tony Moss	0.30	┢	\vdash	\vdash	+	┼─	+-	· · ·		+-	
Member	0.50	x				1		0.	0.		0.
Jacky Reaper				-	╁	1					
Member	0.50	X						0.	0	<u>. </u>	0.
Jim Safley									_		_
Member	0.50	X	_	_		-	<u> </u>	0.	0	•	0.
Peggy Smith	0.50			ł		1			•		0.
Member Michael Oxner	0.50	Х	 	 	+-	+	├-	0.	0	+	
Member	0.50	Х						0.	0		0.
Dana Stewart						† –				 	
Member	0.50	Х						0.	0	•	0.
Keith Watkins									_		_
Member	0.50	X		_	-	1	-	0.	<u> </u>	•	0.
Fredese Wheetley	0.50	х						0.	0.		0.
Member 1b Sub-total	1 0.30		l	<u> </u>		┰	Ь	0.	0		0.
c Total from continuation sheets to Part V	II. Section A					•		0.	0		0.
d Total (add lines 1b and 1c)	.,					>		0.	0		0.
2 Total number of individuals (including but r	not limited to th	nose	liste	ed a	abov	e) w	ho re	eceived more than \$100	,000 in reportable		
compensation from the organization							_				0
6 5 											Yes No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	y er	mpio	yee,	or r	nignest compensated er	npioyee on	3	x
4 For any individual listed on line 1a, is the si			omp	ens	atio	n an	d oti	her compensation from	the organization	-	
and related organizations greater than \$15									5	4	x
5 Did any person listed on line 1a receive or									dual for services		
rendered to the organization? If "Yes," con	nplete Schedul	e J 1	for s	uch	per	son	_			5	<u> </u>
Section B. Independent Contractors								<u> </u>			
Complete this table for your five highest continuous the organization. NONE	ompensated in	dep	ende	ent o	cont	ract	ors t	hat received more than	\$100,000 of compen	sation	from
(A) Name and business	address				-			(B) Description of s	ervices		(C) ensation
							\dashv	·-··			
			-	-	-		_				
			-					<u>-</u> :			
2 Total number of independent contractors (ot li	mıte	d to	the	se li	sted	l above) who received m	nore than		
\$100,000 in compensation from the organi	zation -					<u> </u>			<u>_</u> i		

Part VII Section A. Officers, Directors, To	rustees, Key Ei	mplo	oyee	s, a	nd F	ligh	<u>est</u>	Compensated Employ	rees (continuea)	(5)
(A) Name and title	(B) Average hours	(c		Pos	C) ition that		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustae or director	Institutional frustee	Officer	Кеу ептроуее	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatio from the organization and related organizations
ohnny Wheetley	2 50									,
ember	0.50	X				_	_	0.	0.	
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ra	rt vi	is Statement of Reve	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b					
S, G	С	Fundraising events	1c					
ar a	d	Related organizations	1d					
S.E	е	Government grants (contribut	tions) 1e					
er S	f	All other contributions, gifts, gran	nts, and					
들칅		similar amounts not included abo	ove 1f					
달	9	Noncash contributions included in lines	s 1a-1f \$					
<u>ة ن</u>	h	Total. Add lines 1a-1f	· •	<u> </u>				
		Maria de la constanta de la co		Business Code		00 272		
် မြ	2 a			110000	90,372.	90,372.		
E S	b	·						
S S	С						_	
Reg	d			-				
Program Service Revenue	e							
_	1	All other program service reve Total. Add lines 2a-2f	enue	—	90,372.			
\neg	3	Investment income (including	dividends inter	· · · · · · · · · · · · · · · · · · ·	30/3/20			
	Ü	other similar amounts)	, dividends, inter	est, and	3,401.			3,401.
	4	Income from investment of ta	x-exempt bond					- •
	5	Royalties		>	2,537.			2,537.
			(i) Real	(II) Personal			, , , , , , , , , , , , , , , , , , ,	
	6 a	Gross Rents	11,100.	,				
	b	Less: rental expenses						
	С	Rental income or (loss)	11,100.					
	d	Net rental income or (loss)	,	•	11,100.			11,100.
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less: cost or other basis						
i		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		D				
9	8 a	Gross income from fundraisin	•					
Other Revenu		including \$	of					
&		contributions reported on line Part IV, line 18]				
her	h	Less direct expenses	a b					
δ		Net income or (loss) from fund	_					
		Gross income from gaming ad	-				***************************************	`
	• -	Part IV, line 19	а					
	ь	Less: direct expenses	b					
		Net income or (loss) from gan	ning activities	•				
Ì		Gross sales of inventory, less						
		and allowances	а					
	b	Less: cost of goods sold	b					
Į	<u> </u>	Net income or (loss) from sale	es of inventory)				
Į		Miscellaneous Revenu		Business Code				
	11 a	Insurance Servi	ce Fees	524298	176,445.		176,445.	
	b	Miscellaneous		900099	5,098.			5,098.
1	С	 		ļ			·	
	d	All other revenue			101 510		-	
		Total. Add lines 11a-11d		>	181,543.	00 272	176 445	22 126
03200	<u>12</u>	Total revenue. See instructions		>	288,953.	90,3/2.	176,445.	·
03200	10							Form 990 (2010)

Part IX Statement of Functional Expenses

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

	All other organizations must comp				
	not include amounts reported on lines 6b, 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 US				
	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	128,183.			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	4,456. 911.			
9	Other employee benefits				
10	Payroll taxes	10,730.			
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	1,794.			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	4,580.			
13	Office expenses	20,580.			
14	Information technology				
15	Royalties	60 156			
16	Occupancy	69,156.			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	22,699.			
20	Interest				
21	Payments to affiliates	16 061			
22	Depreciation, depletion, and amortization	16,861.			
23	Insurance	813.			
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)	2 600			
a	Youth and Safety	3,600.		-	
b	Miscellaneous	49.			
C				-	
d					
e	All about the second				
f	All other expenses	284,412.			
25	Total functional expenses. Add lines 1 through 24f	204,412.			
26	Joint costs Check here I I I 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				

Pa	τX	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			397,610.	2	273,694.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, di	rectors	, trustees, key	·		
		employees, and highest compensated employee	es. Cor	mplete Part II			
		of Schedule L		_	, , , , , , , , , , , , , , , , , , , 	5	
	6	Receivables from other disqualified persons (as	define	d under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B),	and contributing			
		employers and sponsoring organizations of sections	tion 50	1(c)(9) voluntary			
,		employees' beneficiary organizations (see instru	ictions)	<u> </u>		6	
Assets	7	Notes and loans receivable, net			<u> </u>	7	
As	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	496,626.			
	ь	Less: accumulated depreciation	10b	292,552.	75,770.	10c	204,074.
	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				15	455 560
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	34)	473,380.	16	477,768. 2,356.
	17	Accounts payable and accrued expenses			2,051.	17	2,356.
	18	Grants payable			24 077	18	24 410
	19	Deferred revenue			34,877.	19	34,419.
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	······································
Liabilities	22	Payables to current and former officers, director	rs, trus	tees, key employees,			
jab		highest compensated employees, and disqualif	ed per	sons. Complete Part II			
_		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities. Complete Part X of Schedule D		-	26 020	25	26 775
	26	Total liabilities. Add lines 17 through 25			36,928.	26	36,775.
		Organizations that follow SFAS 117, check he	ere 🕨	and complete			
Ses		lines 27 through 29, and lines 33 and 34.					:
auc	27	Unrestricted net assets				27	
Baj	28	Temporarily restricted net assets				28	
밀	29	Permanently restricted net assets		⊾ प्रा		29	
Ţ		Organizations that do not follow SFAS 117, c	heck h	ere 🕨 🗓 and			
Ş		complete lines 30 through 34.			0		0
set	30	Capital stock or trust principal, or current funds		ļ.,	0.	30	0.
AS	31	Paid-in or capital surplus, or land, building, or ed		[31	440,993.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	icome,	or other funds	436,452.	32	440,993.
-	33	Total net assets or fund balances		}	436,452. 473,380.	33	477,768.
	34	Total liabilities and net assets/fund balances			<u> </u>	34	Form 990 (2010)

Form	990 (2010) White County Farm Bureau	71-027	8869	Pag	ge 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
		ı			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>53.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			12.
3	Revenue less expenses Subtract line 2 from line 1	3			41.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	430	5,4	52.
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	440	9,0	93.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				ᆜ
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
ь	Were the organization's financial statements audited by an independent accountant?		2b		Х
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audıt			
	Act and OMB Circular A-133?		3a		_X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			ļ
	an analysis and an order of the dule O and decombs any stone taken to undergo analysis and to		35		l

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

2010

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2010

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.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

LHA

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- 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.

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

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

Nam	ne of orga	nization			Empl	oyer identification number
		White C	ounty Farm Burea	au		71-0278869
Pa	ert I-A	Complete if the org	janization is exempt un	der section 501(c)	or is a section 527 o	rganization.
1 2 3	Political	expenditures	ation's direct and indirect polit	ical campaign activities	in Part IV. ▶\$	
Pa	rt I-B	Complete if the ord	janization is exempt un	der section 501(c))(3).	
1			incurred by the organization ur		▶\$	
2	Enter the	amount of any excise tax	incurred by organization mana-	gers under section 495	. .	
3	If the org	janization incurred a sectio	n 4955 tax, did it file Form 472	0 for this year?		Yes No
4a	Was a co	orrection made?				Yes No
<u>b</u>	If "Yes,"	describe in Part IV.				
بنت	irt I-C		janization is exempt un			c)(3).
1	Enter the	e amount directly expended	d by the filing organization for s	ection 527 exempt fund	ction activities > \$	
2	Enter the	amount of the filing organ	ization's funds contributed to o	other organizations for s	section 527	
	•	unction activities			▶\$	
3		empt function expenditures	s. Add lines 1 and 2. Enter here	and on Form 1120-POL	L,	
	line 17b		4400 BOL C III		- \$	Yes No
_		iling organization file Form	· ·		. 1.4 1	
5			nployer identification number (E tion listed, enter the amount pa			
			omptly and directly delivered to			
		•	additional space is needed, pro			
		(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
		-	-		-	

Part II-A Complete if the organ (election under section		empt under section	n 501(c)(3) and fil	ed Form 5768	
A Check I If the filing organization		iffiliated group			
. —	•	and "limited control" pro	ovisions apply.		
Limits	on Lobbying Exp			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influer	nce public opinior	n (grass roots lobbying)	-		
b Total lobbying expenditures to influer					
c Total lobbying expenditures (add line	s 1a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (add lines 1c and	1d)			
f Lobbying nontaxable amount. Enter t	the amount from t	the following table in bot	h columns.		
If the amount on line 1e, column (a) or (l	b) is: The to	obbying nontaxable am	ount is:		
Not over \$500,000	20% (of the amount on line 1e	•		
Over \$500,000 but not over \$1,000,0	00 \$100,	000 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,500	,000 \$175,	000 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,00	0,000 \$225,	000 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,00	0,000.			
g Grassroots nontaxable amount (enter	r 25% of line 1f)				
h Subtract line 1g from line 1a. If zero o	or less, enter -0-				
i Subtract line 1f from line 1c. If zero o	r less, enter -0-				
j If there is an amount other than zero	on either line 1h	or line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this ye	ar ⁹				Yes No
	ions that made a	veraging Period Under section 501(h) election the instructions for line	n do not have to com		
	Lobbying Exp	enditures During 4-Ye	ar 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					<u> </u>
Total loopying experience					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))	t e			1 (1111 1-1-11	
f Grassroots lobbying expenditures					
				Schedule C (Form	990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 White County Farm Bureau 71-0278869 Page 3

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)).

)(5), or so		ount
)(5), or s	ection	
)(5), or so	ection	
)(5), or se	ection	
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(5), or so	ection	
)(5), or s	ection	
)(5), or s	ection	
(5), or se	ection	
(5), or s	ection	
	Yes	1
1	X	
2	Х	\top
3	· · · · · · ·	
1		
2a		_
2b		
2c		
3		
4		
5		
	1 2a 2b 2c 3	2a 2b 2c 3

SCHEDULE D

(Form 990)

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

White County Farm Bureau

Employer identification number 71-0278869

Par	t Organizations Maintaining Donor Advise		Accounts. Complete if the
<u> </u>	organization answered "Yes" to Form 990, Part IV, line		
		(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 f	funds
•	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		ed only
•	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	, , , , , , , , , , , , , , , , , , , ,	Yes No
Par		ganization answered "Yes" to Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
-	Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area		
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	ganization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	organization's accounting for
T 195 .	conservation easements.	6 A - Historical Transvers or Other	- Circilar Assats
Pai	THI Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex		of public service, provide, in Fart XIV,
	the text of the footnote to its financial statements that descr		d halance shoot works of art, historical
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, 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	course or other complex coacts for fine social so	un provide
2	If the organization received or held works of art, historical tre		ιιτ, ριονίασ
_	the following amounts required to be reported under SFAS 1	TO MOC 900) relating to these items.	> \$
a	Revenues included in Form 990, Part VIII, line 1		S S S S S S S S S S
D	Assets included in Form 990, Part X		Ψ

(i) unrelated organizations				30(1)
(ii) related organizations				3a(ii)
b If "Yes" to 3a(ii), are the related organization	ons listed as required on Sche	dule R?		3ь
4 Describe in Part XIV the intended uses of t	he organization's endowment	funds.		
Part VI Land, Buildings, and Equip	ment. 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 Lond		10,000.		10,000.

 basis (investment)
 basis (other)
 depreciation

 1a Land
 10,000.
 10,000.

 b Buildings
 330,095.
 180,511.
 149,584.

 c Leasehold improvements
 145,646.
 110,004.
 35,642.

 e Other
 10,885.
 2,037.
 8,848.

 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)
 ≥ 204,074.

Schedule D (Form 990) 2010

(11)

Sche	dule D (Form 990) 2010 White County Farm Bureau		_	71-0278	869 <u>Page</u> 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finance	cial State	ements	
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		10		
Pai	† XII Reconciliation of Revenue per Audited Financial Stateme	<u>nts With Rever</u>	ue per F	<u> </u>	
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:	1 3			
а	Net unrealized gains on investments	2a		1 1	
b	Donated services and use of facilities	2b		_	
C	Recoveries of prior year grants	2c		_	
d	Other (Describe in Part XIV)	2d		4	
е	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:	1 1			
а	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.)	. 14711 =		5	
	† XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expe	nses per		
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		-	
Ь	Prior year adjustments	2b		-	
c	Other losses	2c		-	
d	Other (Describe in Part XIV.)	2d		ا م	
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:	1 4- 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other (Describe in Part XIV.)	4b		-	
_	Add lines 4a and 4b			4c	
D ₂₁	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
	t XIV Supplemental Information			15 105 D	V les 4: D
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III				
X, lın	e 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comp	lete this part to pro	vide any ad	ditional informa	ition.
					
	· -				
		<u> </u>			
					
					

SCHEDULE O (Forth 990 or 990-EZ)

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.

2010
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

White County Farm Bureau

Employer identification number 71-0278869

Form 990, Part VI, Section A, line 2: Bobby Cofer and Danna Cofer -			
family relationship			
John Hamilton and Phillip Hamilton - family relationship			
Fredese Wheetley and Johnny Wheetley - family relationship			
·			
Form 990, Part VI, Section A, line 6: The Organization is a mutual			
benefit organization with members.			
Form 990, Part VI, Section A, line 7a: The board is elected annually by			
the general membership. Officers are elected by the board.			
Form 990, Part VI, Section A, line 7b: Policy resolutions are subject to			
member approval.			
Form 990, Part VI, Section B, line 11: The 990 is reviewed by the Board			
President and Executive Committee.			
Form 990, Part VI, Section B, Line 12c: Conflict of interest policy is			
reviewed annually at a board meeting. Problems are discussed by the board			
as they arise.			
The Organization does not have			
compensated officers or management officials.			
Form 990, Part VI, Section C, Line 19: These documents are not available			
to the public.			