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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)

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. 2010 and ending OCT 31

Open to Public Inspection

A	or the	2010 calendar year, or tax year beginning NOV 1, 2010 and ending	OCT 31, 201	1
В	Check if	C Name of organization	D Employer ident	ification number
	Addres	Independence County Farm Bureau		
	Name change	Dama Business As	71-	0294353
_	Initial return Termin ated	Number and street (or P 0 box if mail is not delivered to street address) P.O. Box 2034 Room/su		ber -793-7572
	Ameno		G Gross receipts \$	181,480.
	Applic	Batesville, AR 72503	H(a) Is this a group	return
	pendir	F Name and address of principal officer Eddie wagoner	for affiliates?	Yes X No
		same as C above	H(b) Are all affiliates	ıncluded? Yes No
			i27 If "No," attach	a list. (see instructions)
		e: ▶ www.arfb.com/independence	H(c) Group exemp	
			ear of formation 1966	M State of legal domicile AR
SK.	art I	Summary		
7 2	1	Briefly describe the organization's mission or most significant activities: Agriculti	iral Promoti	on
ESSE.	2	Check this box If the organization discontinued its operations or disposed of m	ore than 25% of its net	
EP &	3	Number of voting members of the governing body (Part VI, line 1a)	<u> </u>	18
し ぬ Tio	4	Number of independent voting members of the governing body (Part VI, line 1b)	<u> </u>	18
⊃⁄.ē	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<u> </u>	5 6
<u>.</u>	6	Total number of volunteers (estimate if necessary)	<u> </u>	35
る	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	<u> 7</u>	111,399.
Z	b	Net unrelated business taxable income from Form 990-T, line 34		-4,537.
Activities			Prior Year	Current Year
ø e	1	Contributions and grants (Part VIII, line 1h)	55 603	
Revenue	1	Program service revenue (Part VIII, line 2g)	55,602	
ag e	ſ	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	9,229	
		Other revenue (Part VIII, cotumn (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	110,797 175,628	
		Total revenue - add lines 8 through 1 (must equal Part VIII, column (A), line 12)	175,020	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	
' A	15	Benefits paid to or for meritiers (Part IX, column (A) line 4) Salaries, other compensation, employee benefits (Bart IX, column (A), lines 5-10)	84,619	
Se		Professional fundraising fees (Part IX, column (A), line 3 3 10)	01,019	
Expenses	Ь	Total fundraising expenses Part X; column (D), line (25)		
ũ		Other expenses (Part IX, column (A), lines 11a·11d, 11f·24f)	72,118	72,662.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	156,737	162,823.
	19	Revenue less expenses. Subtract line 18 from line 12	18,891	. 18,657.
Net Assets or Fund Balances			Beginning of Current Yea	
sets	20	Total assets (Part X, line 16)	494,554	
A P	21	Total liabilities (Part X, line 26)	23,467	
	**********	Net assets or fund balances Subtract line 21 from line 20	471,087	489,744.
	art II	<u> </u>		
		ties of perjury, I declare that I have examined this return, including accompanying schedules and state		my knowledge and belief, it is
true	, correc	, and complete Declaration of preparer (other than officer) is based on all information of which prepared	arer has any knowledge	110
0.		Signature of officer hand	Date	2//
Sig		Eddie Wagoner, President	2010	
He	e	Type or print name and title		_
_		Print/Type preparer's name Preparer's signature 10	Date Check	PTIN
Paid	i	Maria K. Bean Maria K Bean CPA		─ !
	arer	Firm's name Thomas & Thomas LLP	Firm's EIN	**
	Only	Firm's address 201 E. Markham, Suite 500	7.1111 3 2.114	
	,	Little Rock, AR 72201	Phone no	(501) 375-2025
Ma	the if	S discuss this return with the preparer shown above? (see instructions)		X Yes No

Forn	1 990 (2010)	Independence	County Farm Bureau	71-0294353 Page 2
Pa	rt III Stater	nent of Program Service Acc		
	Check If	Schedule O contains a response to a	ny question in this Part III	
1	Briefly describ	e the organization's mission:		
	Agricul	tural Promotion		
2	Did the organi	zation undertake any significant progra	am services during the year which were not lister	
	the prior Form	990 or 990-EZ?		Yes X No
	If "Yes," desci	ribe these new services on Schedule C).	
3	Did the organi	zation cease conducting, or make sign	ificant changes in how it conducts, any program	n services? Yes X No
	If "Yes," descr	ribe these changes on Schedule O.		
4	Describe the e	exempt purpose achievements for each	n of the organization's three largest program ser	vices by expenses.
	Section 501(c))(3) and 501(c)(4) organizations and se	ction 4947(a)(1) trusts are required to report the	amount of grants and
	allocations to	others, the total expenses, and revenu	e, if any, for each program service reported.	··
4a	(Code:		including grants of \$	
			general in nature, help	
			<u>ements, economic opportu</u>	nity, and social
	advance	ment.		
	_			
				<u> </u>
				· · · · · · · · · · · · · · · · · · ·
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
				
				
		· · · · · · · · · · · · · · · · · · ·		
	_			
	_			
				
				
4c	(Code:	\/Evpenses \$	including grants of \$) (Revenue \$
70	(Code) (Expenses 4	Including grains or \$	/(Neveribe #/
	-			
4d	Other program	n services. (Describe in Schedule O.)		
	(Expenses \$	including grant	s of \$) (Revenue \$)
40		n service expenses		

	1990 (2010) Independence County Farm Bureau 71-029	<u>4353</u>	<u> </u>	age 3
Pa	rt 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		X
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]
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		v	
_	similar amounts as defined in Revenue Procedure 98-197 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			Х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	-	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	١.		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			X
^	Schedule D, Part III	8		<u> </u>
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	9		X
10	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	1	 ^ -
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, VII, VIII, IX, or X	10		<u> </u>
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Ì :	1
_	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1.0		t
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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	11c		X
d				
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		1	
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	<u> X</u>
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	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		i	
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	1		U
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	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	40		X
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	 	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		X
20	Complete Schedule G, Part III	19 20a	-	X
-49	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	200		

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)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23_		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ļ
С	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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		1	ĺ
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	00		x
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26_		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	27		х
28	Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	-		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	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 Schedule L, Part IV	28b		Х
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	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
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33_		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	<u> </u>	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		_ A
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
00	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		
27	If "Yes," complete Schedule R, Part V, line 2	36		-
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37	ĺ	X
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	- 37	-	
,,,	Note. All Form 990 filers are required to complete Schedule O	38	х	
	Trace Train and more and required to dempite dementing of		990 (2010)
			(· • <i>/</i>

. (4)	Check if Schedule O contains a response to any question in this Part V									
			Yes	No						
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	,[
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4								
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1								
	(gambling) winnings to prize winners?	1c	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 6	i i								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	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?	3a	X							
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
b	If "Yes," enter the name of the foreign country:									
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts									
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	The state of the s									
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v						
	any contributions that were not tax deductible?	6a	_	X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	۱.,								
	were not tax deductible?	6b		 						
7	Organizations that may receive deductible contributions under section 170(c).	70		1						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b								
b	· · · · · · · · · · · · · · · · · · ·	10								
С		7c								
	to file Form 8282? If "Yes," Indicate the number of Forms 8282 filed during the year	1								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	_							
я	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting									
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	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	ļ	ļ						
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	4								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-								
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders	\dashv								
b	· · · · · · · · · · · · · · · · · · ·									
	amounts due or received from them.)	- 100	•	1						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a	<u> </u>	<u> </u>						
_	100, 01100, 1110	1								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	 	1						
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	.00	1	1						
L	The state of the s									
b	organization is licensed to issue qualified health plans									
c	120	1		1						
14a		14a		X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b								
			222	(0040						

Independence County Farm Bureau 71-0294353 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. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 18 1a Enter the number of voting members of the governing body at the end of the tax year 18 1b b Enter the number of voting members included in line 1a, above, who are independent 2 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? 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 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 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 X 7a governing body? X 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 8b **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 ٥ 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) No 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, and branches to ensure their operations are consistent with those of the organization? 10b Х 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 **b** Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise X 12b to conflicts? 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? X 14 Does the organization have a written document retention and destruction policy? 14 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 Х 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 exempt status with respect to such arrangements? Section C. Disclosure None List the states with which a copy of this Form 990 is required to be filed -18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Upon request Another's website Own website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

72503

statements available to the public.

The Organization - 870-793-7572

P.O. Box 2034, Batesville,

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

- 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.

X Check this box if neither the organization in	or any related	orga	anıza	ation	cor	npei	<u>ns</u> at	ed any current officer, o	director, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average			Pos	ition	ı		Reportable	Reportable	Estimated
	hours per	(c	heck	all	hat	app	ly)	compensation	compensation	amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Eddie Wagoner										
President	0.50	X		X			<u>_</u>	0.	0.	0.
Tom Hess										
Vice President	0.50	X		X				0.	0.	0.
Larry Williams									_	_
Secretary	0.50	X		X				0.	0.	0.
Kimbrew Butler	ĺ						ĺ	_		_
Director	0.50	X					L	0.	0.	0.
Jim Cunningham		1	i						_	
Director	0.50	X						0.	0.	0.
Tony Greenfield										
Director	0.50	X		_		<u></u>	<u> </u>	0.	0.	0.
Norman Hall									•	
Director	0.50	X	_				L	0.	0.	0.
Don Hubbell	0 50	v	ł	}		İ		0.	0.	0.
Director	0.50	X	├		_			- 0.	<u></u>	
Tom Inman	0.50	X						0.	0.	0.
Director	0.30	^		-		-	-	0.		
Charles Mabry, III Director	0.50	X						0.	0.	0.
Bill Miller	0.50	1	-		-					
Director	0.50	X						0.	0.	0.
Eric Mohlke	0.30	-	 		_					
Director	0.50	X						0.	0.	0.
Glen Mohlke				H		_				
Director	0.50	X						0.	0.	0.
Raymond Staggs		_								
Director	0.50	X					Ì	0.	0.	_ 0.
Nicholas Steele										
Director	0.50	X			L	L	L	0.	0.	0.
Tom Williams										
Director	0.50	X	L				<u> </u>	0.	0.	0.
Terry Womack						1				
Director	0.50	X		L.			<u> </u>	0.	0.	0.

Par	VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
	(A)	(B)			(0	C)			(D) (E)				(F)	
	Name and title	Average	Position (check all that apply)				I. A	Reportable	Reportable		1	stimate		
		hours per week	(C	neck	(all 1	inat	арр Т	iy) 	compensation from	compensatio from related		ar	nount other	
		(describe	director				İ		the	organizations		con	pensa	
		hours for	8	蠶			sated		organization	(W-2/1099-MIS	C)	l	rom th	
		related organizations	asta	al frus		8	mbeu		(W-2/1099-MISC)				janizat d relat	
		ın Schedule	Individual trustee	Institutional frustee	퓽	Кеу етріоуее	Highest compensated employee	ja L				I	anızatı	
		O)	물	<u>ह</u>	Officer	Şē	₹.	Ē						
			_				<u> </u>				_	ļ		
							 					-		
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							'							
					_		<u> </u>					<u> </u>		
		<u> </u>		\vdash	-									
			-											
							<u> </u>			·	_			
							١.							
							Ļ				_			
	Sub-total								0.		0.			$\frac{0.0}{0.}$
	Total (add lines 1b and 1c)	I, Section A							0.		0.			0.
2	Total (add lines 1b and 1c) Total number of Individuals (including but n	ot limited to th	OSE	liste	ed at	OVE	e) wh	no re				L		
	compensation from the organization				, u		-, ···							0
													Yes	No
3	Did the organization list any former officer,	director or tru	stee	, ke	y em	plo	yee,	or h	nighest compensated er	nployee on				
_	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su									the organization		١,		Х
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a									idual for services		4		
•	rendered to the organization? If "Yes," com	•						Ciat	co organization of more	000110130141003		5		Х
Sec	ion B. Independent Contractors													
1	Complete this table for your five highest co the organization. NONE	mpensated inc	depe	ende	ent c	ontr	acto	rs t	hat received more than	\$100,000 of com	pens	ation 1	from	
	(A)								(B))	
	Name and business	address						\dashv	Description of s	ervices		ompe	nsatio	<u>n</u>
								-						
										ĺ				
								\neg					_	
									<u> </u>					
													_	
2	Total number of independent contractors (ii	-	ot lii	mite	d to		_	sted	l above) who received m	nore than				
	\$100,000 in compensation from the organiz	ation -				(<u>) </u>							

Pa	t VII	Statement of Rever	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
SS	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts		Membership dues	1b					
ق ق	c		1c					
ifts	d		1d					
s, g		Government grants (contribut	 					
Sir		All all and all dames with a second	, I					
ig g	T	similar amounts not included above	1 1					
<u> </u>	_							
25		Noncash contributions included in lines	1a-1r \$					
	n	Total. Add lines 1a-1f		Business Code				
<u>e</u>	2 a			110000	53,375.	53,375.		
P €	b	·					·	
Program Service Revenue	С							
e a	d	<u> </u>	···					
5	е							
<u>-</u>	f	All other program service reve	enue		E 2 275			
	9			•	53,375.			
	3	Investment income (including	dividends, inter	est, and	10 106			12,126.
		other similar amounts)	12,126.			12,120.		
	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨	240			349.
	5	Royalties			349.			J49 •
			(i) Real	(ii) Personal				
	6 a	Gross Rents	4,200.	•				
	t	Less: rental expenses	4 200					
	c	Rental income or (loss)	4,200.		4 200			4,200.
i	C	d Net rental income or (loss)		<u> </u>	4,200.			4,200.
	7 a	a Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory		<u> </u>				
	t	Less: cost or other basis						
ĺ		and sales expenses						
	•	Gain or (loss)		<u> </u>				
		d Net gain or (loss)		_				
Other Revenue	8 8	Gross income from fundraisin including \$	g events (not of					
ě		contributions reported on line	1c). See					
7		Part IV, line 18	а	·				
훈	t	b Less: direct expenses	t					
٦	•	c Net income or (loss) from fund	draising events	<u> </u>				
	9 a	a Gross income from gaming a	ctivities. See					
		Part IV, line 19	а					
	t	b Less: direct expenses	t	·				
		c Net income or (loss) from gan	ning activities	<u> </u>			_	
	10 a	a Gross sales of inventory, less	returns					
		and allowances	a)				
	ı	b Less: cost of goods sold	t	o				
		c Net income or (loss) from sale	es of inventory	•				
		Miscellaneous Revent		Business Code				
	11 (a Insurance Servi	ice Fees	524298	111,399.		111,399.	
	l i	b Miscellaneous	Income	900099	31.			31.
	(c						
		d All other revenue	_					
		e Total. Add lines 11a-11d		>	111,430.			
	12	Total revenue See instructions			181,480.	53,375.	111,399.	16,706.

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).

	7 in out of organizations most com-	(A)	(B)	(C)	(D)
-	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				**************************************
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees		 		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	75,628.			
8	Pension plan contributions (include section 401(k)	0.050			
	and section 403(b) employer contributions)	2,859.			
9	Other employee benefits	4,900.			
10	Payroli taxes	6,774.			<u> </u>
11	Fees for services (non-employees):				
а	Management				
b	Legal	600	·		
C	Accounting	600.			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	 -			-
f	Investment management fees				
9	Other	2 705			
12	Advertising and promotion	3,705. 11,931.			
13	Office expenses	11,931.			
14	Information technology				<u> </u>
15	Royalties	16,594.			
16	Occupancy	10,394.		<u> </u>	-
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	25,190.	 		
19	Conferences, conventions, and meetings	23,130.			
20	Interest				
21	Payments to affiliates	6,356.			
22	Depreciation, depletion, and amortization	1,731.			
23	Insurance Other expenses Itemize expenses not covered		············		
24	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 0)				
_	Youth and Safety	6,298.			
a b	Miscellaneous	257.	· · ·		
_			·		
c d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	162,823.			
26	Joint costs. Check here ▶ ☐ If following SOP				
	98-2 (ASC 958-720) Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solutation.				

Part X Balance Sheet (A) (B) Beginning of year End of year 1 1 Cash · non-interest-bearing 360,264. 380,717. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 59. 0. 4 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 298,892. 10a basis. Complete Part VI of Schedule D 167,305. 134,191. 131,587. 10c 10b b Less: accumulated depreciation 11 11 Investments - publicly traded securities 12 Investments · other securities. See Part IV, line 11 12 13 13 Investments · program-related. See Part IV, line 11 14 14 Intangible assets 40. 15 15 Other assets. See Part IV, line 11 512,344. 494,554. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,995. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 20,694. 21,472. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D -iabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities. Complete Part X of Schedule D 25 22,600. 23,467. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here

X
and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 0. 31 31 Paid-in or capital surplus, or land, building, or equipment fund 471,087. 489,744. 32 32 Retained earnings, endowment, accumulated income, or other funds 489,744. 471,087. 33 33 Total net assets or fund balances 494,554. 512,344. Total liabilities and net assets/fund balances

Form 990 (2010)

Form	990 (2010) Independence County Farm Bureau	71-029	<u>4353</u>	Pag	<u>e 12</u>		
Pa	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI						
			101		~ ~		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		., 48 2, 82			
2	? Total expenses (must equal Part IX, column (A), line 25)						
3	Revenue less expenses. Subtract line 2 from line 1	3		3,65			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>471</u>	1,08			
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	489	774	<u>44.</u>		
Pa	rt XII Financial Statements and Reporting				_		
	Check if Schedule O contains a response to any question in this Part XII				<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.		1			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>		
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,					
	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 Sch	edule O.		1			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue						
	separate basis, consolidated basis, or both.			1			
	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 Si	ngle Audit					
	Act and OMB Circular A-133?		3a		<u>X</u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit					
	or guidte, explain why in Schedule O and describe any stens taken to undergo such audits		3ь				

Form **990** (2010)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ.

➤ See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

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

• 5	Section 501(c)(4), (5), or (6) organiza	tions Complete Part III.			
Nam	ne of organization			Empl	oyer identification number
	Indepen	dence County Far	m Bureau		71-0294353
Pa	ort I-A Complete if the org	ganization is exempt un	der section 501(c) or is a section 527 o	rganization.
2	Provide a description of the organize Political expenditures Volunteer hours	zation's direct and indirect politi	cal campaign activities	s in Part IV. ▶\$	
Pa	rt I-B Complete if the org	janization is exempt und	der section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization un	der section 4955	▶\$	
2	Enter the amount of any excise tax	incurred by organization manag	gers under section 495	5 ▶\$	
3	If the organization incurred a section	n 4955 tax, did it file Form 4720) for this year?		Yes No
	Was a correction made?				☐ Yes ☐ No
_	If "Yes," describe in Part IV.	ganization is exempt und	der eaction 501/s	Newsort section FO1/	<u> </u>
1 2 3	Enter the amount directly expended Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and er made payments. For each organization tributions received that were propolitical action committee (PAC). If	d by the filing organization for se ization's funds contributed to o s. Add lines 1 and 2. Enter here 1120-POL for this year? inployer identification number (E tion listed, enter the amount pa omptly and directly delivered to	ection 527 exempt fund ther organizations for s and on Form 1120-POI (IN) of all section 527 p and from the filing organ a separate political organ	ction activities section 527 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Yes No h the filing organization e amount of political
	(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

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

Schedule C (Form 990 or 990-EZ) 2010

	edule C (Form 990 or 990-EZ) 2010]				71-0	0294353	Page 2
ra			mpt under section	on 501(c)(3) and file	ed Form 5768		
-	(election under section						
	heck I if the filing organization	-	• .				
<u> </u>	heck Lifthe filing organization	checked box A a	ind "limited control" pr	ovisions apply.			
	Limits o (The term "expenditu	on Lobbying Expe res" means amo		.)	(a) Filing organization's totals	(b) Affiliated total	-
1a	Total lobbying expenditures to influen	ce public opinion	(grass roots lobbying)				
	Total lobbying expenditures to influen			j			
	Total lobbying expenditures (add lines	-	, , , , ,				
d	Other exempt purpose expenditures	·					
е	Total exempt purpose expenditures (a	idd lines 1c and 1	d)			<u> </u>	
f	Lobbying nontaxable amount. Enter the	ne amount from th	e following table in bo	th columns.			
	If the amount on line 1e, column (a) or (b		bying nontaxable am				***************************************
	Not over \$500,000	20% of	the amount on line 1e				
	Over \$500,000 but not over \$1,000,00	00_\$100,0	00 plus 15% of the exc	ess over \$500,000.			
	Over \$1,000,000 but not over \$1,500,	000 \$175,0	00 plus 10% of the exc	ess over \$1,000,000.			
ļ	Over \$1,500,000 but not over \$17,000	,000 \$225,0	00 plus 5% of the exce	ess over \$1,500,000.			
Ì	Over \$17,000,000	\$1,000	,000.				
							
9	Grassroots nontaxable amount (enter	25% of line 1f)					
h	Subtract line 1g from line 1a. If zero or	less, enter -0-					
i	Subtract line 1f from line 1c. If zero or	less, enter -0-					
j	If there is an amount other than zero of	on either line 1h or	line 11, did the organiz	ation file Form 4720			
	reporting section 4911 tax for this year	<u>r?</u>				Yes	No.
	(Some organization		eraging Period Under section 501(h) electio	Section 501(h) n do not have to comp	lete all of the five		
	colun			es 2a through 2f on pa	ge 4.)		
		Lobbying Expe	nditures During 4-Ye	ar Averaging Period			
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) To	tal
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount				1 1111111111111111111111111111111111111		
	(150% of line 2a, column(e))				<u> </u>		
c	Total lobbying expenditures						
			}	ļ			
	Grassroots nontaxable amount			ļ <u></u>		ļ —	
е	Grassroots ceiling amount						
	(150% of line 2d, column (e))		N-112 - 111			 	
	Cross and labeling a second district]				
T_	Grassroots lobbying expenditures		1			i	

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990 EZ) 2010 Independence County Farm Bureau 71-0294353 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)).

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total. Add lines 1c through 1: Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	Yes	No	Amo	unt
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total. Add lines 1c through 1i				
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a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total. Add lines 1c through 1i				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total. Add lines 1c through 1i				
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Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? n Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV i Total. Add lines 1c through 1i				
Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? If "Yes," describe in Part IV Total. Add lines 1c through 1:				
g Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? If "Yes," describe in Part IV Total. Add lines 1c through 1i				
n Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? If "Yes," describe in Part IV Total. Add lines 1c through 1i				
i Other activities? If "Yes," describe in Part IV j Total. Add lines 1c through 1i				
j Total. Add lines 1c through 1i				
·				
Did the activities in line 1 course the arganization to be not described in section 501(c)(3)?			······································	
r.				
o If "Yes," enter the amount of any tax incurred under section 4912		1		
If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	- E01/a)/	(5) 07 00	otion	
rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 50 i (c)((5), or se	Cuon	
			Yes	N
Were substantially all (90% or more) dues received nondeductible by members?		1	Х	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	Х	
Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		
"Yes." Dues, assessments and similar amounts from members		1		
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year		2b		
		2c		
c Total		20		
2000/ VaVA) Autor of an electrical poster 400/a) dues		3		
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	ess			
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and possible to the contract of the carryover to the reasonable estimate of nondeductible lobbying and possible to the carryover to the reasonable estimate of nondeductible lobbying and possible to the carryover to the reasonable estimate of nondeductible lobbying and possible to the carryover to the reasonable estimate of nondeductible lobbying and possible to the carryover to the reasonable estimate of nondeductible lobbying and possible to the carryover to the reasonable estimate of nondeductible lobbying and possible to the carryover to th		3		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Independence County Farm Bureau

Employer identification number 71-0294353

Pa	rt I Organizations Maintaining Donor Advise		Accounts Complete if the			
<u></u>	organization answered "Yes" to Form 990, Part IV, line		Accounts: Complete if the			
	organization answered Tes (of orm 990, Fart IV, III)	(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year	(0,00) 00 00 00 00 00 00 00 00 00 00 00 00	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
2	Aggregate contributions to (during year)					
3	, , ,					
4	Aggregate grants from (during year)					
5	Aggregate value at end of year	westing that the appets hold in depart advised for				
,	Did the organization inform all donors and donor advisors in		Yes No			
6	are the organization's property, subject to the organization's Did the organization inform all grantees, donors, and donor a					
0	•	• •	•			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confi				
Pa	impermissible private benefit? rt II Conservation Easements. Complete if the org	controller enginered "Ves" to Form 000. Best IV	Yes No			
	WWW.data		v, inte 7.			
1	Purpose(s) of conservation easements held by the organization		ally important land area			
	Preservation of land for public use (e.g., recreation or e					
	Protection of natural habitat	Preservation of a certified	mistoric structure			
•	Preservation of open space	6				
2	Complete lines 2a through 2d if the organization held a qualif	ned conservation contribution in the form of a c	conservation easement on the last			
	day of the tax year.		Held at the End of the Tax Year			
_	Takal assessment of a secondary secondary					
a	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements	weekeens an alread and to (a)	2b			
C	Number of conservation easements on a certified historic str	• •	2c			
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure				
_	listed in the National Register	1	2d			
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	anization during the tax			
4	year -					
4	Number of states where property subject to conservation ea					
5	Does the organization have a written policy regarding the per		Yes No			
۰	violations, and enforcement of the conservation easements i					
6	Staff and volunteer hours devoted to monitoring, inspecting,					
7	Amount of expenses incurred in monitoring, inspecting, and					
8						
۵	and section 170(h)(4)(B)(ii)?	ion accompate in its revenue and expense stat	_			
9	In Part XIV, describe how the organization reports conservation include, if applicable, the text of the footnote to the organization.					
	-	tion's financial statements that describes the o	rganization's accounting for			
Pa	conservation easements. rt III Organizations Maintaining Collections o	f Art Historical Treasures or Other	Similar Assets			
	Complete if the organization answered "Yes" to Form		Olimai Associa			
1a	If the organization elected, as permitted under SFAS 116 (AS		and halance sheet works of art			
	historical treasures, or other similar assets held for public ext	-				
	the text of the footnote to its financial statements that descri		public service, provide, in Fait XIV,			
b			halance sheet works of art, historical			
U	treasures, or other similar assets held for public exhibition, e	· · · · · · · · · · · · · · · · · · ·				
		ducation, or research in furtherance or public s	ervice, 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		► \$ ► \$			
9	If the organization received or held works of art, historical tre	acures or other cimilar accets for financial acid				
2	the following amounts required to be reported under SFAS 1		i, piovido			
•	Revenues included in Form 990, Part VIII, line 1	TO (MOO 300) relating to these items.	> \$			
a h	Assets included in Form 990, Part X		S •			
U	ASSOCIA INCIDADA IN LOCAL 330, FALLA		- v			

	Schedule D (Form 990) 2010 Independence County Farm Bureau 71-0294353 Page 2									
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)										
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items									
	(check all that apply).									
а	Public exhibition	d	╵╠╵	oan or excl	hange progra	ıms				
b	Scholarly research	е		Other						
C	Preservation for future generations									
4	Provide a description of the organization's co							se in Part	XIV.	
5										
	to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or									
	reported an amount on Form 990, Part X, line 21.									
1a	a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included							—		
	on Form 990, Part X?							L.	Yes	No
b	If "Yes," explain the arrangement in Part XIV $$	and complete the fo	llowing to	able:			[<u>[</u>			
							ļ ļ		Amount	
C	Beginning balance						1c			
d	Additions during the year						1d	<u></u>		
е	Distributions during the year						1e			
f	Ending balance						1f		٦,,	
	Did the organization include an amount on F	orm 990, Part X, line	21?					L	Yes	No
	If "Yes," explain the arrangement in Part XIV			n)	000 D 4	N/ h 40				
Par	t V Endowment Funds. Complete			_	_			baalı	(-) Faury	ance book
		(a) Current year	(b) Pi	rior year	(c) Two year	s back (d) inree y	ears back	(e) Four y	ears back
1a	Beginning of year balance						,.,	., .,,,111		
b	Contributions			-					ļ	······
С	Net investment earnings, gains, and losses									*******
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs						······			······
f	Administrative expenses								·, ······	
9	End of year balance		<u></u>		L				£	
2	Provide the estimated percentage of the year	r end balance neld a								
	Board designated or quasi-endowment%									
b	Permanent endowment	% %								
C	TOTAL STREET	. * •	otion tha	t are held a	and administs	red for the	organiz	zation		
3a	3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No									
	by:								3a(i)	110
	(i) unrelated organizations								3a(ii)	
_	(ii) related organizations If "Yes" to 3a(ii), are the related organization	e lieted as required (on Sched	lule R?					3ь	
_	Describe in Part XIV the intended uses of the									
Pai	t VI Land, Buildings, and Equipn									
. 44	Description of investment	(a) Cost or o			t or other	(c) Acc	cumulate	ed	(d) Book	value
	besomption of investment	basis (invest			(other)		eciation			
12	Land			2	9,833.	· · · · · · · · · · · · · · · · · · ·				,833.
b	Buildings				5,219.		98,0	63.		,156.
	Leasehold improvements		-		<u> </u>		·			
d	Equipment			6	4,641.		61,4	09.	3	,232.
	Other				9,199.		7,8		1	,366.
	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Pan	t X, colun	nn (B), line	10(c).)			>	131	,587.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

<u>(9)</u> (10)

	dule D (Form 990) 2010 Independence County Farm B			/1-0294	<u> პეპ Page 4</u>
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finan	cial Stat	ements	-
1	Total revenue (Form 990, Part VIII, column (A), line 12)	<u>-</u>	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 an	nd 9	10		
	t XII Reconciliation of Revenue per Audited Financial Stateme		nue per	Return	
1	Total revenue, gains, and other support per audited financial statements	- · · · · · · · · · · · · · · · · · · ·	•	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b		7	
c	Recoveries of prior year grants	2c		1	
d	Other (Describe in Part XIV.)	2d		-	
e	Add lines 2a through 2d	20			
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			3	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a	Other (Describe in Part XIV.)	4a 4b		-	
b	Add lines 4a and 4b	40		 	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			4c 5	
	t XIII Reconciliation of Expenses per Audited Financial Statem	ents With Eyns	nege ng		
1	Total expenses and losses per audited financial statements	onto with Expe	11303 pc	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		-	
ď	Other (Describe in Part XIV.)	2d	-	-	
e	Add lines 2a through 2d	20			
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b		7	
	Add lines 4a and 4b	40		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
	TXIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp				
					
					
					•
					

SCHEDULE O (Form 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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 71-0294353

Independence County Farm Bureau	71-0294353						
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 reviewe	d by the						
Executive Committee.							
The Organization does not have							
compensated officers or management officials.							
Form 990, Part VI, Section C, Line 19: These documents ar	e not available						
to the public.							