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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)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A F	or the	2010 calendar year, or tax year beginning NOV 1, 2010 and	ending C	OCT 31, 2011					
B	Check if ipplicable	C Name of organization		D Employer identifie	cation number				
_	Addres	Polk County Farm Bureau							
	Name change	Davis Davis and As		71-0	392023				
	initial return	Number and street (or P 0 box if mail is not delivered to street address)	Room/suite						
	Termin ated	1.0. Box 1133		870-	394-3650				
	Amend return	City or town, state or country, and ZIP + 4		G Gross receipts \$	166,581.				
	Applica tion pendin	Helia, Ak /1995	H(a) Is this a group re	eturn Yes X No					
F Name and address of principal officer: ROUTIEY BOWETT for affiliates?									
		same as C above		H(b) Are all affiliates inc					
		mpt status501(c)(3)	or 527		list. (see instructions)				
		e: www.arfb.com/polk	1	H(c) Group exemption					
		organization X Corporation	L Year	of formation 1939 N	State of legal domicile AR				
100		Summary	<u> </u>	cal Promotion	<u> </u>				
Governance	1 	Briefly describe the organization's mission or most significant activities: Agri	Cui cui	al Plomotion					
Ĩ.	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispo	sed of more	e than 25% of its net as					
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	15				
ಇ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	14				
es	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	3				
Activities &	6	Total number of volunteers (estimate if necessary)		6	32				
Act	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	104,456.				
	ь	Net unrelated business taxable income from Form 990-T, line 34		7b	-3,845.				
				Prior Year	Current Year 0 .				
e		Contributions and grants (Part VIII, line 1h)	-	54,595.	53,009.				
Revenue	Į.	Program service revenue (Part VIII, line 2g)	-	2,329.	1,017.				
æ	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		105,131.	112,555.				
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u> </u>	162,055.	166,581.				
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
ç	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		72,997.	75,251.				
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
Ĝ	1	The state of the s	0.						
ű	17	Other expenses (Part IX, column (D); line 25) Other expenses (Part IX, column (A), lines 11a- 11d, 11i 2 CEIVED Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 SEP 1 7 2012 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	7	67,184.	81,350.				
	18	Total expenses. Add lines 13-17 (must equal Part X, column (A), line-25)	1 _	140,181.	156,601.				
	19	Revenue less expenses. Subtract line 18 from line 12 CFD	<u> </u>	21,874.	9,980.				
s or			Be	eginning of Current Year	End of Year				
Net Assets or Fund Balances	20	Revenue less expenses. Subtract line 18 from line 12 SEP 1 7 2012	<u> </u>	378,561.	676,300.				
et Id E	21	Total liabilities (Part X, line 26)	<u> </u>	20,408.	308,167.				
	22	Net assets or fund balances. Subtract line 21 from line 20		358,153.	368,133.				
	art II	Signature Block Ities of perjury, I declare that I have examined this return, including accompanying schedule	o and states	nanta and to the heat of m	knowledge and belief it is				
					y kilowiedyc alid Delici, it is				
tiue	true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge								
Sia	Construe of officer								
Sign Parkers Parker Proceedings									
	Type or print name and title								
	Print/Type preparer's name Preparer's signature Date Check PTIN								
Paid Maria K. Bean Maria K Bean CRA 8/25/12 self-employed									
Preparer Firm's name ► Thomas & Thomas LLP Firm's EIN ►									
Use Only Firm's address 201 E. Markham, Suite 500									
		Little Rock, AR 72201		Phone no (501) 375-2025				
Ma	y the If	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				
	001 02-2		ons.		Form 990 (2010)				

orm	990 (2010)	Polk County Farm 1	Bureau	71-039	2023	Page 2
		rogram Service Accomplis				
<u> </u>		contains a response to any quest				
1	Briefly describe the organi		ion in this rate in			
•	Agricultural					
	Agricultural	I I OMOCION	· · · · · · · · · · · · · · · · · · ·			
		 				
				····	 	
	5				 -	
2		take any significant program servic	ces during the year which were r	tot listed on	Yes [▼]
	the prior Form 990 or 990-				Yes L	_A_ No
		w services on Schedule O.		_		₹
3		conducting, or make significant c	hanges in how it conducts, any	program services?	Yes	A No
	If "Yes," describe these ch					
4		ose achievements for each of the o				
		c)(4) organizations and section 494				
		otal expenses, and revenue, if any				
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
		ureau work is gen				
	achieve educa	tional improvemen	ts, economic opp	ortunity, and so	cial	
	advancement.					
	-					
41	(O - d -) (Expenses \$	including greats of \$	\ /Poyonua \$		
4b	(Code:) (Expenses \$	including grants of \$) (Nevenue \$		·
					-	
						
					-	
						
	 					
40	(Code:) (Expenses \$	including grants of \$	\(Revenue \$		
40	(Code) (Expenses #	moldding grants or \$			′
					······	

4d	Other program services. (Describe in Schedule O.)				
-	(Expenses \$	including grants of \$) (Revenue	.\$		
4e	Total program service ex		·			

Part IV	Checklist	of Rec	uired (Sche	dules
---------	-----------	--------	---------	------	-------

t Gi	t is Oriecklist of Heddined Schedules			
			Yes	No
1	ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			v
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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, VII, 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,	44.	Х	
_	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	<u> </u>	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
٠	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
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			
	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			
	Schedule D, Parts XI, XII, and XIII	12a		X
þ	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		
D	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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	145		
10	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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
20a	· · · · · · · · · · · · · · · · · · ·	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	000	0040;
		Form	99U (2010)

-	rt IV Checklist of Required Schedules (continued)		<u>.</u>	age ¬
			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		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	'		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	}		
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>X</u>
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		ĺ	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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		Х
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		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

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

	990 (2010) Polk County Farm Bureau	71-0392	023	Р	age 5
Pa	TV Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response to any question in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and r		İ		
С		eportable garning		Х	ĺ
_	(gambling) winnings to prize winners?	1 1	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 3			
	filed for the calendar year ending with or within the year covered by this return	L	1	v	ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b	Х	ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction	s)		.,	ł
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	X	ļ
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	Х	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		ļ		۱
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	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	Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action?	5b		X
С	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 to	ne organization solicit			
	any contributions that were not tax deductible?	-	6a		Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contribution	tions or aifts			
_	were not tax deductible?	..	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
	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		
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	TVICOS PIOVIGOS LO LITO PAYOT	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
С		as required	7c		
-4	to file Form 8282?	7d			
	If "Yes," indicate the number of Forms 8282 filed during the year		7.		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		 -
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file F		7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz		7h		ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D		١.		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8	ļ	
9	Sponsoring organizations maintaining donor advised funds.				ł
а	Did the organization make any taxable distributions under section 4966?		9a		ļ
þ	Did the organization make a distribution to a donor, donor advisor, or related person?		9ь		ļ
10	Section 501(c)(7) organizations. Enter:	1 1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	ļ		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter	1 1			
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			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a	ļ	L
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		1		1
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1		1
	organization is licensed to issue qualified health plans	13ь			
c		13c			L
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O	14b		

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.

	Charles (Calcabella Canadana a managana da managana in dhin Bart VII				X
	Check if Schedule O contains a response to any question in this Part VI				
Sec	tion A. Governing Body and Management				_ N.
		ا . ما	15	Ye	s No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other	١.		J
	officer, director, trustee, or key employee?		1-2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision			v
	of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9		14		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?	5	_	
6	Does the organization have members or stockholders?		_6	X	`
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	mbers of the		١,	,
	governing body?		7		
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other personal by mem		7	b X	`
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during the year			
	by the following:			١,	,
а	The governing body?		8		
ь	Each committee with authority to act on behalf of the governing body?		8	b X	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at the			1,7
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)			1
				Ye	
	Does the organization have local chapters, branches, or affiliates?		10	a	<u> </u>
þ	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?		10	-	,
	Has the organization provided a copy of this Form 990 to all members of its governing body before fil	ling the form?	11	a >	<u> </u>
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			١,	,
	Does the organization have a written conflict of interest policy? If "No," go to line 13		12	2a 2	<u> </u>
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ıld give rise		١,	,
	to conflicts?		12	(p)	-
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	'Yes," describe			,
	ın Schedule O how this is done			2c }	
13	Does the organization have a written whistleblower policy?		1	-	, X
14	Does the organization have a written document retention and destruction policy?		1	4 }	-
15	Did the process for determining compensation of the following persons include a review and approva	al by independent		Ì	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		ĺ		
а	The organization's CEO, Executive Director, or top management official		15		X
b	Other officers or key employees of the organization		15	b	X
	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 arranger	ment with a			v
	taxable entity during the year?		1.0	ia	X
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval				
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organical states of the control of the contr	anization's			
	exempt status with respect to such arrangements?		16	b	
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► None				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501(c)(3)s only) ava	ılable for		
	public inspection. Indicate how you make these available. Check all that apply.				
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, c	onflict of interest pol	icy, and t	inancı	al
	statements available to the public.				
20	State the name, physical address, and telephone number of the person who possesses the books at	nd records of the org	anızatıor	:▶_	
	The Organization - 479-394-3650				
	P.O. Box 1139, Mena, AR 71953				

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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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.

(A)	(B)				C)	,		(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for	H	neck	Pos	ition that	арр		Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Keyemployee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
Rodney Bowen	0.50			x				0.	0.	0
President	0.50	Х		Λ	<u> </u>		 	0.	0.	0.
Ronney Fields	0.50	. ,		Х				0.	0.	^
Vice President	0.50	Х	-	X	<u> </u>	-		0.		0.
Terry Keener	0.50	.,		Х				0.	0.	0.
Secretary	0.50	Х		A			 - -			<u> </u>
Stephen Barney	0.50	v			1	ŀ	}	0.	0.	0.
Member	0.50	Х	<u> </u>	-			 -	0.		<u> </u>
Robert Barron	0.50	v			ŀ			0.	0.	0.
Member	0.50	Х			├	-	 -	0.	0.	<u></u>
Farrell Cole	0.50	v				\	ļ	0.	0.	0.
Member	0.50	X				 	-	0.	0.	<u></u>
Don Craig	0.50	,,	ļ					0.	0.	^
Member	0.50	X	-			 		0.	<u> </u>	0.
Wayne Ellison	0.50	.						0.	0.	0.
Member	0.50	X		_		<u> </u>	 		0.	0.
Bill Hoek	0.50	v		i			Ì	0.	0.	0.
Member	0.50	X	_		_	 	-	0.		
Greg Hunter	0.50	X						0.	0.	0.
Member	0.50	^				 		0.	- 0.	- 0.
Dennis Philpot	0.50	X						0.	0.	0.
Member	0.30	^		\vdash		\vdash	 	0.	0.	-
Allen Stewart	0.50	X						0.	0.	0.
Member	0.50		-				—	0.		
Terry Terrell Member	0.50	X						0.	0.	0.
Mitchell Tidwell	0.30	1	 			├		<u>.</u>	<u></u>	
Member	0.50	x		ĺ		ĺ		0.	0.	0.
James Watkins	J.30	<u> </u>	-		 		-	- 0.	- · ·	
Member	0.50	x						0.	0.	0.
Duane Webb	1 3.30	 •	\vdash							
Member	0.50	X						0.	0.	0.
	1 330					T	_			
									_	

Par	T VII Section A. Officers, Directors, Tru		nplo	oyee			ligh	est					-
	(A)	(B) (C) Average Position							(D) Reportable	(E) Reportable		(F) Estimate	ad
	Name and title	hours per week	(cl		all t			ly)	compensation	compensation from related		amount other	of
		(describe	actor						from the	organizations	cr	ompensa	
		hours for	e or di	8			sated		organization	(W-2/1099-MISC		from th	
		related organizations	tarsta	al trus		8 €	ubeu		(W-2/1099-MISC)			organizat and relat	
		in Schedule	Individual trustee or director	Institutional trustee	 ₩	Key employee	Highest compensated employee	Former	1			rganizati	
		O)	2	臣	Officer	Ş.	3.2	Ğ				·	
									-				
								<u> </u>			+		
		 	├-				ļ				 		
							<u> </u>						
	****		-				├-	_					
			\vdash								_		
1 b	Sub-total		1	.1	١			L	0.) .		0.
С	Total from continuation sheets to Part V	II, Section A							0.).		0.
<u>d</u>	Total (add lines 1b and 1c)						<u> </u>		0.).		0.
2	Total number of individuals (including but recompensation from the organization	not limited to th	10SE	liste	ed al	bov	e) w	no re	eceived more than \$100),000 in reportable	<u>. </u>		0
3	Did the organization list any former officer	director or tru	ister	a ke	v em	ndo	vee	or h	nighest compensated e	molovee on	_	Yes	No
3	line 1a? If "Yes," complete Schedule J for s			, RC	y C::	ipio	, cc,	011	nghest compensated of	mpioyee en	3		X
4	For any individual listed on line 1a, is the si			omp	ensa	atio	n an	d ot	her compensation from	the organization			
	and related organizations greater than \$15										4		X.
5	Did any person listed on line 1a receive or							relat	ted organization or indiv	idual for services			х
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	nplete Schedul	e J i	tor s	ucn	per	son		· -		5		_ A
1	Complete this table for your five highest co	ompensated in	dep	ende	ent c	ont	racte	ors t	that received more than	\$100,000 of compe	ensatio	n from	
	(A)								(B)			(C)	
	Name and business	address						-	Description of	services	Com	pensatio	on
	·												
							-						
2	Total number of independent contractors ((including but r	not li	ımıte	ed to	the	se li	stec	d above) who received r	nore than			
	\$100,000 in compensation from the organ						0		· · · · · · · · · · · · · · · · · · ·			000	

Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Related or Unrelated Total revenue excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue 1 a Federated campaigns 1a **b** Membership dues 1b Fundraising events 1c d Related organizations 1d 1e e Government grants (contributions) f All other contributions, gifts, grants, and 1f similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code 2 a Membership Dues 110000 53,009. 53,009. Program Service Revenue f All other program service revenue 53,009. Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,017. 1,017 other similar amounts) Income from investment of tax-exempt bond proceeds 2,092. 2,092. Royalties (i) Real (II) Personal 4,200. 6 a Gross Rents b Less: rental expenses 4,200. c Rental income or (loss) 4,200. 4,200 d Net rental income or (loss) (II) Other (i) Securities 7 a Gross amount from sales of assets other than inventory b Less. cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less. direct expenses ▶ c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 104,456. 524298 104,456. Insurance Service Fees 1,807. 1,807. 900099 b Miscellaneous d All other revenue 106,263. e Total. Add lines 11a-11d 166,581. 53,009. 104,456. 9,116. Total revenue. See instructions Form 990 (2010)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)	(4) organizations must complete all columns
All other organizations must complete column (A	(A) but are not required to complete columns (B), (C), and (D)

(B) (C) (A) Do not include amounts reported on lines 6b. Fundraising Total expenses Program service Management and 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 68,801. 7 Other salaries and wages Pension plan contributions (include section 401(k) 620. and section 403(b) employer contributions) 9 Other employee benefits 5,830. 10 Payroll taxes Fees for services (non-employees): a Management Legal 600. Accounting Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other 6,863. 12 Advertising and promotion 12,049. Office expenses 13 Information technology 14 Royalties 15 17,678. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 12,990. 19 Conferences, conventions, and meetings 9,066. 20 Interest 21 Payments to affiliates 6,090. Depreciation, depletion, and amortization 22 615. 23 Insurance 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') 7,712. Youth and Safety 7,687. Miscellaneous c All other expenses 156,601. Total functional expenses. Add lines 1 through 24f 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 solicitation

Part X Balance Sheet (A) Beginning of year End of year Ō. O. 1 Cash · non-interest-bearing 1 52,768. 270,577. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 1,284. 0. 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L 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 6 employees' beneficiary organizations (see instructions) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 789,728. 10a basis. Complete Part VI of Schedule D 166,216.106,680. 623,512. 10c 10b b Less, accumulated depreciation 11 11 Investments - publicly traded securities 12 Investments · other securities. See Part IV, line 11 12 13 Investments · program-related. See Part IV, line 11 13 14 14 Intangible assets 20. 676,300. 20. 15 15 Other assets. See Part IV, line 11 378,561. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,452. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 18,956. 18,590. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 288,305. Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities. Complete Part X of Schedule D 25 20,408. 308,167. 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 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here

X
and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 368,133. 358,153. 32 Retained earnings, endowment, accumulated income, or other funds 358,153. 368,133. 33 33 Total net assets or fund balances 676,300. 378,561 Total liabilities and net assets/fund balances

Form	990 (2010) Polk County Farm Bureau	71-039	<u> 2023</u>	<u>Paç</u>	ge 12	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI	<u>-</u>				
	•	1			^ 1	
1	Total revenue (must equal Part VIII, column (A), line 12)	1				
2	Total expenses (must equal Part IX, column (A), line 25)	2				
3	Revenue less expenses. Subtract line 2 from line 1	3	166,581. 156,601. 9,980. 358,153. 0. 368,133. Yes No			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	358	3,1		
5	Other changes in net assets or fund balances (explain in Schedule O)	5				
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	368	3,1	<u>33.</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			1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a			
b	Were the organization's financial statements audited by an independent accountant?		2b		X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	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 issued					
	separate basis, consolidated basis, or both:			- 1		
	Separate basis Consolidated basis Both consolidated and separate basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audıt				
	Act and OMB Circular A-133?		3a		X	
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit	\top		_	
	or guidte, explain why in Schedule O and describe any stens taken to undergo such audits		3b			

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

•	<u>Section 501(c)(4), (5), or (6) organiza</u>	ations: Complete Part III			
Nan	ne of organization			Empl	oyer identification number
		ounty Farm Bureau			71-0392023
Pa	ert I-A Complete if the or	ganization is exempt und	der section 501(c) or is a section 527 o	rganization.
2	Provide a description of the organi Political expenditures Volunteer hours	zation's direct and indirect politic	cal campaign activities	s in Part IV. ▶\$	
Pa	rt I-B Complete if the or	ganization 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	ers under section 495	5 5 ▶ \$	
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	for this year?		Yes No
4 a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the or	-	··	······································	
1	Enter the amount directly expende	d by the filing organization for se	ection 527 exempt fund	ction activities > \$	
2		nization's funds contributed to o	ther organizations for	_	
	exempt function activities	<u> </u>		▶\$	
3	Total exempt function expenditure	s. Add lines 1 and 2 Enter here	and on Form 1120-PO	L,	
	line 17b			▶\$	——————————————————————————————————————
	Did the filing organization file Form	= = = = = = = = = = = = = = = = = = =			Yes No
5	Enter the names, addresses and emade payments. For each organization contributions received that were prolitical action committee (PAC). If	ation listed, enter the amount pa romptly and directly delivered to	id from the filing organ a separate political or	nization's funds. Also enter th ganization, such as a separa	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

Schedule C (Form 990 or 990-EZ) 2010	olk Count	y Farm Bure	au		0392023 Page 2
Part II-A Complete if the organ	nization is exe	mpt under section	n 501(c)(3) and file	ed Form 5768	
(election under section	on 501(h)).			-	· -
A Check if the filing organization	n belongs to an affi	liated group.			
B Check 🕨 🔲 if the filing organization	n checked box A ar	nd "limited control" pre	ovisions apply.		
Limits (The term "expendite	on Lobbying Expe ures" means amou)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influer	ice public opinion (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 1c	러)			
f Lobbying nontaxable amount. Enter t	he amount from the	e following table in bo	h columns.		
If the amount on line 1e, column (a) or (l) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e	<u></u>		
Over \$500,000 but not over \$1,000,0	00 \$100,00	00 plus 15% of the exc	cess over \$500,000		
Over \$1,000,000 but not over \$1,500	,000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000		
Over \$1,500,000 but not over \$17,00	0,000 \$225,00	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (enter	25% of line 1f)		1		
h Subtract line 1g from line 1a. If zero o			-		
i Subtract line 1f from line 1c. If zero o			L		<u> </u>
j If there is an amount other than zero		line 11, did the organiz	ation file Form 4720		г.,
reporting section 4911 tax for this ye					Yes No
	ions that made a s		Section 501(h) n do not have to comp es 2a through 2f on pa		
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2007	(ы) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount				, , , , , , , , , , , , , , , , , , , ,	
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots romanable amount (150% of line 2d, column (e))	~				
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 Polk County Farm Bureau 71-039202 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)).

	(6	(a)		(b)	
	Yes	No	Amo	ount	
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?			<u>-</u>		
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities? If "Yes," describe in Part IV					
j Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				 	
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				.,	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	1: 504()	(F)	-4!	·	
Part III-A Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6).	Stion 501(c)	(5), or se	ction		
	<u> </u>		Yes	No	
1 Were substantially all (90% or more) dues received nondeductible by members?		1	X		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	X		
3 Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if I	ction 501(c) Part III-A, li	3 (5), or se ne 3 is a	ction nswered	<u> </u>	
Part III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if I "Yes."	ction 501(c) Part III-A, Ii	(5), or se ne 3 is a	ection nswered	<u> </u>	
Part III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if I "Yes." 1 Dues, assessments and similar amounts from members	Part III-A, li	(5), or se	ection nswered	<u> </u>	
Part III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if I "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of po	Part III-A, li	(5), or se ne 3 is a	ection nswered	<u> </u>	
Part III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if I "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poexpenses for which the section 527(f) tax was paid).	Part III-A, li	(5), or se ne 3 is a	ection nswered	<u> </u>	
Part III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if I "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poexpenses for which the section 527(f) tax was paid). a Current year	Part III-A, li	(5), or se ne 3 is a	ection nswered	<u> </u>	
Part III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if I "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poexpenses for which the section 527(f) tax was paid). a Current year b Carryover from last year	Part III-A, li	(5), or se ne 3 is a	ection nswered	<u> </u>	
Part III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if I "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poexpenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	Part III-A, li	(5), or se ne 3 is a	ection nswered	<u> </u>	
Part III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if I "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poexpenses for which the section 527(f) tax was paid). a Current year b Carryover from last year	Part III-A, li	(5), or se ne 3 is a 1 2a 2b 2c	ection nswered	<u> </u>	
Part III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if I "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poexpenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	Part III-A, li	(5), or se ne 3 is a 1 2a 2b 2c	ection	<u> </u>	
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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. OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Polk County Farm Bureau

Employer identification number 71-0392023

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds of	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's		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, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or e	·	rically important land area
	Protection of natural habitat	Preservation of a certifie	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	a conservation easement on the last
_	day of the tax year		
	ady of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture 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 o	rganization 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 pel		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements duri	ng the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense st	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furtheranc	e of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	ibes these items.	
ь	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e-	ducation, or research in furtherance of public	c service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial g	
_	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1	·	> \$
	Assets included in Form 990, Part X		s

Describe in Part XIV the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. See Form 990, Part X, line 10. Part VI (b) Cost or other (c) Accumulated (d) Book value (a) Cost or other Description of investment basis (other) depreciation basis (investment) 94,477. 94,477 1a Land 522,639. 106,626. 629,265. **b** Buildings c Leasehold improvements 50,243. 4,755. 54,998. d Equipment 9,347. 10,988. e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Schedule D (Form 990) 2010

Part VII Investments - Other Securities.	See Form 990, Part X, line	12.		
(a) Description of security or category	(b) Book value		(c) Method of valua	
(including name of security)	(b) Book value	Со	st or end-of-year mar	ket value
1) Financial derivatives			·	
2) Closely-held equity interests				
3) Other				
(A)				
(B)			<u> </u>	
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)	-			· · · · · · · · · · · · · · · · · · ·
			······································	— ···
otal. (Coi (b) must equal Form 990, Part X, col (B) line 12) ▶ Part VIII Investments - Program Related.				
	See Form 990, Part X, III	e 13.	(c) Method of valua	tion:
(a) Description of investment type	(b) Book value	Co	st or end-of-year mar	
(4)				
(1)	- 			
(2)		·		
(3)				
(4)				
(5)				
(6)				
(7)				· · · · · · · · · · · · · · · · · · ·
(8)				
(9)				· · · · · · · · · · · · · · · · · · ·
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶				
Part IX Other Assets. See Form 990, Part X, II				(h) Daalavalua
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)		···		
(6)				
(7)				
(8)				··
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B)	line 15)		<u> </u>	
Part X Other Liabilities. See Form 990, Part	X, line 25.		,	
1. (a) Description of liability		(b) Amount		
(1) Federal income taxes			1	
(2)		<u> </u>		
(3)			1	
(4)				
(5)]	
(6)			_	
(7)				
(8)]	
(9)				
(10)]	
(11)]	
Total, (Column (b) must equal Form 990. Part X. col (B)	line 25)]	
Total. (Column (b) must equal Form 990, Part X, col (B) FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footno 2. FIN 48 (ASC 740)	te to the organization's financial s	tatements that reports the organ	nization's liability for uncerta	in tax positions under
2. FIN 48 (ASC 740) 032053 12-20-10		····	Sch	edule D (Form 990) 20
12-20-10			0011	(, 0,, 000) 20

	dule D (Form 990) 2010 POIR COUNTY FAIM BULEAU	··· · -·			392023 Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to Au	idited Financ	cial Stat	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	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		<u> </u>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10		
Pai	TXII Reconciliation of Revenue per Audited Financial Statements	with Reven	ue per	t I	
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			
а	- The state of the	2a	<u>-</u>	-	
þ		2b	_	⊣	
C	Recoveries of prior year grants	2c		-	
d	Other (Describe in Part XIV.)	2d		-	
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			
а		4a		-	
b		4b		-	
C	Add lines 4a and 4b			4c	
5		o With Evno		5 Deturn	
	rt XIII Reconciliation of Expenses per Audited Financial Statement	is with Expe	nses pe	1 . 1	
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:	0-			
a	Belliated on those and see or tasking	2a			
Ь	The year dejustments	2b		\dashv \parallel	
		2c 2d		\dashv	
		20		- ₂₀	
_	Add lines 2a through 2d			2e 3	· · · · · · · · · · · · · · · · · · ·
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-			
_		4a 4b		-	
b		40 [4c	
_	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
D ₂	rt XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete				
				7	
				_	

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.

2010 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Polk County Farm Bureau

Employer identification number 71-0392023

Form 990, Part VI, Section A, line 6: The Organization is a mutual
benefit organization.
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 and signed by
the Board President.
Form 990, Part VI, Section B, Line 12c: The policy is reviewed when bids
are taken on a new job or contributions are made to any entity.
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.