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Form **990-EZ**

Short Form
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 1545-1150

2010

Department of the Treasury
 Internal Revenue Service

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning Nov 1, 2010, **and ending** Oct 31, 2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LAMAR COUNTY FARM BUREAU	D Employer identification number 75-0880621
	Number and street (or P O box, if mail is not delivered to street address) Room/suite 805 SW LOOP 286	E Telephone number (903) 785-0375
	City or town, state or country, and ZIP + 4 PARIS TX 75460	F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify) _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ N/A

J Tax-exempt status (ck only one) — 501(c)(3) 501(c) (5) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 186,691.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

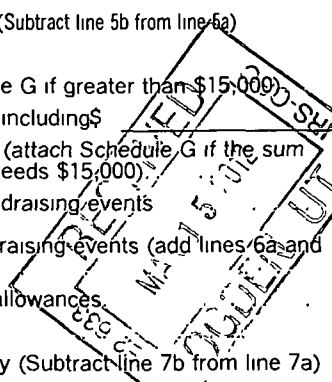
Check if the organization used Schedule O to respond to any question in this Part I

1	Contributions, gifts, grants, and similar amounts received	1		
	2	Program service revenue including government fees and contracts	2	
		Membership dues and assessments	3	107,065.
	4	Investment income	4	3,697.
		5a Gross amount from sale of assets other than inventory	5a	
	5b Less cost or other basis and sales expenses	5b		
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
	6	Gaming and fundraising events		
		a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		6b		
c Less direct expenses from gaming and fundraising events		6c		
6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
7a	Gross sales of inventory, less returns and allowances	7a		
	b Less cost of goods sold	7b		
	7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O) See Form 990-EZ, Part I, Line 8 Other Revenue	8	75,929.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	186,691.	
10-17	10 Grants and similar amounts paid (list in Schedule O)	10	12,968.	
	11 Benefits paid to or for members	11		
	12 Salaries, other compensation, and employee benefits	12	56,702.	
	13 Professional fees and other payments to independent contractors	13	1,140.	
	14 Occupancy, rent, utilities, and maintenance	14	12,747.	
	15 Printing, publications, postage, and shipping	15	1,637.	
	16 Other expenses (describe in Schedule O) See Form 990-EZ, Part I, Line 16 Other Expenses	16	88,558.	
	17 Total expenses. Add lines 10 through 16	17	173,752.	
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	12,939.	
19-21	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	111,308.	
	20 Other changes in net assets or fund balances (explain in Schedule O) See L-20 Stmt	20	92.	
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	124,339.	

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2010)

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Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	79,100.22	62,359.
23 Land and buildings	30,578.23	59,424.
24 Other assets (describe in Schedule O) <u>See L-24 Stmt</u>	2,131.24	3,020.
25 Total assets	111,809.25	124,803.
26 Total liabilities (describe in Schedule O) <u>See L-26 Stmt</u>	501.26	464.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	111,308.27	124,339.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? PRESIDENT

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others)

28 <u>SEE SCHEDULE O</u>		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 <u>SEE SCHEDULE O</u>		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 <u>SEE SCHEDULE O</u>		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
MICHAEL WINTERS 805 SW LOOP 286 PARIS TX 75460	PRESIDENT 6.00	0.	0.	0.
MIKE PARSONS 805 SW LOOP 286 PARIS TX 75460	VICE PRESIDENT 5.00	0.	0.	0.
GARY NIXON 805 SW LOOP 286 PARIS TX 75460	SEC/TREAS 2.00	0.	0.	0.
WILLIAM JUSTISS 805 SW LOOP 286 PARIS TX 75460	DIRECTOR 6.00	0.	0.	0.
DAVID NABORS 805 SW LOOP 286 PARIS TX 75460	DIRECTOR 1.00	0.	0.	0.
WALTER HUFNAGEL 805 SW LOOP 286 PARIS TX 75460	DIRECTOR 5.00	0.	0.	0.
PAUL BAYER 805 SW LOOP 286 PARIS TX 75460	DIRECTOR 2.00	0.	0.	0.
TONY WHITTLE 805 SW LOOP 286 PARIS TX 75460	DIRECTOR 2.00	0.	0.	0.
DAVID BASINGER 805 SW LOOP 286 PARIS TX 75460	DIRECTOR 3.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O

Table with columns Yes, No and row 33

34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

Table with columns Yes, No and row 34

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

Table with columns Yes, No and row 35a

b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?

Table with columns Yes, No and row 35b

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N

Table with columns Yes, No and row 36

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.

b Did the organization file Form 1120-POL for this year?

Table with columns Yes, No and row 37b

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

Table with columns Yes, No and row 38a

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

Table with column 38b

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

Table with column 39a

b Gross receipts, included on line 9, for public use of club facilities

Table with column 39b

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:

section 4911; section 4912; section 4955

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I

Table with columns Yes, No and row 40b

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T

Table with columns Yes, No and row 40e

41 List the states with which a copy of this return is filed

42a The organization's books are in care of TEXAS FARM BUREAU

Telephone no. (254) 751-2337

Located at P O BOX 2689, WACO,

TX ZIP + 4 76702-2689

b 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)?

Table with columns Yes, No and row 42b

If 'Yes,' enter the name of the foreign country

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

Table with columns Yes, No and row 42c

If 'Yes,' enter the name of the foreign country

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

Table with column 43

44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

Table with columns Yes, No and row 44a

b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

Table with columns Yes, No and row 44b

c Did the organization receive any payments for indoor tanning services during the year?

Table with columns Yes, No and row 44c

d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

Table with columns Yes, No and row 44d

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst)		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
b If 'Yes,' was the related organization a section 527 organization?		
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

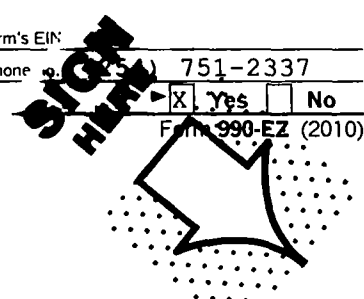
52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: Michael Winters Date: 2/18/12
 Type or print name and title: Michael Winters PRESIDENT

Print/Type preparer's name: Patrick Ehlers Preparer's signature: Patrick Ehlers Date: 02/18/12 Check if self-employed PTIN: P01278523
 Firm's name: Texas Farm Bureau Firm's EIN: 751-2337
 Firm's address: P.O. Box 2689 Waco TX 76702 Phone: 751-2337

May the IRS discuss this return with the preparer shown above? See instructions Yes No



Form **4562**

Department of the Treasury
Internal Revenue Service (99)

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

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2010

Attachment
Sequence No **67**

Name(s) shown on return

LAMAR COUNTY FARM BUREAU

Identifying number

75-0880621

Business or activity to which this form relates

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	1,933.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B – Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		378.	5 YRS	HY	200DB	76.
c 7-year property						
d 10-year property						
e 15-year property		14,038.	15 YRS	HY	150DB	702.
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property	ATTACHMENT	17,248.	39 yrs	MM	S/L	106.
				MM	S/L	

Section C – Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations – see instructions	22	2,817.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?		<input type="checkbox"/> Yes <input type="checkbox"/> No		24b If 'Yes,' is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25	
26 Property used more than 50% in a qualified business use								
27 Property used 50% or less in a qualified business use								
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person if you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year (see instructions)					
43 Amortization of costs that began before your 2010 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Depreciation and Amortization

Attachment

19 General Depreciation System (GDS):

(a) Classification of property	(b) Date	(c) Basis for depreciation	(d) Rec period	(e) Con-vention	(f) Method	(g) Depreciation deduction
i Nonresidential	06/27/2011	1,398.00	39.00	MM	S/L	13.44
i Nonresidential	08/30/2011	12,250.00	39.00	MM	S/L	65.44
i Nonresidential	07/14/2011	3,600.00	39.00	MM	S/L	26.93
		<u>17,248.00</u>				<u>105.81</u>

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

Open to Public
Inspection

Name of the organization

LAMAR COUNTY FARM BUREAU

Employer identification number

75-0880621

Pt III, Line 31 Members of the County Farm Bureau are also members of
Texas Farm Bureau, a statewide agricultural organization
(exempt under 501(c) (5)) that works for the betterment
of agriculture and coordinates programs on a statewide
basis. Members of the County Farm Bureau are also members
of the American Farm Bureau, a national agricultural
organization that also works for the betterment of agriculture.

County Farm Bureau volunteers participate in matters
dealing with legislation that affects agriculture.

County Farm Bureau volunteers help organize their members
into separate agricultural commodity interests.

Annual meeting
Held an annual meeting in which all members are invited. Purpose was to
discuss relative local, statewide, and national agricultural issues,
the importance of agriculture education, the business of the organization,
and current legislative issues as they relate to agriculture. Members
of the county farm bureau, county farm bureau staff, county farm bureau
voluntary leaders, Texas Farm Bureau staff and invited guests participated.

Pt III, Line 28 Youth Livestock Show/Fair
Contributed to local youth livestock show/fair. Purposes of the show are
to promote responsibility, leadership skills, and interest in raising farm
animals for area youth. The County Farm Bureau volunteers as well, and the
local 4-H Clubs and FFA Chapters participate in this important event.

Name of the organization

LAMAR COUNTY FARM BUREAU

Employer identification number

75-0880621

Pt III, Line 29 State meetings

Volunteer Directors of the County Farm Bureau attended meetings sponsored by Texas Farm Bureau, including its annual state convention. At these meetings, various agricultural issues are discussed with similar local volunteers from other county farm bureaus across the state. At the Texas Farm Bureau annual convention, local county farm bureau leaders from all over Texas voted on agricultural issues that these volunteers would like Texas Farm Bureau and the volunteers to pursue on a statewide level in the upcoming year.

Pt III, Line 30 National Affairs Meetings

County Farm Bureau Directors attended meetings with national legislators as well as state legislators to explain how laws and regulations impact agriculture and rural areas.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 8 Other Revenue

Other revenue (describe in Schedule O)

INS SERVICE FEES	74,093.
INS AGENT INCOME	1,186.
BANKING PROGRAM	225.
SIGN INCOME	142.
ANNUAL MEETING INCOME	283.
Total	75,929.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

STATE MEMBERSHIP DUES	62,710.
COMMITTEE/CONTRACT SERVICES	860.
OFFICE OPERATIONS EXPENSES	7,425.
EQUIPMENT EXPENSES	1,295.
OTHER EXPENSE	3,820.
TRAVEL/CONFERENCES/MEETINGS	12,182.
ADVERTISING/PUBLIC REALATIONS	266.
Total	88,558.

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

Name and address	Title and average hours per week devoted to position	Compensation (if not paid, enter -0-)	Contributions to employee benefit plans and deferred compensation	Expense account and other allowances
Business <input type="checkbox"/> Person <input type="checkbox"/> JERRY JACKSON 805 SW LOOP 286 PARIS TX 75460 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 2.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> TONY HUTTO 805 SW LOOP 286 PARIS TX 75460 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> WALLACE KRAFT 805 SW LOOP 286 PARIS TX 75460 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 1.00	0.	0.	0.

Form 990-EZ, Page 2, Part IV

Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

Name and address	Title and average hours per week devoted to position	Compensation (if not paid, enter -0-)	Contributions to employee benefit plans and deferred compensation	Expense account and other allowances
Business <input type="checkbox"/> Person <input type="checkbox"/> PHIL THOMPSON 805 SW LOOP 286 PARIS TX 75460 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 2.00	0.	0.	0.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part I, Line 20

Description	Amount
UNREALIZED GAIN ON MARKETABLE SECURITIES	92.
Total	<u>92.</u>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 24

Line 24 - Other Assets:	Beginning of Year	End of Year
Prepaid Income Tax	2,080.	3,020.
Accounts Receivable	51.	0.
Total	<u>2,131.</u>	<u>3,020.</u>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 26

Line 26 - Total Liabilities:	Beginning of Year	End of Year
Accounts Payable & Accrued Expenses	501.	464.
Total	<u>501.</u>	<u>464.</u>