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Form 990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2011

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

Department of the Treasury For the 2011 calendar year, or tax year beginning 2011, and ending D Employer Identification Number C Name of organization GRAYSON COUNTY FARM BUREAU Check if applicable 75-0906105 Address change Doing Business As Number and street (or P O box if mail is not delivered to street addr) Telephone number Room/suite Name change (903) 893-4393 200 S FM 1417 Initial return State ZIP code + 4 City, town or country Terminated G Gross receipts \$ 361,850. 75092 SHERMAN TX Amended return H(a) Is this a group return for affiliates? F Name and address of principal officer Yes Application pending H(b) Are all affiliates included? BEN WIBLE "SAME AS C ABOVE" If 'No,' attach a list (see instructions) 501(c)(3) X 501(c) (5 4947(a)(1) or Tax-exempt status) ◀ (insert no) Website: ► H(c) Group exemption number Form of organization X Corporation L Year of Formation 1950 M State of legal domicile TX Other > Association Part le Summary Briefly describe the organization's mission or most significant activities. To better the conditions and efficiency of agricultural producers and promote a wholesome and desirable rural life through education, information and other such programs. Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 11 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 10 Total number of volunteers (estimate if necessary) 6 7 a 166,440. 7a Total unrelated business revenue from Part VIII, column (C), line 12 7b b Net unrelated business taxable income from Form 990-T, line 34 15,517. **Prior Year Current Year** 194,720. 189,280. Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 397. 879. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 166,733. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 149,416. 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 339,575. 361,850. 12 4,781. 4,387. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 147,357. 155,369. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 77, 12 , 324 b Total fundraising expenses (Part IX, column (D), line 25)▶ 183,512 205,648. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 365,798. 335,256. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25). 4,319 -3,948. Revenue less expenses Subtract line 18 from line 12 End of Year **Beginning of Current Year** 000 176,371 172,750. 20 Total assets (Part X, line 16) JUL 23 2012 1,480. 1,807. Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from lin 170,943. 174,891. Signature Block Nunder penalties of perjury, I declare that I have examined this return, including accompans complete. Declaration of preparer (other than officer) is based on all information of which gnature of office Sign Wible Here PRESIDENT print name and title Preparer's signature Print/Type preparer's name 06/19/12 P01278523 self-employed Patrick Ehlers Paid ► Texas Farm Bureau Preparer Firm's name **Use Only** Firm's EIN ► 74-1145986 ▶ P.O. Box 2689 Firm's address (254) 751-2337 TX76702 Waco

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes

Forn	m 990 (2011) GRAYSON COUNTY FARM BUREAU	75-09061	05 Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission.		
	To better the conditions and		
	efficiency of agricultural producers and promote a wholesome	_	
	See Form 990, Page 2, Part III, Line 1 (continued)		
2	Did the organization undertake any significant program services during the year which were not listed or	n the prior	_
	Farm 990 or 990-EZ?	. 📙	Yes X No
	If 'Yes,' describe these new services on Schedule O	_	
3	a the engineering country program of the engineering control of the engineering country program of	rvices?	Yes X No
	If 'Yes,' describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the arothers, the total expenses, and revenue, if any, for each program service reported	rices, as measur mount of grants	ed by expenses. and allocations to
4:	a (Code) (Expenses \$ including grants of \$) (F	Revenue \$)
	Youth Livestock Show/Fair	· -	
	Contributed to local youth livestock show/fair. Purposes of the	e show are	to
	promote responsibility, leadership skills, and interest in rais		
	for area youth. The County Farm Bureau volunteers as well, and		
	4-H Clubs and FFA Chapters participate in this important event.		
41	b (Code) (Expenses \$		
	discuss relative local, statewide, and national agricultural is		
	the importance of agriculture education, the business of the or		
	and current legislative issues as they relate to agriculture.		
	of the county farm bureau, county farm bureau staff, county far		
	Voluntary leaders. Texas Farm Bureau staff and invited guests p		
			<u> </u>
4	c (Code) (Expenses \$ including grants of \$) (F	Revenue \$)
	State meetings		
	Volunteer Directors of the County Farm Bureau attended meetings		
	sponsored by Texas Farm Bureau, including its annual state conv		
	at these meetings, various agricultural issues are discussed wi		
	local volunteers from other county farm bureaus across the stat		
	Texas Farm Bureau annual convention, local county farm bureau l		
	from all over Texas voted on agricultural issues that these vol		
	would like Texas Farm Bureau and the volunteers to pursue on a		
	statewide level in the upcoming year.		
4	d Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)
4	e Total program service expenses ▶		-
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Form 990 (2011) GRAYSON COUNTY FARM BUREAU

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Yes, complete	_		
2	Schedule A	2		<u>x</u>
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 98-197/f 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 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? 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services # 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
á	a Did the organization report an amount for land, buildings and equipment in Part X, line 107 'Yes,' complete Schedule D, Part VI	11 a	Х	
1	b Did the organization report an amount for investments- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11b		х
•	c Did the organization report an amount for investments- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VIII	11 c		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	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 253f 'Yes,' complete Schedule D, Part X	11e	<u> </u>	Х
	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)3f 'Yes,' complete Schedule D, Part X	11 f		Х
	a Did the organization obtain separate, independent audited financial statements for the tax year? 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)?If 'Yes,' complete Schedule E	13	 	X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		_
ı	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		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 (see instructions)	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		х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9alf 'Yes,' complete Schedule G, Part III	19		х
	aDid the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	L	<u> </u>

Form 990 (2011) GRAYSON COUNTY FARM BUREAU 75-0906105 Page 4 Part IV: Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1?If 'Yes,' complete Schedule I, Parts I and II . . . 21 Х 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 Х 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 23 Schedule J X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002**If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25. 24a Х **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 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 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# 'Yes,' complete 25b Schedule L, Part I 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 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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). a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a Х **b** A family member of a current or former officer, director, trustee, or key employee If 'Yes,' complete Schedule L, Part IV 28b Х c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes.' complete Schedule M 29 Х 29 30 30 X Did the organization liquidate, terminate, or dissolve and cease operations If 'Yes,' complete Schedule N, Part I 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets # 'Yes,' complete Schedule N, Part II 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I 33 X Was the organization related to any tax-exempt or taxable entity If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Х line 1 35 a 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Х **b** 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 35b Х

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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

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

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

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.			-110
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		2.4	, ,
	3		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax State-	·%:'/-	٠,	
ments, filed for the calendar year ending with or within the year covered by this return.	<u> </u>		د <u>شــــ</u> ـ
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to-file (see instructions)		أسنط	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3b	X	<u>.</u> .
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b If 'Yes,' enter the name of the foreign country ▶		, ÷ 14	
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		ستنفث	1
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	Х	
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
	6b	<u>X</u>	
7 Organizations that may receive deductible contributions under section 170(c).	. ``	<i>:</i> .	, -
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
services provided to the payor?	7a		
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d	53,	. Ax.	1 0 %.
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		20_10 .0
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	<u> </u>	
9 Sponsoring organizations maintaining donor advised funds.	7,	*	
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter		·	
a Initiation fees and capital contributions included on Part VIII, line 12		(m)	ا فلند "
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	30	15.00 25.	'n
11 Section 501(c)(12) organizations. Enter.			a) . 'A 5.2
a Gross income from members or shareholders	, ,		
b Gross income from other sources (Do not net amounts due or paid to other sources	-		*
against amounts due or received from them) 12a Section 4947(aX1) nonexempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Z.c.
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	124		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		8	ب مؤ ،
a Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
Note. See the instructions for additional information the organization must report on Schedule O	39 2		-
		, %.	7.
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b	40. 2	. ,	•
c Enter the amount of reserves on hand	7.		
14a Did the organization receive any payments for indoor tanning services during the tax year? . It is the second of the second organization or second organization organiza	14a		Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b -	. 000	

75-0906105 Form 990 (2011) GRAYSON COUNTY FARM BUREAU Page 6 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1 a 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 10 **b** Enter the number of voting members included in line 1a, above, who are independent 1 b the state Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 5 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 X 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a Х members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, 7h stockholders, or other persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 88 X a The governing body? X **b** Each committee with authority to act on behalf of the governing body? 81 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Х 10a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes 11 a X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? A . **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a Did the organization have a written conflict of interest policy If No, go to line 13 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b Х to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy if 'Yes,' describe in 12 c Schedule O how this is done 13 Х 13 Did the organization have a written whistleblower policy? 14 Х 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Х a The organization's CEO, Executive Director, or top management official Х 15_b **b** Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply X Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization P O BOX 2689, TX __76702-2689 ___ (254) 751-2337 ►TEXAS FARM BUREAU

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Form 990 (2011)

	Form 990 (2011) GRAYSON	COUNTY	FARM	BUREAU
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (C) Position (do not check more than one box, unless person is both an officer (A) Name and title (B) **(F)** Reportable compensation from the organization (W-2/1099-MISC) Estimated amount of other compensation from the Average hours Reportable compensation from related organizations (W-2/1099-MISC) and a director/trustee) per week (describe hours for related adividi खे जिस्सम ज director 음 roi ine employee High est cointensated meditulizati key employee organization and related organizations organiza-tions in Schedule O) การเลย (1) BEN WIBLE 2.00 Х 0 0 PRESIDENT 0. (2) CLINT RUTLEDGE 1.00 VICE PRESIDENT X 0. 0 0. (3) RANDY WATSON SEC TREAS 2.00 Х 0 0 0. (4) ED BLAKELY 1.00 X 0 0 DIRECTOR 0. (5) BART LAWRENCE 2.00 Х 0 0 DIRECTOR 0. (6) PRESTON LAWRENCE 1.00 DIRECTOR Х 0 0. 0. (7) KEITH WELCH DIRECTOR 1.00 Х 0 0 0. (8) JAMES MCCLEAN DIRECTOR 1.00 X 0 0 0. (9) MIKE GIDNEY DIRECTOR 1.00 0 0 0. (10) CHANDLER STRAWN 1.00 0 0. X 0. (11)(12)(13)(14)

Part VII Section A. Officers, Directors, Trust	ees, I	\ey	En			es,	and	d Highest Con	pensated Emp	oloyees (cont)
				•	C)					
(A) Name and title	(B) Average hours per	Average box, unless person is both an hours officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from	rom amount of other				
	week (describ e hours for related organi- zations in Sch O)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)										
(16)										
(17)									·	
(18)										
(19)								-		
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total c Total from continuation sheets to Part VII, Section A	A	<u> </u>					>	0.	0.	
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited from the organization ► 0	d to the	se I	ısted	d ab	ove)	who	► ore	ceived more than	0 . \$100,000 of repor	table compensation
3 Did the organization list anyformer officer, director on line 1a? If 'Yes,' complete Schedule J for such in	dıvıdu	al .								Yes No
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th such individual	oortabl an \$1	e co 50,00	mpe 00%	nsa f 'Ye	tion es' c	and omp	oth <i>lete</i>	er compensation of Schedule J for	trom .	4 X
5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If 'Yes,' co	ompen omplete	satio Sci	n fro hedu	om a ile J	any <i>I for</i>	unre <i>sucl</i>	late 1 pe	d organization or erson	ındıvıdual	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensate	ed inde	nen	dent	cor	ntrac	tors	tha	t received more th	nan \$100 000 of	
compensation from the organization Report compensation (A)	sation	for	the	cale	ndai	yea	ar er	nding with or with	n the organization	's tax year. (C)
Name and business address	S							Description	of services	Compensation
2 Total number of independent contractors (including I \$100,000 in compensation from the organization►		limi	ited	to th	nose	liste	ed a	bove) who receive	ed more than	

Pa	rt VIII. Statement of Revenue					
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lns 1a-1f h Total. Add lines 1a-1f	194,720.	194,720.			
PROGRAM SERVICE REVENUE	2a b c d e f All other program service revenue g Total. Add lines 2a-2f	Business Code		Analysis and the second	and the same	
	3 Investment income (including dividend	······································				
	other similar amounts) 4 Income from investment of tax-exempl 5 Royalties	•	397.	0.	0.	397.
	6a Gross rents b Less. rental expenses c Rental income or (loss)	(II) Personal				
	d Net rental income or (loss) 7a 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)	(II) Other				
OTHER REVENUE	 8a Gross income from fundraising events (not including \$\frac{5}{2}\$ of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising of the contributions in the contribution of the contributi	a b				
	 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 	a b				
	10a Gross sales of inventory, less returns and allowancesb Less cost of goods sold	a b				
	c Net income or (loss) from sales of inve		J. 7.0 15, 2087-	- 1 3. X	200000	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	Miscellaneous Revenue 11a INSURANCE SVC FEES	Business Code 524298	140,823.	0.	140 823	
	b INS AGENT INCOME	524298	25,274.	0.	140,823. 25,274.	0.
	c BANKING PROGRAM	522100	343.	0.	343.	0.
İ	d All other revenue		293.	0.	0.	293.
	e Total. Add lines 11a-11d	•				2004 - 2006 A.
	12 Total revenue. See instructions	>	361,850.	0.	166,440.	690.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX									
Do 1 6b, .	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	4,281.							
2	Grants and other assistance to individuals in the United States See Part IV, line 22	500.							
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16								
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees			2 12 X 2 12 11					
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	139,478.							
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)								
9	Other employee benefits	728.							
10	Payroll taxes	15,163.							
11	Fees for services (non-employees)			, , ,					
а	Management								
b	Legal								
c	: Accounting	930.							
d	Lobbying								
е	Professional fundraising services See Part IV, line 17		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Y. %\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
f	Investment management fees		· · · · · · · · · · · · · · · · · · ·						
q	Other								
12	Advertising and promotion	500.							
13	Office expenses	25,749.							
14	Information technology								
15	Royalties								
16	Occupancy	57,799.							
17		7,346.							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	3,487.							
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	4,546.							
	Insurance								
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)								
а	STATE MEMBERSHIP DUES	99,857.	· · · · · · · · · · · · · · · · · · ·						
	COMMITTEE/CONTRACT SVC	198.							
	OTHER EXPENSE	5,236.							
d									
е	All other expenses								
	Total functional expenses. Add lines 1 through 24e	365,798.							
	Check here ► ☐ if following SOP 98-2 (ASC 958-720)								

Part X **Balance Sheet** (B) End of year (A) Beginning of year 19,669 1 Cash - non-interest-bearing 16,755. 2 2 Savings and temporary cash investments 73,335 77,785. 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) ا المداد المداد F_i^* persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) Notes and loans receivable, net 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 1,608 9 504 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 216,601 77,706. **b** Less accumulated depreciation 10b 138,895 81,759 100 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 176,371 172,750. 16 16 17 Accounts payable and accrued expenses 1,480 17 1,807. 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 当學 22 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 1,480 1,807 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here ▶ and complete lines N E T Ž. 27 through 29 and lines 33 and 34. 27 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets õ Organizations that do not follow SFAS 117, check here X and complete FUZO lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 174,891 32 170,943. 174,891 33 Total net assets or fund balances 33 170,943.

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34

Total liabilities and net assets/fund balances

172,750. Form **990** (2011)

176,371.

34

F,orn	1990 (2011) GRAYSON COUNTY FARM BUREAU	75- <u>090610</u> 5	Pa	age 12
Pai	t XI Reconciliation of Net Assets	-		
	Check if Schedule O contains a response to any question in this Part XI			\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>361,8</u>	<u>350.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	365,7	<u>798.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	<u>-3,9</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	174,8	<u> 391.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5		
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	170,9	943.
Pai	t XII Financial Statements and Reporting		, ,	
	Check if Schedule O contains a response to any question in this Part XII			X
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		Yes	No
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>
t	Were the organization's financial statements audited by an independent accountant?		2b	X
C	of 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	nt of the audit,	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			* 4
C	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both	e issued on a		
	Separate basis Consolidated basis Both consolidated and separate basis			
3 8	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	n the Single	3a	х
t	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	e required audit	3b	
BAA	· · · · · · · · · · · · · · · · · · ·		Form 990 ((2011)

TEEA0112 07/06/11

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

	AYSON COUNTY FARM BUREAU					75-0906105	
Par		r Advised Funds or Oth	ner	Similar Fun	ids or Ac	counts. Compl	ete ıf
	the organization answered 'Yes' t						
	_	(a) Donor advised	d fur	nds	(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 doi funds are the organization's property, subject	nor advisors in writing that the to the organization's exclusiv	e as ve le	sets held in degal control?	onor advise	·d Yes	☐ No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or do	tıng onor	that grant fun advisor, or fo	ds can be r any other	. Tyes	□No
Par	t II Conservation Easements. Compl		ans	wered 'Yes'	to Form	990 Part IV II	
	Purpose(s) of conservation easements held by				10 1 01111	330,1 41(11,11	110 7.
•	Preservation of land for public use (e.g., r				of an histori	ically important lai	nd area
	Protection of natural habitat	recreation or cadoation,	H			d historic structure	
	Preservation of open space		ш		or a cortino		•
2		ion held a qualified conservat	ion	contribution in	the form of	f a conservation e	asement on the
	last day of the tax year	4.5					
					· *1'	Held at the End	of the Tax Year
ā	Total number of conservation easements				2a		
t	Total acreage restricted by conservation ease	ments		•	_2b		
C	: Number of conservation easements on a certi	ified historic structure include	d ın	(a)	2c	·· ···	
C	Number of conservation easements included i structure listed in the National Register	in (c) acquired after 8/17/06, a	and	not on a histo	ric 2d		· · · · · · · · · · · · · · · · · · ·
3	Number of conservation easements modified, tax year ►	transferred, released, extingu	uish	ed, or termina	ted by the o	organization during	g the
4	Number of states where property subject to co	onservation easement is local	ted►		_		
5	Does the organization have a written policy re and enforcement of the conservation easement	egarding the periodic monitori nts it holds?	ıng,	inspection, ha	ndling of vi	olations, Yes	☐ No
6	Staff and volunteer hours devoted to monitori	ng, inspecting, and enforcing	cor	servation eas	ements duri	ing the year	
7	Amount of expenses incurred in monitoring, ii	nspecting, and enforcing cons	serv	ation easemer	nts during th	ne year	
8	Does each conservation easement reported o $170(h)(4)(B)(i)$ and section $170(h)(4)(B)(ii)$?	n line 2(d) above satisfy the r	requ	irements of se	ection	. Yes	No
9	In Part XIV, describe how the organization rejunctude, if applicable, the text of the footnote conservation easements	ports conservation easements to the organization's financia	s in il sta	its revenue an itements that o	id expense describes th	statement, and ba ne organization's a	lance sheet, and eccounting for
Pai	d III Organizations Maintaining Collection Complete if the organization ans	ections of Art, Historica wered 'Yes' to Form 990	I T 1	reasures, or Part IV, line	r Other Si 8.	imilar Assets.	,
18	alf the organization elected, as permitted unde art, historical treasures, or other similar asset in Part XIV, the text of the footnote to its fina	ls held for public exhibition, e	duc	ation, or resea	nue statem irch in furth	ent and balance s erance of public s	heet works of ervice, provide,
ł	o If the organization elected, as permitted unde historical treasures, or other similar assets he following amounts relating to these items	er SFAS 116 (ASC 958), to repeld for public exhibition, educa	port atıor	in its revenue n, or research	statement in furtheran	and balance shee nce of public service	t works of art, ce, provide the
	(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 a amounts required to be reported under SFAS	art, historical treasures, or oth 116 (ASC 958) relating to the	ner s ese	similar assets items	for financial	I gain, provide the	following
ŧ	Revenues included in Form 990, Part VIII, line	e 1				► \$	
ŀ	Assets included in Form 990, Part X					► \$	

Schedule D (Form 990) 2011 GRAYS	SON COUNT	Y FAI	RM BUREAU		75-090	6105	Page 2
Part III Organizations Mainta	ining Collec	tions	of Art, Histo	orical Treasures, o	r Other Similar Ass	ets (cont	inued)
3 Using the organization's acquisititems (check all that apply)							
a Public exhibition			_	or exchange programs			
b Scholarly research			e Other				
c Preservation for future gener	ations		• <u> </u>		· · · · · · · · · · · · · · · · · · ·		
4 Provide a description of the orga		ections	and explain how	w they further the orga	nization's exempt purpo	se in	
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or rather than to b	eceive oe maii	donations of ar	t, historical treasures, of the organization's co	or other similar bllection?	Yes	□No
Part IV Escrow and Custodia						rm 990, F	art IV,
line 9, or reported an	amount on	Form	990, Part X,	line 21.		,	•
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodiar	, or otl	her intermediary	for contributions or ot	her assets not	Yes	
b If 'Yes,' explain the arrangement						_	
						Amount	
c Beginning balance					1c		
d Additions during the year					1 d	•	
e Distributions during the year				,	1 e		
f Ending balance					1f		
2a Did the organization include an a	mount on Fori	n 990,	Part X, line 217		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No
b If 'Yes,' explain the arrangement	ın Part XIV						_
Part: V Endowment Funds. Co	mplete if th	e org	anization ans	swered 'Yes' to For	rm 990, Part IV, line	e 10.	
	(a) Current y		(b) Prior yea				years back
1 a Beginning of year balance						. 2	
b Contributions						44	
c Net investment earnings, gains, and losses						978	
d Grants or scholarships						3210×6	
Other expenditures for facilities and programs							72
f Administrative expenses						福斯 1	
g End of year balance							100
2 Provide the estimated percentag	e of the currer	nt year	end balance (lir	ne 1g, column (a)) held	as:		
a Board designated or quasi-endov		-	8	_ , , ,			
b Permanent endowment ►							
c Temporarily restricted endowmer	nt ►		8				
The percentages in lines 2a, 2b,	and 2c should	equal	100%				
3a Are there endowment funds not organization by	n the possess	ion of t	the organization	that are held and adm	inistered for the	Ye	es No
(i) unrelated organizations				• •		3a(i)	
(ii) related organizations						3a(ii)	
b If 'Yes' to 3a(ıı), are the related of	organizations I	isted a	s required on Si	chedule R?		3b	
4 Describe in Part XIV the intended	•		•				
Part VI Land, Buildings, and							
Description of property		(a) Cos	it or other basis		(c) Accumulated depreciation	(d) Boo	k value
1 a Land				15,000.	Sec. 18 Sec.		15,000.
b Buildings	<u> </u>			135,696.	78,261.		57,435.
c Leasehold improvements	Ţ			•			
d Equipment	Ī			59,984.	56,130.		3,854.

4,504. 1,417. e Other 77,706. Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

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Schedule **D** (Form 990) 2011

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

	dule D (Form 990) 2011 GRAYSON COUNTY FARM BUREAU	75-0906105	<u> Page 4</u>
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
	Total revenue (Form 990, Part VIII, column (A), line 12)		
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments .		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	ue per Return	·
	Total revenue, gains, and other support per audited financial statements	1 1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12	2/2	
	Net unrealized gains on investments 2a		
	Donated services and use of facilities 2b		
	Recoveries of prior year grants 2c		
	Other (Describe in Part XIV)		
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
		3	
	Amounts included on Form 990, Part VIII, line 12, but not on line.		
	Investment expenses not included on Form 990, Part VIII, line 7b	##	
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expe	nses per Return	
	Total expenses and losses per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
C	Other losses 2c		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d .	2 e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line:	Asset	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)	factor .	
C	Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
	t:XIV.: Supplemental Information		
Compart any a	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Als additional information		
	·		
- - -	·		

TEEA3304 05/25/11

Schedule **D** (Form 990) 2011

BAA

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

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.

Name of the organization	Employer identification number	
GRAYSON COUNTY FA	RM BUREAU	75-0906105
Pt_VI, Line_la	An executive committee, when appointed, has the	authority
	to conduct affairs of the organization between	regular board
	meetings, but the committee is under the direct	supervision
	of the board of directors at all times, and all	actions of the
	committee must be ratified at the following boa	rd_of_directors
	meeting.	
Pt_VI,_Line_2	Bart Lawrence/Preston Lawrence - Family Relatio	nship
	Clint Rutledge/Mike Gidney - Business Relations	h <u>ip</u>
Pt_VI,_Line_6	Members	
Pt_VI, Line_7a	All members are the same class and are invited	to the
	annual membership meeting where directors are e	lected.
Pt_VI, Line 12c_	The board of directors will discuss any arising	conlficts
	of interest at the monthly board meeting.	
Pt_VI, Line 15	No officers or directors receive any compensati	on; therefore
	no compensation review is needed.	
Pt VI, Line 19	The organization makes its Form 990 and any oth	er
	required information available to the public	
	upon specific request only.	-
Pt_VI,_Line11b_	The form 990 is reviewed by president prior to	filing
Pt XII, Line 2a &2b	While the financial statements are not compiled	by an
	"independent" accountant, they are compiled by	a_separate
	entity who compiles its financial statements an	d
	prepares and files all of its state and federal	_tax
	returns/reports. This entity also reconciles t	
	organization's bank statements. The organizati	
	fee for these services	

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

See separate instructions.
Attach to your tax return.

OMB No 1545-0172

2011

Attachment Sequence No

Name(s) shown on return Identifying number GRAYSON COUNTY FARM BUREAU 75-0906105 Business or activity to which this form relates Form 990 Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I Part 1 Maximum amount (see instructions) 1 2 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 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 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 2010 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 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 Partill | MACRS Depreciation (Do not include listed property) (See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2011. 17 4,447 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B — Assets Placed in Service During 2011 Tax Year Using the General Depreciation System (a) Classification of property (b) Month and (C) Basis for depreciation (g) Depreciation deduction (business/investment use Convention year placed Recovery period only - see instructions) 19a 3-year property **b** 5-year property 5 YRS HY 200DB 99. c 7-year property d 10-year property e 15-year property f 20-year property × g 25-year property 25 yrs S/L h Residential rental 27.5 yrs MM S/L property 27.5 yrs MM S/L i Nonresidential real 39 yrs MM S/L property MM S/L Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20 a Class life S/L b 12-year 12 yrs S/L c 40-year 40 yrs MM S/L

the appropriate lines of your return Partnerships and S corporations — see instructions

For assets shown above and placed in service during the current year, enter

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

Part IV. | Summary (See instructions)

Listed property Enter amount from line 28

546

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Form 4562 (2011) GRAYSON COUNTY FARM BUREAU 75-0906105 Page 2 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, completenly 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) No 24b If 'Yes,' is the evidence written? 24 a Do you have evidence to support the business/investment use claimed? Yes Yes No (b) (d) (i) (C) Business/ (e) **(f)** (g) (h) Basis for depreciation (business/investment use only) Type of property (list vehicles first) Date placed in service Cost or other basis Recovery period Method/ Convention Depreciation deduction Elected investment section 179 cost use percentage Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) Property used more than 50% in a qualified business use 27 Property used 50% or less in a qualified business use Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 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 persolf 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 (d) **(f)** (a) (b) (c) (e) Total business/investment miles driven 30 Vehicle 1 Vehicle 3 Vehicle 2 Vehicle 4 Vehicle 5 Vehicle 6 during the year (do not include commuting miles) Total commuting miles driven during the year Total other personal (noncommuting) 33 Total miles driven during the year Add lines 30 through 32 No No No Yes No Yes Yes Yes No Yes No Yes Was the vehicle available for personal use during off-duty hours? Was the vehicle used primarily by a more 35 than 5% owner or related person? Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees what more than 5% owners or related persons (see instructions) Yes No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions). Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles Amortization (a) (b) (c) (d) (e) **(f)** Amortizable Code Amortization Description of costs Date amortization Amortization period or percentage amount for this year Amortization of costs that begins during your 2011 tax year (see instructions) 43 Amortization of costs that began before your 2011 tax year 43

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Total. Add amounts in column (f) See the instructions for where to report

GRAYSON C	OUNTY FARM E	BUREAU 75-0906105
Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)		
and desir	the the organizations able rural such progr	life through education, information,
Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4d (continued)		
services. S report the	Section 501(c)(3	ose achievements for each of the organization's other program 3) and (4) organizations and 4947(a)(1) trusts are required to ts and allocations to others, the total expenses, and revenue, if any, for
		Members of the County Farm Bureau are also members of
Expenses		Texas Farm Bureau, a statewide agricultural organization
Grants Of		(exempt under 501(c) (5)) that works for the betterment
Revenue		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.
Code:	Description:	
Expenses	•	County Farm Bureau volunteers participate in matters
Grants Of		dealing with legislation that affects agriculture

Description: Youth Leadership Conference

Expenses Sponsored student(s) to attend the Farm Bureau Youth Leadership Conference.

government, history, and economics.

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

The purpose of the conference is to give selected high school students in Texas

a better understanding of the various forms of government and educate them their responsibilities as citizens. The conference runs three full days and includes lectures, discussions, and films by outstanding authorities in

Revenue

Code:

Grants Of

Revenue