Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization, number and street, city, town, state, and ZIP code

CANNON COUNTY FARM BUREAU

107 S MCCRARY ST
WOODBURY TN 37190-1217

D Employer identification number: 62-0795816

E Telephone number: 615-563-4123

F Group Exemption Number ▶

● **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: [X] Cash [ ] Accrual Other (specify) ▶

I Website: ▶

J Tax-exempt status (check only one) - [X] 501(c)(5) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

H Check ▶ [X] if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

K Check ▶ [ ] if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 97,147.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	22,702.
	3	Membership dues and assessments		3	72,505.
	4	Investment income		4	1,695.
	5 a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ [ ]			
	a	Gross revenue (not including $ ____ of contributions reported on line 1)	6a 245.		
	b	Less. direct expenses other than fundraising expenses	6b 312.		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	(67.)
	7 a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶)		8	
	9	**Total revenue** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	96,835.
Expenses	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	33,507.
	13	Professional fees and other payments to independent contractors		13	243.
	14	Occupancy, rent, utilities, and maintenance		14	18,533.
	15	Printing, publications, postage, and shipping		15	328.
	16	Other expenses (describe ▶SEE ATTACHED STATEMENT)		16	46,766.
	17	**Total expenses.** Add lines 10 through 16 ▶		17	99,377.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(2,542.)
	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	310,732.
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	308,190.

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	53,203.	22	57,407.
23 Land and buildings	258,082.	23	251,221.
24 Other assets (describe ▶)		24	
25 **Total assets**	311,285.	25	308,628.
26 Total liabilities (describe ▶ CLEARING ACCOUNTS)	553.	26	438.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	310,732.	27	308,190.

RECEIVED APR 1 8 2010 OGDEN, UT IRS-OSC E2-691

SCANNED MAY 2 0 2010

SCANNED MAY 1 9 2010

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

BCA Copyright form software only, 2009 Universal Tax Systems, Inc All rights reserved US990EZ1 Rev 1

5 P

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose? SEE ATTACHED STATEMENT

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 ACCIDENTAL DEATH BENEFITS,PROPERTY PROTECTION SERVICE & OTHER PROGRAMS DESIGNED TO IMPROVE THE QUALITY OF FARM LIFE IN GENERAL SERVING 2,873 FAMILY

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a

29 MEMBERS IN 2009

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 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 instructions for Part IV)

(a) Name and address	(b) Title & average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred comp	(e) Expense account and other allowances
SEE ATTACHED LIST				
SERVED W/O		0		

BCA Copyright form software only, 2009 Universal Tax Systems, Inc All rights reserved US990EZ2 Rev 1

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

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
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, attach a statement explaining 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 subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	X	
36	Did the organization undergo a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
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?	37b		X
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 period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter.			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	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	40e		X

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

42a The organization's books are in care of ▶ MS SHIRLEY DENNIS Telephone no. ▶ 615-563-4123

Located at ▶ 1070 S MCCRARY ST TN Woodbury ZIP + 4 ▶ 37190-1217

			Yes	No
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)? 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 Foreign Bank and Financial Accounts.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ▶ _____	42c		X

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 ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

BCA Copyright form software only, 2009 Universal Tax Systems, Inc All rights reserved US990EZ3 Rev 1

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 46 - 49b and complete the tables for lines 50 and 51.

			Yes	No
46	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	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

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 & 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 ▶

Sign Here

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

▶ James B. Jernigan — Date 4-7-2010

Signature of officer

▶ JAMES B. JERNIGAN PRESIDENT

Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Jim K. Dodd	Date 02/19/2010	Check if self-employed ▶ ☐	Preparer's identifying no (See instr.)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ TN FARM BUREAU FEDERATION, PO BOX 313, COLUMBIA TN 38402-0313		EIN ▶	Phone no. ▶

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes [ ] No

BCA Copyright form software only, 2009 Universal Tax Systems, Inc All rights reserved US990EZ4 Rev 1

990EZ ATTACHMENT

	ACCT #	DESCRIPTION	YTD AMT
OTHER EXPENSES	5001	ADVERTISING	$748.39
	5004	CONVENTION EXPENSE	$951.69
	5005	DELEGATES EXPENSE	$87.12
	5007	DIRECTORS EXPENSE	$993.47
	5008	DONATIONS/AWARDS/MEMORIAL	$150.00
	5020	FARM BUREAU WOMEN	$796.67
	5025	OFFICE EXPENSE / SUPPLIES	$328.49
	5027	MEMBERSHIP REFUND	$25.00
	5030	PROP PROTECT SERV DED	$143.65
	5031	RENT ON PERSONAL COMPUTER	$420.00
	5035	TAXES AND LICENSES	$20.00
	5041	FB ANNUAL MEETING	$574.00
	5067	MEMBERSHIP COLLECTION EXP	$171.00
	5091	TN FRANCHISE & EXCISE TAX	$144.00
			$5,553.48
		PAYMENTS TO AFFILIATES	$41,212.25
		TOTAL OTHER EXPENSES	$46,765.73

CANNON COUNTY FARM BUREAU
107 S McCrary St
Woodbury, TN 37190-1217

CANNON COUNTY FARM BUREAU
107 S McCrary St
Woodbury, TN 37190-1217

County Farm Bureau Officers and Directors:
Serve as needed without compensation.

OFFICERS:

President	Mr. James B. Jernigan, 10159 Jim Cummings Hwy, Bradyville, TN 37026-5507
Vice-President	Mr. Mark Barker, 1111 Barker Rd, Readyville, TN 37149-5024
Secretary	Mr. Russell Vance, 1910 Parker Rd, Morrison, TN 37357-3752
Treasurer	Mr. Russell Vance, 1910 Parker Rd, Morrison, TN 37357-3752

DIRECTORS:

				Family Relationship	Business Relationship
1. Mr. Mark Barker	1111 Barker Rd	Readyville	TN 37149-5024	2	
2 Mr. Ray Barker	1566 Barker Rd	Readyville	TN 37149-5021	1	
3 Mr Jared Franklin	444 Delong Rd	Bradyville	TN 37026-5135		
4. Mr. David D George	562 Whippoorwill Rd	Bradyville	TN 37026-5401		
5 Mr James B Jernigan	10159 Jim Cummings Hwy	Bradyville	TN 37026-5507		
6 Mrs Bettie Louise Nave	221 Higgins Rd	Woodbury	TN 37190-5342		
7. Gerry Nokes	174 Nokes Ln	Woodbury	TN 37190-5308		
8. Mr. Danny Powell	231 Danny Powell Ln	Morrison	TN 37357-3766		
9 Mr. Ricky Prater	4612 Short Mountain Rd	Woodbury	TN 37190-5483		
10. Mr. Roy Rains	10888 Jim Cummings Hwy	Bradyville	TN 37026-5501		
11 Mr. Bobby D. Vance	1810 Geedsville Rd	Bradyville	TN 37026-5424	12	
12. Mr. Russell Vance	1910 Parker Rd	Morrison	TN 37357-3752	11	
13 Mr John W Vickers	33 Vickers Rd	Mc Minnville	TN 37110-5146		
14 Mr Larry Joe Young	7331 Jim Cummings Hwy	Bradyville	TN 37026-5408		