# Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No 1545-0047 2008

Activities & Governance

SCANNED OCT 1 6 2009

			Onder Section 50	ack lung benefit t	rust or private foundati	ion)	-					
ment o	of the Treasury		• •	_	ns return to satisfy state repor		Open to Public Inspection					
	nue Service	ar vear	or tax year beginning	7/01	, 2008, and endi			نار	2009			
	applicable	ur yeur,	tax year beginning	,,01	, 2000, and on an			r Identif	ication Number			
$\neg$	applicable	Please use IRS label	OSCAR L. FARRI	re			62-1					
	_	or print	AGRICULTURAL N		TATTON		E Telephon					
-	me change	or type. See_	440 HOGAN ROAL		J1111 1 ON		•					
Init	sal return	specific Instruc-	NASHVILLE, TN				013-	63/	-5197			
Ter	mination	tions.	,				_		45.040			
Am	ended return						G Gross red					
_ Apı	pee weer personny		and address of principal officer			1 ''	group return		≓"° ₽"			
			AS C ABOVE			1 ' '	affiliates inclu attach a list (		ructions) Yes No			
Tax-	exempt status	X 501	(c) (3 ) <b>(</b> Insei	rt no ) 494	47(a)(1) or 527		`					
Web	site: ► TEN	NESSE	E.AGRICULTURAL	.MUSEUM@STA	ATE.TN.US	H(c) Group	exemption nur	nber 🏲				
Туре	of organization	Corpora	ation Trust Assoc	ciation Other	L Year of Forma	ation	M St	ate of le	gal domicile			
t I	Summa	ry										
1			ganization's mission or	most significant	activities: TO ENCOU	JRAGE I	NTERES I	i, st	JPPORT AND			
	-				ING AND PRESER							
					'S RURAL HERIT				<del></del>			
-		-24 -44			1 D_0002 1000							
2	Check this box	(▶ [[[	if the organization disc	continued its oper	ations or disposed of m	ore than 2	5% of its a	ssets.				
			bers of the governing			•	. 1	3	5			
			nt voting members of th				[	4	0			
5	Total number	of emplo	yees (Part V, line 2a).			•	[	5	0			
6	Total number	of volunt	eers (estimate if neces	ssary)	• •	•		6	0			
7a	Total gross un	related b	ousiness revenue from	Part VIII, line 12,	column (C)		L	7a	0.			
b	Net unrelated	business	taxable income from	Form 990-T, line	34			7b	0.			
						P	rior Year		<b>Current Year</b>			
8	Contributions	and grar	its (Part VIII, line 1h)				1,8	73.	1,944.			
9	Program servi	ce reven	ue (Part VIII, line 2g)				35,5	53.	42,316.			
10	Investment inc	come (Pa	art VIII, column (A), lin	es 3, 4, and 7d).			3,0	02.	1,058.			
11	Other revenue	(Part V	III, column (A), lines 5,	6d, 8c, 9c, 10c, a	and 11e)							
12	Total revenue	- add li	nes 8 through 11 (mus	t equal Part VIII,	column (A), line 12)		40,4	28.	45,318.			
13	Grants and sir	nılar am	ounts paid (Part IX, co	lumn (A), lines 1-	3) .							
14	Benefits paid	to or for	members (Part IX, col	umn (A), line 4)	-000V-05-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-							
	•		nsation, employee ben	200	mn (A), Junes 5-10)							
		-	ng fees (Part IX, colum									
					ادا ممم				1			
4 <b>-</b> 7	Oller Turiuraisi	ng expe	nses (Part IX, column	OCT OF	2009 13	-	24.7	02	36 300			
1/	Other expense	es (Part	IX, column (A), lines 1	a-110, 111-241)	12	ļ <del></del>	24,7		36,309.			
			nes 13-17 (must equal		(A) Jine 25)		24,7		36,309.			
19	Revenue less	expense	s Subtract line 18 from	n-line 12-	• •		15,7		9,009.			
						Begir	nning of Ye		End of Year			
	Total assets (						87,2		96,299.			
21	Total liabilities	s (Part X	, line 26).		•			0.	0.			
22	Net assets or	fund bal	ances Subtract line 21	from line 20 .			87,2	91.	96,299.			
t II	Signatu											
			A dead on the Library and an arrange	al Albana and the same of the same			to the book of		whater and belief it is			

Part II	Signature Block		
Sign	Under penalties of perjury, I declare that I have examined this return, including accompany true, correct, and complete Declaration of preparer (other than officer) is based on all infor	ing schedules and statements, mation of which preparer has	and to the best of my knowledge and belief, it is any knowledge
Here	Signature of officer  ANINE DALE	DIRECTOR	Date
	ANNE DALE Type or print name and title	DIRECTOR	
Paid Pre-	Preparer's signature Law a Daw	Date 9 29 09	Check if self-employed ► X  Preparer's identifying number (see instructions)  P00535993
parer's Use Only	Firm's name (or yours if self-employed), 131 MAPLE ROW BLVD. SUITE A100		EIN ► 77-0591291

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

HENDERSONVILLE, TN 37075

Phone no ► (615) 822-0231

X Yes No

	990 (2008) OSCAR L. FARRIS	62-1	41093	5		Page 2
Par	t III Statement of Program Service Accomplishments (see instructions)					
1	Bnefly describe the organization's mission					
	SEE SCHEDULE O					
			<b>-</b> -			
				- <b></b>		
2	Did the organization undertake any significant program services during the year which were not listed or Form 990 or 990-EZ?	the prior		V	X	N-
	If 'Yes,' describe these new services on Schedule O			Yes	$oldsymbol{\nabla}$	No
3		vices?		Yes	X	No
3	If 'Yes,' describe these changes on Schedule O	vices:		163	11	140
4	Describe the exempt purpose achievements for each of the organization's three largest program services	s hv exnen	ses Se	ction 5	501 <i>(</i> c)	(3)
-	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants an	id allocatio	ns to ot	hers, t	he tot	àl
	expenses, and revenue, if any, for each program service reported					
4 a	a (Code: 3 ) (Expenses \$ 33,994. including grants of \$ )	(Revenue	\$			18.)
	THE ORGANIZATION PROMOTED GREATER INTEREST, SUPPORT AND UNDERSTAN				TURI	<u> </u>
	BY THE PRESERVATION OF MUSEUM ARTIFACTS AND BY PROVIDING EDUCATION	NAL PRO	OGRAM	<u>s,                                     </u>		
	SPECIAL EVENTS AND EXHIBITS.					
4t	(Code (Expenses \$ including grants of \$ )	(Revenue	\$			)
40	c (Code) (Expenses \$ including grants of \$)	(Revenue	\$			)
40	d Other program services (Describe in Schedule O )					
	(Expenses \$ including grants of \$ ) (Revenue \$					
4	e Total program service expenses ► \$ 33,994. (Must equal Part IX, Line 25, column (	(B) )				

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete X Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? 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 Х Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I. 6 Х 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* Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes.' 8 X complete Schedule D, Part III Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete 9 Х Schedule D, Part IV Х Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D. Part V 10 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, Х VII, VIII, IX, or X as applicable 11 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12 X X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E Х 14a 14a Did the organization maintain an office, employees, or agents outside of the U.S.? **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? *If 'Yes,' complete Schedule F, Part I* Х 14b 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, Part II 15 Х 15 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, Part III 16 16 Х Х 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I Х Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 18 Х Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III 19 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H Х 20 20 Х 21 Did the organization report more than \$5,000 on Part IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and II 21 22 X Did the organization report more than \$5,000 on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete 23 23 Х Schedule J 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 questions 24b-24d and complete Schedule K. If 'No, 'go to question 25 24a X 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 240 any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a 25a Х disqualified person during the year? If 'Yes,' complete Schedule L, Part I b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from 25b Х

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

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III

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X

X

26

27

a prior year? If 'Yes,' complete Schedule L, Part I

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Part IV | Checklist of Required Schedules (continued)

. ~				
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		·	
	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee),			
	or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a		X
	b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV  c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II  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  Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line I  Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			Х
	c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		_x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32		32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34		34		х
35		35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
RΔ		Form	990	(2008)

TEEA0104L 12/18/08

		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable.			
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	ĺ		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	-	-
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2 a 0			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  b if 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b if 'Yes,' enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c if 'Yes,' to question 5a or 5b, did the organization file Form 8896-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  6a Did the organization solicit any contributions that were not tax deductible?  b if 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?  b if 'Yes,' did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?  b if 'Yes,' did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if 'Yes,' indicate the number of Form			Х
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		
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
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts			000 20000
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
<b>b</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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
6a Did the organization solicit any contributions that were not tax deductible?	6a		X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			*******
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		X_
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
	7c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d	l		
	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		X
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Χ
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	\$ 	
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
<b>b</b> Did the organization make any 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			
<b>b</b> Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter			
a Gross income from other 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 ).			
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
BAA	Form	990 (	(2008)

Form 990 (2008) OSCAR L. FARRIS

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

sec	tion A. Governing Body and Management			
	For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O See instructions		Yes	No
1 a	a Enter the number of voting members of the governing body			;
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6	_	X
	a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			 
	The governing body?	8a		<u>X</u>
	Each committee with authority to act on behalf of the governing body?	8b		<u>X</u>
	Does the organization have local chapters, branches, or affiliates?	9a		<u>X</u>
ь	olf 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 SEE SCHEDULE O	10		Х
	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	11		Х
Sec	tion B. Policies			
			Yes	No
12 a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c		Х
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		_X_
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	-050		
а	The organization's CEO, Executive Director, or top management official?	15a		Х
b	Other officers of key employees of the organization?	15 b		<u>X</u>
	Describe the process in Schedule O (see instructions)			1
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	 16a		X
b	olf 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	 16b		
Sec		.00		<u> </u>
	tion C. Disclosures			
	List the states with which a copy of this Form 990 is required to be filed TN			
	List the states with which a copy of this Form 990 is required to be filed \( \subseteq \frac{TN}{} \)  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) as inspection. Indicate how you make these available. Check all that apply	 vaılabl	e for	– – – oublic
18	List the states with which a copy of this Form 990 is required to be filed \( \subseteq \frac{TN}{\text{IN}} \)  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) as inspection. Indicate how you make these available. Check all that apply.  Own website. \( \text{X} \) Upon request.			
18 19 20	List the states with which a copy of this Form 990 is required to be filed \( \subseteq \frac{TN}{} \)  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) as inspection. Indicate how you make these available. Check all that apply	cy, ar	nd fina	

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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) or more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if the organization did no	t compen	sate a	ny d	offic	er, c	directo	r, tr	ustee, or key employe	ee	
(A)	(B)				<del></del>			(D)	<b>(E)</b>	(F)
Name and Title	Average hours	Posi	$\overline{}$		all t	hat appl		Reportable compensation from	Reportable	Estimated amount of other compensation
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
JIM JOHNSON										
PRESIDENT	0							0.	0.	0.
CAROL EDWARDS										
VICE PRESIDENT	0							0.	0.	0.
TIRRI PARKER									0	•
SECRETARY	0		<u> </u>					0.	0.	0.
MARY LOGAN TREASURER	0							0.	0.	0.
BOARD OF DIRECTORS (ATTACH			ļ —					0.	0.	
	0							0.	0.	0.
	-									
										· .
	1	i				<u> </u>				

(A)	(B)	·   ' '						(D)	(E)	(F)		
Name and Title	Average hours per week	•	т_	Officer		Highest compensated employee	т —	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organization (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
1 b Total							•	0.	C	0.		
2 Total number of individuals (including those in 1a) vorganization ► 0	who rece	eive	d m	ore	thar	1 \$1	00,0	00 in reportable o	ompensation froi	n the		
<ul> <li>3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such if any individual listed on line 1a, is the sum of rest the organization and related organizations greater to individual</li> <li>5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Scheduler</li> </ul>	portable han \$15	e co 60,00	mpe 00?	nsa If 'Y	tion 'es'	and com	d oth	ner compensation re Schedule J for	from such	3 X 4 X 5 X		
Section B. Independent Contractors  1 Complete this table for your five highest compensate	ed inde	pen	dent	cor	ntra	ctors	s tha	at received more t	han \$100,000 of			
compensation from the organization  (A)								(B	)	(C)		
Name and business addres	s			<u> </u>				Description	of Services	Compensation		
2. Total number of independent contractors (in-line)	these:	. 1\	- مارور		2011	od -	nerr	than \$100,000				
2 Total number of independent contractors (including compensation from the organization ► 0	inose if	11)	wnc	rec	eive	eu n	nore	ווומוו שוטט,טטט וח				

,	Statement of Revenue			(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections
					revenue		512, 513, or 514
3 Z	1a Federated campaigns.	1 a					
N. S	<b>b</b> Membership dues	1 b	665.				:
rs, G	c Fundraising events	1 c					
들	d Related organizations	1 d					
SIS,	e Government grants (contributions)	1e					
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,279.				
ENO	g Noncash contribns included in lns 1a-1f	\$_					
3 4	h Total. Add lines 1a-1f	<del></del>		1,944.			
PROGRAM SERVICE REVENUE	A - MIGRIPL ADMINISTRA	-	Business Code	4 040	4 040		i
E	2a MUSEUM ADMISSIONS	·  -		4,048.	4,048.		
Ä	b RURAL LIFE FESTIVAL	. <b>– –</b>  -		3,275.	3,275.	***	
Ž.	c MUSIC & MOLASSES FESTIVAL	· – –  -		29,393.	29,393.	••	
I SE	d MUSIC & MOLASSES SPONSORS	· – <del>–</del>		5,600.	5,600.		
RAN	e	·  -					
200	f All other program service revenue	e L		42 216	<u> </u>	****	
	g Total. Add lines 2a-2f			42,316.			
	3 Investment income (including div other similar amounts)	ıdends,	interest and	1,058.			1,058.
	4 Income from investment of tax-ex	vamnt k	nond proceeds	1,000.			1,030.
	5 Royalties	vembri	Jona proceeds ▶				
	(i) Re		(II) Personal	·			
	6a Gross Rents		(.,,				
	<b>b</b> Less: rental expenses	- · -					
	c Rental income or (loss)						
	d Net rental income or (loss)		<b>•</b>	manuscum anute mi da mannidamannes m r		TOTAL BAST of references a selection of the conference of the	
	(i) Soci	rities	(II) Other		_		,
	7a Gross amount from sales of assets other than inventory	-					
	,		1		<b>\</b>		
	<b>b</b> Less: cost or other basis and sales expenses			*			
	c Gain or (loss)						
	d Net gain or (loss)		<u> </u>	mann years and seems a comme	16 this column and a blocodown		
UE	8a Gross income from fundraising ev	vents					***************************************
	of contributions reported on line	1c)					1
OTHER REVEN	See Part IV, line 18	a					1
HER	<b>b</b> Less direct expenses	b					
0	c Net income or (loss) from fundrai	ısına ev	/ents ►				
	9a Gross income from gaming activity	_					
	See Part IV, line 19	a					
	<b>b</b> Less direct expenses	b					
	c Net income or (loss) from gaming	g activit	ties 🕨				
	10a Gross sales of inventory, less retained allowances	urns <b>a</b>					
	<b>b</b> Less cost of goods sold	b					1
	c Net income or (loss) from sales of	of inver	ntory ►				
	Miscellaneous Revenue		Business Code				
	11a						
	b						
	<b>d</b> All other revenue						
	e Total. Add lines 11a-11d		<b>•</b>				
	12 Total Revenue. Add lines 1h, 2g, 10c, and 11e	3, 4, 5	, 6d, 7d, 8c, 9c,	45,318.	42,316.	0.	1,058.

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).

Do n	not include amounts reported on lines 75, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and general expenses	<b>(D)</b> Fundraising
	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		expenses	general expenses	expenses
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	395.		395.	
d	Lobbying				
е	Prof fundraising svcs See Part IV, In 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
	Insurance				
24	Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)			15 2	***
ā	LOG CABINS/SCHOOL/FARMHOUSE	15,195.	15,195.		
ŀ	MUSIC & MOLASSES FESTIVAL	8,283.	8,283.	· <u> </u>	
C	PROGRAM SUPPLIES	5,371.	5,371.		
•	RURAL_LIFE_FESTIVAL	2,098.	2,098.		
•	OTHER EXPENSES	1,512.		1,512.	
f	All other expenses.	3,455.	3,047.	408.	
25	Total functional expenses. Add lines 1 through 24f	36,309.	33,994.	2,315.	0.
26	Joint Costs. Check here   ☐ If following  SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA		I		<del></del>	Form <b>990</b> (2008)

		- Salation of the Control of the Con	(A) Beginning of year		(B End of	) year			
	1	Cash – non-interest-bearing	34,289.	1	4	12,2	39.		
	2	Savings and temporary cash investments		2					
	3	Pledges and grants receivable, net		3					
	4	Accounts receivable, net		4					
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5					
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))							
		and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6					
A S	7	Notes and loans receivable, net		7					
ASSETS	8	Inventories for sale or use		8					
T S	9	Prepaid expenses and deferred charges		9					
	10 a	Land, buildings, and equipment: cost basis 10a							
		Less accumulated depreciation. Complete Part VI of							
		Schedule D 10b		10 c					
	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	53,002.	15	5	4,0	60.		
	16	Total assets Add lines 1 through 15 (must equal line 34)	87,291.	16		6,2			
	17	Accounts payable and accrued expenses		17					
	18	Grants payable .		18					
	19	Deferred revenue		19					
Ļ	20	20							
Å	20 Tax-exempt bond liabilities. 20 21 Escrow account liability Complete Part IV of Schedule D 21								
LIABILITIES	22	Payables to current and former officers, directors, trustees, key employees,							
L		highest compensated employees, and disqualified persons. Complete Part II	<u> </u>						
Ţ		of Schedule L		22					
E S	23	Secured mortgages and notes payable to unrelated third parties		23					
	24	Unsecured notes and loans payable		24					
	25	Other liabilities Complete Part X of Schedule D		25					
	26	Total liabilities. Add lines 17 through 25	0.	26			0.		
N		Organizations that follow SFAS 117, check here >   X   and complete lines							
N E T		27 through 29 and lines 33 and 34.	*\$	 					
A	27	Unrestricted net assets	87,291.	27	g	96,2	99.		
ASSE	28	Temporarily restricted net assets		28					
Ś	29	Permanently restricted net assets		29					
R		Organizations that do not follow SFAS 117, check here ▶ and complete							
		lines 30 through 34.	*						
FUZD	30	Capital stock or trust principal, or current funds		30					
	31	Paid-in or capital surplus, or land, building, and equipment fund		31					
BALAZCES	32	Retained earnings, endowment, accumulated income, or other funds		32					
Ñ	33	Total net assets or fund balances.	87,291.	33	9	96,2	99.		
Š	34	Total liabilities and net assets/fund balances.	87,291.	34	-		299.		
Pa	rt X	Financial Statements and Reporting							
<b></b>						Yes	No		
1	Ace	counting method used to prepare the Form 990 $\cdot$ $ \overline{X} $ Cash $ \overline{X} $ Accrual	Other						
		are the organization's financial statements compiled or reviewed by an independent	accountant?		2a		Х		
		ere the organization's financial statements audited by an independent accountant?			2b		Х		
	c If "	Yes' to 2a or 2b, does the organization have a committee that assumes responsibility	ty for oversight of the a	udıt,	2c				
	rev	riew, or compilation of its financial statements and selection of an independent acco	ountant?	nt?			<u> </u>		
3		a result of a federal award, was the organization required to undergo an audit or audit Act and OMB Circular A-133?	anto do set fortir iri tile	Jingle	3a		X		
<del></del>		Yes,' did the organization undergo the required audit or audits?			3b Form	99n /	20087		
BA	A				1 01111	JJ0 (	_000)		

#### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** To be completed by all section 501 (c)(3) organizations and section 4947(a)(1)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Total

nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Employer identification number OSCAR L. FARRIS AGRICULTURAL MUSEUM ASSOCIATION 62-1410935 Part I | Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is (Please check only one organization.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 7 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts X 9 from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h 11 Type III- Other Type III — Functionally integrated Type II c By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (i) 11 g (i) a family member of a person described in (i) above? 11 g (ii) 11 g (iii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports h (III) Type of organization (described on lines 1-9 above or IRC section (iv) Is the organization in col (i) listed in your (v) Did you notify the organization in col (i) of (vi) Is the organization in col (i) organized in the US? (i) Name of Supported Organization (vii) Amount of Support (ii) EIN your support? governing document? (see instructions)) Yes No Yes No Yes No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

Par	t II Support Schedule for	-			(b)(1)(A)(iv) an	id 170(b)(1)(	A)(vi)	
Sec	(Complete only if you check tion A. Public Support	ed the box on line	5, 7, or 8 of Par	(1)				
Cale	ndar year (or fiscal year	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) To	 otal
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')							
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.							
4	Total. Add lines 1-3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	<b>Public support.</b> Subtract line 5 from line 4							
Sec	tion B. Total Support					<u> </u>		
Cale begi	ldar year (or fiscal year (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008						(f) To	otal
7	Amounts from line 4			<u> </u>				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.							
9	Net income form unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10					· ·		
12	Gross receipts from related activ	vities, etc (see in	structions)				2	
	First five years. If the Form 990 organization, check this box and	l stop here	·	nd, third, fourth,	or fifth tax year a	s a section 50	I(c)(3)	▶
	tion C. Computation of Pu			11 (6)		т.,		
15	Public support percentage for 26 Public support percentage for 26	•	• • • • • • • • • • • • • • • • • • • •		1	<del></del>	5	<u>%</u> %
16	33-1/3 support test – 2008. If the and stop here. The organization	e organization did qualifies as a pu	d not check the boolings	ox on line 13, an organization.	nd the line 14 is 33	3-1/3 % or more	e, check this t	oox►
1	33-1/3 support test — 2007. If the and stop here. The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13, or 16 or 16	5a, and line 15 is 3	33-1/3% or mor	e, check this	box □
17:	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts-	and-circumstance	s' test, check this	s box and stop he	re. Explain in f	Part IV how	► 🗆
1	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-ar	meets the 'facts-	and-circumstance	s' test, check this	s box and stop he	re. Explain in l	Part IV how th	% ne ► []
18	Private foundation. If the organ							▶ □

### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I)							
Sect	tion A. Public Support						
	dar year (or fiscal yr beginning in)►	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	1,400.	37,029.	2,024.	2,648.	2,609.	45,710.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	25,880.	31,442.	34,184.	34,778.	41,651.	167,935.
3	Gross receipts from activities that are not an unrelated trade or business under section 513	20,000	, , , ,				0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1-5	27,280.	68,471.	36,208.	37,426.	44,260.	213,645.
7a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 13 for the constant of 100.	0.	0.	0.	0.	0.	0.
_	and 12 for the year or \$5,000 Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
_	Public support (Subtract line	· ·	0.	<u> </u>		0.	<u> </u>
0	7c from line 6.)	,				/4	213,645.
Section B. Total Support							
	ndar year (or fiscal yr beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	<b>(e)</b> 2008	(f) Total
	Amounts from line 6	27,280.	68,471.	36,208.	37,426.	44,260.	213,645.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources				3,002.	1,058.	4,060.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
	Add lines 10a and 10b	0.	0.	0.	3,002.	1,058.	4,060.
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						0.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
13	Total support. (add Ins 9, 10c, 11, and 12)						217,705.
14	First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	stop here	·	nd, third, fourth,	or fifth tax year a	s a section 501(c)(	3) ▶ □
	Public support percentage for 2			e 13 column (fl)		15	98.1%
	Public support percentage for 20  Public support percentage from					16	100.0%
	tion D. Computation of Inv					10	100.0%
	Investment income percentage				ımn (fl)	17	1.9%
18						18	0.0%
	8 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h  9a 33-1/3 support tests – 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  • X						
	33-1/3 support tests - 2007. If is not more than 33-1/3%, chec	the organization di k this box and <b>sto</b>	d not check a box <b>p here.</b> The organ	on line 14 or 19 ization qualifies a	a, and line 16 is r as a publicly supp	more than 33-1/3% orted organization	
20	Private foundation. If the organ	uzation did not che	ck a box on line	14 19a or 19h o	heck this hox and	t see instructions	▶

Schedule A	(Form 99	90 or 99	0-EZ) 2	2008	OSCA	RL.	FARR	IS					6	2-141	0935		Page 4
Part IV	Supple Part II,	menta	<u>l</u> Info	rmati	on. Co	mple	te this	part	to prov	ide the	explai	nation r	equire	d by P	art II,	line 10	); )
	Part II,	line I	/a or	1/b;	or Part	: III, I	ine 12	. Prov	ide an	y otner	additio	onal inte	ormatio	on. (se	e inst	ruction	15)
							<del>-</del> -		<b>-</b> -					· <b>-</b>			
										<b>-</b>							<b>-</b>
			<b>.</b>		<b>_</b>				<b></b> -	<b></b>		. <b></b>				<del>-</del> -	<b></b> -
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						- <del></del> -	<b>-</b> -		<del>-</del> -			<b>-</b>					

### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Schedule D (Form 990) 2008

Name of the organization

Employer Identification number

osc	AR L. FARRIS		62-1410935				
Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if						
	the organization answered 'Yes'	o Form 990, Part IV, line 6.	<u> </u>				
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	•	nor advisors in writing that the assets held in d to the organization's exclusive legal control?	donor advised Yes No				
6	Did the organization inform all grantees, dono used only for charitable purposes and not for impermissible private benefit??	ors, and donor advisors in writing that grant fur the benefit of the donor or donor advisor or other	nds may be her Yes No				
Par		ete if the organization answered 'Yes'	to Form 990, Part IV, line 7.				
1	Purpose(s) of conservation easements held b						
_	Preservation of land for public use (e.g.,	·	of an historically important land area				
	Protection of natural habitat	· · · · · · · · · · · · · · · · · · ·	of certified historic structure				
	Preservation of open space						
2		a qualified conservation contribution in the form	m of a conservation easement on the last day				
			Held at the End of the Year				
a	Total number of conservation easements		2a				
b	Total acreage restricted by conservation ease	ments	2b				
	Number of conservation easements on a cert		2c				
c	d Number of conservation easements included in (c) acquired after 8/17/06						
		transferred, released, extinguished, or termina	ated by the organization during the taxable				
4	Number of states where property subject to c	onservation easement is located ▶					
_	, , ,		<del>_</del>				
5	enforcement of the conservation easement it holds?  Yes No						
6 7	<ul> <li>Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ►</li> <li>Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$</li> </ul>						
8	Does each conservation easement reported of 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of se	ection Yes No				
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote	s conservation easements in its revenue and expe to the organization's financial statements that					
D	conservation easements	ations of Aut Historical Torons	" Oth or Circilon A oc sta				
Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets  Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.							
1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.							
t	If the organization elected, as permitted unde treasures, or other similar assets held for put amounts relating to these items	er SFAS 116, not to report in its revenue staten plic exhibition, education, or research in further	nent and balance sheet works of art, historical ance of public service, provide the following				
	(i) Revenues included in Form 990, Part VIII	, line 1	<b>►</b> \$				
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$				
	amounts required to be reported under SFAS		for financial gain, provide the following				
a	Revenues included in Form 990, Part VIII, lin	e l	<b>-</b> \$				
t	Assets included in Form 990, Part X		►\$ ►\$				

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2008 OSCAI				62-141		
Part III Organizations Mainta	ining Collections	s of Art, Histo	rical Treasures, o	r Other Similar Ass	ets (continued)	
3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):						
a Public exhibition		<b>d</b> Loan d	or exchange programs			
<b>b</b> Scholarly research	Scholarly research e Other					
c Preservation for future gener						
4 Provide a description of the orga Part XIV.					se in	
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or receive ather than to be mai	e donations of art intained as part o	, historical treasures, of the organization's co	or other similar illection?	Yes No	
Part IV Trust, Escrow and Cu						
IV, line 9, or reported	an amount on Fo	orm 990, Part	X, line 21.	anomorou 100 to .	om so, ran	
1a Is the organization an agent, trus included on Form 990, Part X?	1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not					
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and com	plete the followi	ng table.			
					Amount	
c Beginning balance				1c		
<b>d</b> Additions during the year				1 d		
<ul> <li>Distributions during the year</li> </ul>				1 e		
f Ending balance				1f	<del></del>	
2a Did the organization include an a	·	Part X, line 21?			Yes No	
b If 'Yes,' explain the arrangement			1157 11 5 07	00 D 111/1 10		
Part V   Endowment Funds Co				<del></del>	T	
	(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three years back	(e) Four years back	
1 a Beginning of year balance		٧				
<b>b</b> Contributions		* /		,		
c Investment earnings or losses		· · · · · ·			. ,	
d Grants or scholarships.		,			<del> </del>	
Other expenditures for facilities and programs		, , , , , , , , , , , , , , , , , , ,		> >	,	
f Administrative expenses		Δ.			:	
<b>g</b> End of year balance						
2 Provide the estimated percentage	2 Provide the estimated percentage of the year end balance held as:					
a Board designated or quasi-endov	/ment ►	<u> </u> 8				
<b>b</b> Permanent endowment ►	<b>%</b>					
c Term endowment ►	<del></del> %					
3a Are there endowment funds not a organization by	n the possession of	the organization	that are held and adm	inistered for the	Yes No	
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
<b>b</b> If 'Yes' to 3a(II), are the related of	organizations listed a	s required on Sc	hedule R?		3b	
4 Describe in Part XIV the intended uses of the organization's endowment funds						
Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.						
Description of investment	(a) Cos	t or other basis evestment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value	
1 a Land						
<b>b</b> Buildings						
c Leasehold improvements						
<b>d</b> Equipment						
<b>e</b> Other						
Total. Add lines 1a-1e (Column (d) sho	ould equal Form 990,	Part X, column	(B), line 10(c))	<u> </u>	0.	
BAA				Sched	ule <b>D</b> (Form 990) 2008	

Part VII	Investments-Other Securities See F	orm 990, Part X, line	e 12. N/A	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
Financial (	derivatives and other financial products		555, 575, 575, 575, 575, 575, 575, 575,	
	eld equity interests			
Total. (Colu	mn (b) should equal Form 990 Part X, col. (B) line 12.)			
Part VIII	Investments-Program Related (See	Form 990, Part X, III	ne 13) N/A	
	(a) Description of investment type	(b) Book value	(c) Method of valuat	ion
			Cost or end-of-year mark	et value
				<del></del>
				<u> </u>
				<del></del>
				», » <
	in (b)(should equal Form 990, Part X, Col (B) line 13.)		· · · · · · · · · · · · · · · · · · ·	», » ·
Part IX	Other Assets (See Form 990, Part X,			(b) Dook value
0 CDD		escription		<b>(b)</b> Book value 54,060.
2 CERT	IFICATE OF DEPOSITS			54,060.
		·		·
		·		
	·	<del></del>		
		<del></del>		
		<u></u>		
		. <u> </u>		
	(1) T 1 1 (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-1 (D) 1 15)		54,060.
	umn (b) Total (should equal Form 990, Part X, co			34,000.
Part X	Other Liabilities (See Form 990, Part	(b) Amount		
Fadaralla	(a) Description of Liability	(b) Amount		•
rederal in	come Taxes		<del>- </del>	
<del></del>			<del> </del>	
		<del></del>	<del>- </del>	
			$\dashv$	
			_	
			<del> </del>	
			$\dashv$	
<del>-</del>	(1) T (1) (1) (1) (2) (2) (3) (3) (4)		_	
	nn (b) Total (should equal Form 990, Part X, col (B) line 25)	-tople former latetemen	to that reports the assessment and link it	the for uncortain tax
positions	V, provide the text of the footnote to the organizunder FIN 48	auon s iinanciai statemer	its that reports the organization's habit	ty for uncertain tax

62-1410935

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Schedule D (Form 990) 2008 OSCAR L. FARRIS

Sche		<u>-141</u>	.0935	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		N/A	
1	Total revenue (Form 990, Part VIII,column (A), line 12)	ļ		
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	ļ	·	
5	Donated services and use of facilities	]		
6	Investment expenses			
7	Prior period adjustments.	1		
8	Other (Describe in Part XIV)			
9	Total adjustments (net) Add lines 4-8	1	·	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			
Pai	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn	N/A	
1	Total revenue, gains, and other support per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
á	a Net unrealized gains on investments			
	b Donated services and use of facilities 2b	ł		
	c Recoveries of prior year grants.	٠.		
	d Other (Describe in Part XIV)			
	e Add lines 2a through 2d	2e		
	Subtract line <b>2e</b> from line <b>1</b>	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investments expenses not included on Form 990, Part VIII, line 7b	l		
	b Other (Describe in Part XIV)			
	c Add lines <b>4a</b> and <b>4b</b>	4c		
	Total revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12.).	5		
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	rn N/A	
		1		
	Amounts included on line 1 but not on Form 990, Part IX, line 25			•
	a Donated services and use of facilities			
	b Prior year adjustments	× ·]		
		1		
	e Add Innes 2a through 2d	2e		
_	Subtract line 2e from line 1	3		
4	, , , , , , , , , , , , , , , , , , ,			
	a Investments expenses not included on Form 990, Part VIII, line 7b			
	b Other (Describe in Part XIV)			
	c Add lines 4a and 4b	4c		_
	Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18.)	5		
Pa	rt XIV   Supplemental Information			
Con	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, 4; Part X; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b			art V, 
				<del>-</del> -
				<b></b> -
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TEEA3304L 12/23/08

Schedule **D** (Form 990) 2008

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Schedule <b>D</b> (Form 990) 2008	rage 5
Part XIV   Supplemental Information (continued)	
	<del></del>

#### SCHEDULE O (Form 990)

### Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Employer identification number Name of the organization OSCAR L. FARRIS 62-1410935 AGRICULTURAL MUSEUM ASSOCIATION FORM 990, PART III, LINE 1 - ORGANIZATION MISSION TO ENCOURAGE INTEREST, SUPPORT AND UNDERSTANDING OF AGRICULTURE BY COLLECTING AND PRESERVING ARTIFACTS AND INFORMATION REPRESENTATIVE OF TENNESSEE'S RURAL HERITAGE. TO PROMOTE EDUCATIONAL PROGRAMS, SPECIAL EVENTS AND EXHIBITS THAT WILL ENABLE THE MUSEUM TO SHARE KNOWLEDGE OF AGRICULTURE AND ITS RELATED FUNCTIONS IN AN INTERESTING AND INFORMATIVE MANNER. TO FOSTER A STRONG WORKING RELATIONSHIP BETWEEN RURAL AND URBAN AREAS AS CULTURAL AND ENVIRONMENTAL GOALS ARE DEVELOPED. FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS NO REVIEW WAS OR WILL BE CONDUCTED. FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE DISCLOSURE OF INFORMATION RELEASED UPON WRITTEN REQUEST

TEEA4901L 12/19/08

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