### **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

Department of the Treasury Internal Revenue Service(77)

Open to Public Inspection

Inter	nal Rev	of the Treasury enue Service(77)  The organization may have to use a copy of this return	to satisfy	y state repor	ting requiren	nents	Inspecti	on
A	For t	he 2007 calendar year, or tax year beginning 7/01 , 2	007, and	ending (	5/30	,	2008	
В	Check	ıf applicable C			D Emp	loyer Identi	fication Number	
		idress change   Please use   OSCAR L. FARRIS			62	-1410	935	
	$\vdash$	or print   AGRICULTURAL MUSEUM ASSOCIATION	N		E Tele	phone num	ber	
	$\vdash$	See   440 HOGAN ROAD			61	5-837	-5197	
	$\vdash$	stal return specific instructure trons.				ounting nod	X Cash	Accrual
	$\mathbf{H}$	mended return				Other (spec		
	$\vdash$		mnt.	H and I are no	t applicable to se			
	Ш <i>~</i> і	<ul> <li>Section 501(c)(3) organizations and 4947(a)(1) nonexe charitable trusts must attach a completed Schedule A</li> </ul>	трс		a group return fo		_	X No
		(Form 990 or 990-EZ).			' enter number o			
G	Web	site: TENNESSEE.AGRICULTURAL.MUSEUM@STATE.TN.US	<u> </u>	1 , ,	l affiliates includ		Yes	No
	Orga	nization type	_	(If 'No	,' attach a list S	ee instruction	ons )	
J		:k only one) ► X 501(c) 3 ◄ (insert no ) 4947(a)(1) or	527	H (d) Is this	a separate retur	n filed by ar	n	
K	Check	k here ► If the organization is not a 509(a)(3) supporting organization	and its	organı	zation covered by	y a group rι	ılıng <sup>?</sup> Yes	X No
		s receipts are normally not more than \$25,000. A return is not required, b	out if the	I Grou	p Exemption	Number	· •	
	orgai	nization chooses to file a return, be sure to file a complete return					ion is <b>not</b> requir	
L	Gross	receipts Add lines 6b, 8b, 9b, and 10b to line 12 • 40, 428.				·	990-EZ, or 990-F	PF).
Pa	ırt I	Revenue, Expenses, and Changes in Net Assets or Fur	nd Bala	nces (See	the instru	ictions.	)	
	1	Contributions, gifts, grants, and similar amounts received						
	a	Contributions to donor advised funds	1	a				
	ь	Direct public support (not included on line 1a)	1	b	1,873.	1		
	1	Indirect public support (not included on line 1a)	1	С		1		
<b>a</b>	•	Government contributions (grants) (not included on line 1a)	1	d		1		
2008	ē	Total (add lines la through 1d) (cash \$ 1,873. noncash \$	```			1e	1	,873.
7	2	Program service revenue including government fees and contracts (from	Part VII	Lline 93)		2		,778.
$\Leftrightarrow$	3	Membership dues and assessments		.,		3		775.
1	4	Interest on savings and temporary cash investments				4	3	,002.
۲	5	Dividends and interest from securities				5		, , , , , , , , , , , , , , , , , , , ,
J.	_	Gross rents	6	a				
7	l			b	-	1 1		
Ũ	l .	Less: rental expenses	0	· D		6c		
OUNING REVER	ļ.	Net rental income or (loss) Subtract line 6b from line 6a			`	7		
R	<b>'</b> '	Other investment income (describe		(B)	Other	<del>  '- -</del>		
REVEN	8a	Gross amount from sales of assets other			Other	-		
- N		than inventory		3a		┨ [		
E	ŀ	Less cost or other basis and sales expenses		ь		<b>-</b>		
		Gain or (loss) (attach schedule)	8	Sc.				
		Net gain or (loss) Combine line 8c, columns (A) and (B)	!	book boso	▶□	8d	<del></del>	
	1	Special events and activities (attach schedule). If any amount is from ga Gross revenue (not including \$ of contributions)		Heck Here	٠ ا			
	a	Gross revenue (not including \$ of contribution reported on line 1b)		a				
	۱ ,	Less direct expenses other than fundraising expenses		b		1		
	1	Net income or (loss) from special events. Subtract line 9b from line 9a				9c		
	1	Gross sales of inventory, less returns and allowances	10	ıal				
	1	Less cost of goods sold	10		-	1 !		
		Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line		, ,	-	10 c		
						11		
	11	Other revenue (from Part VII, line 103)  Total revenue Add lines 1e 2 3 4 5 6c 7 8d 9c Inc and 11ED				12	40	, 428.
	12	Total 10 College	<del>18 </del>	<del></del>		<del></del>		,420.
E X P	13	Program services (from line 44, column (B))  Management and general (from line 44, column (C)) 1 9 2008	SS			13		
	14	,	0	•		14		<u>,290.</u>
Ň	15	Fundraising (from line 44, column (D))	Je l			15		
EN S E S	16	Payments to affiliates (attach schedule).  Total expenses. Add lines 16 and 44, column (A) OGDEN, UT	-1			16	0.4	702
	17	Total oxports of the state of t				17		<u>,702.</u>
4	18	Excess or (deficit) for the year. Subtract line 17 from line 12				18		<u>,726.</u>
N E E	19	Net assets or fund balances at beginning of year (from line 73, column	(A))			19		<u>, 565 .</u>
Ŧ	.I .	Other changes in net assets or fund balances (attach explanation)				20		001
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 2				21		, 291.
BA	A Fo	r Privacy Act and Paperwork Reduction Act Notice, see the separate ins	truction	s.	TEEA0109	L 12/27/07	7 Form <b>99</b>	<b>0</b> (2007)

Par	Statement of Functional Exfor section 501(c)(3) and (4) organ	pens	es All organizations nas and section 4947(a)(	nust complete column (/ 1) nonexempt charitable	A) Columns (B), (C), are trusts but optional for	nd (D) are required others (See instruct)
D	o not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised funds (attach sch)					1
	(cash \$					
	non-cash \$)					1
	If this amount includes foreign grants, check here	22 a				•
22 b	Other grants and allocations (att sch)					; [
	(cash \$)					1
	If this amount includes					į
	foreign grants, check here	22 b				
23	Specific assistance to individuals (attach schedule)	23				1
24	Benefits paid to or for members (attach schedule)	24				
25 a	Compensation of current officers, directors, key employees, etc listed					
	ın Part V-A	25 a	0.	0.	0.	0.
b	Compensation of former officers, directors, key employees, etc listed	OE L	_	0.	0.	0.
c	in Part V-B Compensation and other distributions, not	25 b	0.	0.		0.
	included above, to disqualified persons (as defined under section 4958(f)(1)) and persons					
	described in section 4958(c)(3)(B)	25 c	0.	0.	0.	0.
26	Salaries and wages of employees not included on lines 25a, b, and c	26				
27	Pension plan contributions not included on lines 25a, b, and c	27				
28	Employee benefits not included on lines 25a - 27	28				
	Payroll taxes	29				
30 31	Professional fundraising fees Accounting fees	30 31	370.		370.	
32	Legal fees	32	370.		5.0.	<del> </del>
33	Supplies	33				
34	Telephone	34_				
35	Postage and shipping	35				
36 37	Occupancy Equipment rental and maintenance	36_ 37				
38	Printing and publications	38				<del></del>
39	Travel	39				
40	Conferences, conventions, and meetings.	40				
41	Interest	41				
42 43	Depreciation, depletion, etc (attach schedule) Other expenses not covered above (itemize).	42				
	SEE STATEMENT 1	43a	24,332.	22,412.	1,920.	
ŀ	)	43b			_	
(		43c				
•		43d 43e				
f		43f	·			
ģ		43 g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	24,702.	22,412.	2,290.	0.
Join	t Costs. Check If you are following			22,412.	2,230.	<u> </u>
Are	any joint costs from a combined education	nal can	npaign and fundraising			► Yes X No
	es, enter (i) the aggregate amount of thes	e joint	costs \$	, <b>(ii)</b> the a	mount allocated to Prog	gram services
\$_ to Fi	, (iii) the amount a	iocate	a to Management and g	eneral \$	, and <b>(iv)</b> th	e amount allocated
UF	and distily Y				· · · · · · · · · · · · · · · · · · ·	Form <b>990</b> (2007)

# Part III Statement of Program Service Accomplishments (See the Instructions.) Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes. In Part III, the organization's programs and accomplishments.

please make sure the return is	complete	and accurate and fully describes, in Part III, the organization's program	ns and a	ccomplis	shments
What is the organization's prin All organizations must describ Elients served, publications issue zations and 4947(a)(1) nonexi	nary exemether exected, etc. Disconnected to the contract of t	pt purpose? SEE STATEMENT 2  Empt purpose achievements in a clear and concise manner State the n  cuss achievements that are not measurable. (Section 501 (c)(3) and (4) organ  table trusts must also enter the amount of grants and allocations to other	umber o		n Service Expenses ed for 501(c)(3) and organizations and (a)(1) trusts, but onal for others)
OF AGRICULTURE	BY THE	OTED GREATER INTEREST, SUPPORT AND UNDERSTAND PRESERVATION OF MUSEUM ARTIFACTS AND BY	ING		
PROVIDING EDUCA		PROGRAMS, SPECIAL EVENTS AND EXHIBITS.			
(Grants and allocations	\$	) If this amount includes foreign grants, check here	<b>&gt;</b>	<u> </u>	22,412.
b					
(Grants and allocations		) If this amount includes foreign grants, check here	<b>•</b>	<del> </del>	
c					
		) If this amount includes foreign grants, check here	<b>&gt;</b>		
d					
		·	·		
(Grants and allocations	\$	) If this amount includes foreign grants, check here	<b>&gt;</b>	ļ	
e Other program services.	ė	) If this amount includes foreign grants, check here	▶ □		
(Grants and allocations  f Total of Program Service	Expense	s (should equal line 44, column (B). Program services)	المائم	<u> </u>	22.412.

BAA

Form 990 (2007)

Pa	rt JV	Balance Sheets (See the instructions.)				
Not	e: V	Vhere required, attached schedules and amounts within olumn should be for end-of-year amounts only	the description	(A) Beginning of year		<b>(B)</b> End of year
	45	Cash - non-interest-bearing	21,565.	45	34,289.	
	46	Savings and temporary cash investments		46		
				<del></del>		<del></del>
	47 a	Accounts receivable	47a			
	ь	Less allowance for doubtful accounts	47 b		47 c	
				- · · · · · · · · · · · · · · · · · · ·		
	48 a	Pledges receivable	48a		L l	
	ь	Less allowance for doubtful accounts	48 b		48 c	
	49	Grants receivable		49		
	50 a	Receivables from current and former officers, director	s trustage and kay			
	30 a	employees (attach schedule)		50 a		
	b	Receivables from other disqualified persons (as define and persons described in section 4958(c)(3)(B) (attact	ed under section 4958(f)(1)) h schedule)		50 b	
Ą	51 a	Other notes and loans receivable				
A S E T	314	(attach schedule)	51 a			
<b>5</b>	ь	Less: allowance for doubtful accounts	51 b		51 c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges			53	
	54 a	Investments – publicly-traded securities	► Cost FMV		54a	
	b	Investments — other securities (attach sch)	► Cost FMV	· · · · - · - · · · · · · · · · · · · ·	54 b	
	55 a	Investments - land, buildings, & equipment basis	55 a			
	b	Less accumulated depreciation (attach schedule)	55 b		55 c	
	56	Investments - other (attach schedule)		50,000.	56	53,002.
	57 a	Land, buildings, and equipment basis	57 a			
	b	Less accumulated depreciation (attach schedule)	57b		57 c	
	58	Other assets, including program-related investments				
		(describe •	)		58	
	59	Total assets (must equal line 74). Add lines 45 through	ıh 58	71,565.	59	87,291.
	60	Accounts payable and accrued expenses			60	
	61	Grants payable			61	<del></del>
L	62	Deferred revenue			62	
A B 	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
Ī	64 a	Tax-exempt bond liabilities (attach schedule)			64a	
ı	b	Mortgages and other notes payable (attach schedule)			64 b	
E S	65	Other liabilities (describe	)		65	<del></del>
_	66	Total liabilities. Add lines 60 through 65		0.	66	0.
N	Orga	-	nd complete lines 67			
N E T		through 69 and lines 73 and 74		71 565		07 001
A	67	Unrestricted		71,565.	67	87,291.
ANNETS	68	Temporarily restricted		· · ·	68	
	69	Permanently restricted	and complete lines	· ·	69	
R	Orga	anizations that do not follow SFAS 117, check here				
F		70 through 74.		70		
OZC.	70	Capital stock, trust principal, or current funds	ment fund		70	
_	71	Paid-in or capital surplus, or land, building, and equip	ľ		72	<del></del>
Ĩ	72	Retained earnings, endowment, accumulated income			12	
BALANCES	73	Total net assets or fund balances. Add lines 67 throu 72 (Column (A) must equal line 19 and column (B) n	71,565.	73	87,291.	
Ŝ	74	Total liabilities and net assets/fund balances. Add Irr	·	71,565.	74	87,291.

Total expenses (Part I, line 17) Add lines c and d

Fc	orm <b>990</b> (2007) OSCAR L. FARRIS			10935	Page 5
P	art IV-A Reconciliation of Revenue per Audited Financial Statement	s with Revenue per Re	etur	n (See th	е
	instructions.)				
а	Total revenue, gains, and other support per audited financial statements		a		40,428.
b	Amounts included on line a but not on Part I, line 12				
	1Net unrealized gains on investments	b1			
	2Donated services and use of facilities	b2			
	3Recoveries of prior year grants.	b3			
	4Other (specify)				
		b4	]		
	Add lines b1 through b4		b		
С	Subtract line <b>b</b> from line <b>a</b>		С		40,428.
d	Amounts included on Part I, line 12, but not on line a:				
	1 Investment expenses not included on Part I, line 6b	d1			
	2Other (specify)·				
		d2			
	Add lines d1 and d2		d		
е	Total revenue (Part I, line 12) Add lines c and d	•	e		40,428.
P	art IV-B Reconciliation of Expenses per Audited Financial Statemen	ts with Expenses per	Ret	urn	
а	Total expenses and losses per audited financial statements.		a		24,702.
b	Amounts included on line a but not on Part I, line 17		1		
	1 Donated services and use of facilities	b1	]		
	2Prior year adjustments reported on Part I, line 20	b2	]		
	3Losses reported on Part I, line 20	b3	_		
	4Other (specify)				
		b4		İ	
	Add lines b1 through b4		Ь	1	
С	Subtract line <b>b</b> from line <b>a</b>		С		24,702.
d	Amounts included on Part I, line 17, but not on line a:				
	1 Investment expenses not included on Part I, line 6b	d1	]		
	2Other (specify).				
		d2	ļ		
	Add lines d1 and d2		l d		

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(B) Title and average hours (C) Compensation (D) Contributions to (E) Expense

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
MEL CARR	PRESIDENT	0.	0.	0.
3925 TURNERSVILLE RD	o			
CEDAR HILL, TN 37032-5525				
LAURA UPTON	VICE PRESIDENT	0.	0.	0.
6844 MANCHESTER PIKE	] 0			
MURFREESBORO, TN 37127-7814				<u>.</u>
WENDY STEINHOUSE	SECRETARY	0.	0.	0.
213 FOREST RIDGE COURT	] 0			
FRANKLIN, TN 37069-4764				
MARY LOGAN	TREASURER	0.	0.	0.
1174 OLD HICKORY BLVD.	이			
BRENTWOOD, TN 37027				
BOARD OF DIRECTORS (ATTACHED	)	0.	0.	0.
	] 0			
<u>,                                     </u>				

24,702.

55a Eater the bold number of offices, directors, and trustes permitted to vate or organization business at board methods:   b Are any officers, directors, trustees, or key employees insted in Schedule A, Part II. or highest compensated professional and other independent contractors insted in Schedule A, Part II. A or II.B. riselated to each other through family or business relationships? If Yes, a latical a statement that identifies the individuals and explains the relationship(s)   C Do any officers, directors, visuales, or key employees its independent contractors instead in Schedule A, Part II. A or II.B. riselated to each other through family or business relationships? If Yes, a latical a statement that identifies the individuals and explains the relationship(s)   A Part II. A or II.B. riselate the instructions from any other organization; whether tax exempt or taxable, that are related to the organization are a written conflict of interest policy?   Part V-B.   Former Officers, Directors, Trustees, and Key Employees That Received Compensation or other benefits of exponential of the instructions.	Form <b>990</b> (2007) OSCAR L. FARRIS 62-1410935							
b Are any officers, directors, frustees, or key employees issed in Form 990. Part V.A. or highest compensated employees issed in Stediel as Part II A or II-B, related to each other through family or business relationships? If Yes, attach a statement that dentities the individuals and explains the relationships?  c Do any officers, directors, frustees, or key employees listed in form 990, Part V.A. or highest compensated employees to the individuals and explains the relationships?  c Do any officers, directors, frustees, or key employees listed in form 990, Part V.A. or highest compensated employees to the organization of the definition of related organization.  A Part II A or II-B, reserve compensation from any other organizations, whether tax exempt or taxable, that are related to the organization have a written conflict of interest policy?  Part V.B. Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if any former officers) director, frustees or key employee received compensation or other benefits in the appropriate column See the instructions.  (a) Name and address  (b) Loans and (c) Compensation or other benefits in the appropriate column See the instructions.  (c) Compensation of other benefits of the appropriate column See the instructions.)  (d) Compensation make a change in its activates or methods of conducting activities?  If Yes, altach a contained as the organization or governing documents but not reported to the IRS?  If Yes, altach a contained copy of the changes  75								
sisted in Schedule A. Part I. or highest compensated professional and other independent contractors tasted in Schedule A. Part II. or highest compensated professional and other independent contractors stated in Schedule A. Part II. or highest compensated employees listed in Schedule A. Part II. or highest compensated professional and other independent contractors stated in Schedule A. Part II. or highest compensated professional and other independent contractors is table in Schedule A. Part III. or highest compensated professional and other independent contractors is table in Schedule A. Part II. or highest compensated professional and other independent contractors is table in Schedule A. Part II. or highest compensated professional and other independent contractors is table in Schedule A. Part III. or highest compensation from any other organization. When the instructions is to the organization have a written conflict of related organization. When the instructions is the instructions of does the organization have a written conflict of interest policy?  Part V.B.   Former Officers, Directors, Trustees, and Key Employees That Received Compensation or other benefits in the appropriate column See the instructions.  (A) Name and address  (B) Loans and Advances  (B) Loans and Advances  (C) Compensation in the employment of the organization have in the organization and other death organization have in the organization of each charge in the activities or methods of conducting activities?  (B) Contributions  (C) Compensation plans  (C) Compensation in the organization and the organization plans and deferred compensation plans  (E) Experience account and other compensation of the charges of the c		•	-					
Islated in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II Ao III-B, receive compensation from any other organizations whether (ax exempt) or taxable, that are related to the organization? See the instructions for the definition of related organization? If Yes, 'attach a statement that includes the information described in the instructions of Disease the organization have a written conflict of interest policy?    Part V-B   Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other Benefits (If any former officer, director, trustee, or key employee received compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or Other benefits in the appropriate column. See the instructions.)    (A) Name and address   (B) Loans and Advances   (C) Compensation (If not paid, enter -0-)   (D) Contributions to employee benefit; plans and deferred compensation plans   (E) Expense account and other plans and deferred compensation plans   (B) Loans and (B) Loans	listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that						x	
## Advances   Part V    Other Information (See the instructions.)	listed in Schedule A, Part I, or highest comper A, Part II-A or II-B, receive compensation from	nsated professional and n any other organizatio	d other independent cor ns, whether tax exempt	ntractors listed in Schedu	ule ited		х	
Part V    Other Information (See the instructions.)	If 'Yes,' attach a statement that includes the in	nformation described in	the instructions					
Benefits (if any former officer, director, trustee, or key employee received compensation or other benefits (if the appropriate column See the instructions.)  (A) Name and address  (B) Loans and Advances  (C) Compensation (if not paid, enter -0.)  (In							LJ	
(A) Name and address  (B) Loans and enter -0-)  NONE  Part VI   Other Information (See the Instructions.)  Part VI   Other Information (See the Instructions.)  76 Did the organization make a change in its activities or methods of conducting activities? If Yes, attach a detailed statement of each change if Yes, attach a detailed statement of each change if Yes, attach a detailed statement of each changes  78 Did the organization make a change in the organizing or governing documents but not reported to the IRS?  79 Were any changes made in the organizing or governing documents but not reported to the IRS?  80 If Yes, attach a detailed statement of the organization or substantial contraction during the year covered by this return?  78 If Yes, has it filed a tax return on Form 990-T for this year?  79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?  80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, frustees, officers, etc. to any other exempt or nonexempt organization?  80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, frustees, officers, etc. to any other exempt or nonexempt organization?  80 a Is the organization feel Form 1120-POL for this year?  81 a Enter direct and indirect political expenditures (See line 8) instructions.)  81 b Did the organization file Form 1120-POL for this year?	<b>Benefits</b> (If any former officer, direct during the year, list that person below a	or, trustee, or key emp	loyee received compens of compensation or othe	sation or other benefits ( er benefits in the appropr	described rate colum	below nn Se	e 	
Part VI Other Information (See the Instructions.)  76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change  77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes  78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? If "Yes," has it filed a tax return on Form 990-T for this year?  79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement year? If "Yes," attach a statement on membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?  80a X  8b If "Yes," enter the name of the organization > N/A  and check whether it is exempt or nonexempt organization?  81a Enter direct and indirect political expenditures (See line 81 instructions.)  81b X	(A) Name and address	<b>(B)</b> Loans and Advances	(if not paid,	employee benefit plans and deferred	account	and ot	her	
The Did the organization make a change in its activities or methods of conducting activities?  If 'Yes,' attach a detailed statement of each change  The Yes,' attach a detailed statement of each change  The Yes,' attach a conformed copy of the changes  The If 'Yes,' attach a conformed copy of the changes  The Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  The If 'Yes,' has it filled a tax return on Form 990-T for this year?  The Yes,' has it filled a tax return on Form 990-T for this year?  The Yes,' has it filled a tax return on Form 990-T for this year?  The Yes,' has it filled a tax return on Form 990-T for this year?  The Yes,' attach a statement  The Yes,' attach a statem	NONE							
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If 'Yes,' attach a conformed copy of the changes  78 a 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 tax return on Form 990-T for this year?  79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement  80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?  80 a X  b If 'Yes,' enter the name of the organization ► N/A  and check whether it is exempt or nonexempt  81 a Enter direct and indirect political expenditures (See line 81 instructions.)  b Did the organization file Form 1120-POL for this year?	·	-	out not reported to the II	RS?		$\vdash$		
b If 'Yes,' has it filed a tax return on Form 990-T for this year?  79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement  80 a is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?  80 a								
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membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?  b If 'Yes,' enter the name of the organization ► N/A  and check whether it is exempt or nonexempt  81 a Enter direct and indirect political expenditures (See line 81 instructions.)  b Did the organization file Form 1120-POL for this year?		n, or substantial contra	action during the		79		X	
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81 a Enter direct and indirect political expenditures (See line 81 instructions.)  b Did the organization file Form 1120-POL for this year?  81 b X	b If 'Yes,' enter the name of the organization ►							
b Did the organization file Form 1120-POL for this year?	Ole Enter desert and indicate a little Lange (1)			1 1 -	`_		1 ;	
	•		лıs. <i>)</i>	[ oı a		}	yi	
<b>BAA</b> Form <b>990</b> (2007)		13 year:	•					

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Form <b>990</b> (2007) OSCAR L. FARRIS	62-1410935	F	Page <b>7</b>
Part VI Other Information (continued)		Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge substantially less than fair rental value?	ge or at	1	х
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	N/A		
83a Did the organization comply with the public inspection requirements for returns and exemption application	ons? 83a	X	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	831	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84 a	1	X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions not tax deductible?	or gifts were	N N	/A
85 a 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85 a	N.	/A
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85 t	) N	/A
If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organizat waiver for proxy tax owed for the prior year	ion received a		
c Dues, assessments, and similar amounts from members 85 c	N/A		'
d Section 162(e) lobbying and political expenditures.  85 d	N/A		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A		
f Taxable amount of lobbying and political expenditures (line 85d less 85e).	N/A		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 <u>c</u>	J N.	/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate dues allocable to nondeductible lobbying and political expenditures for the following tax year?	of 85 h	N,	/A
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on			
line 12	N/A		(
<b>b</b> Gross receipts, included on line 12, for public use of club facilities 86b	N/A		
87 501(c)(12) organizations. Enter a Gross income from members or shareholders 87a	N/A		;
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )  87b	N/A		
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation			
or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 3 lf 'Yes,' complete Part IX	01 /701-37 88a		X
			<del></del>
<ul> <li>b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the section 512(b)(13)? If 'Yes,' complete Part XI</li> <li>89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under.</li> </ul>	meaning of 88 t	<b>)</b>	X
section 4911 • 0., section 4912 • 0.; section 4955 •	0.		
			1
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction from a prior year? If 'Yes,' attac explaining each transaction	h a statement 89t	)	X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the	_		
year under sections 4912, 4955, and 4958	0.		,
d Enter Amount of tax on line 89c, above, reimbursed by the organization		.	- J-
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelte		+	X
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance co	ntract 891		<del>  ^</del>
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the suporganization, or a fund maintained by a sponsoring organization, have excess business holdings at any f	porting time during -		
the year?	89	3	<u> </u>
90 a List the states with which a copy of this return is filed NONE			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	901		0
91 a The books are in care of ► Telephone number ►			
Located at >Z	IP+4 ►		
b At any time during the calendar year, did the organization have an interest in or a signature or other aut	hority over a —	Yes	-
financial account in a foreign country (such as a bank account, securities account, or other financial account.)	ount)? 91 t	)	_X_
If 'Yes,' enter the name of the foreign country	<b></b> -		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bar Financial Accounts.	nk and		
BAA	For	n <b>990</b>	(2007)

Part VI Other Information (continue	ed)				Yes No		
c At any time during the calendar year, did	d the organiza	tion maintain ar	office outside of the	United States?	91 c X		
If 'Yes,' enter the name of the foreign count							
92 Section 4947(a)(1) nonexempt charitable	32 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here N/A ► □						
and enter the amount of tax-exempt inte				▶ 92	N/F		
Part VII Analysis of Income-Produc	ing Activiti	es (See the	instructions.)				
	Unrelated	business incon	ne Excluded by s	section 512, 513, or 514	Æ		
Note: Enter gross amounts unless otherwise indicated	(A) Business code	<b>(B)</b> Amount	(C) Exclusion code	<b>(D)</b> Amount	Related or exempt function income		
93 Program service revenue							
a MUSEUM ADMISSIONS					6,139.		
<pre>b MUSIC &amp; MOLASSES FEST</pre>					23,079.		
c OTHER PROGRAM REVENUE					688.		
d RURAL LIFE FESTIVAL					4,872.		
e							
f Medicare/Medicaid payments							
g Fees & contracts from government agencies							
94 Membership dues and assessments					775.		
95 Interest on savings & temporary cash invmnts					3,002.		
96 Dividends & interest from securities							
97 Net rental income or (loss) from real estate:							
a debt-financed property							
<b>b</b> not debt-financed property					··		
98 Net rental income or (loss) from pers prop							
99 Other investment income					<u> </u>		
100 Gain or (loss) from sales of assets other than inventory							
101 Net income or (loss) from special events							
102 Gross profit or (loss) from sales of inventory							
103 Other revenue a							
b							
с							
d							
e							
104 Subtotal (add columns (B), (D), and (E))					38,555.		
<b>105</b> Total (add line 104, columns (B), (D),				<b>-</b>	38,555.		
Note: Line 105 plus line 1e, Part I, should equ				<u>-</u>			
Part VIII Relationship of Activities to	<u>o the Accor</u>	nplishment o	of Exempt Purpos	ses (See the instruc	tions.)		
Explain how each activity for whice of the organization's exempt purp	h income is re oses (other th	ported in colum	n (E) of Part VII cont funds for such purpos	ributed importantly to the ses).	e accomplishment		
N/A	<del> </del>		····				
		-					
Part IX Information Regarding Tax	able Subsid	diaries and D	isregarded Entiti	es (See the instruct	tions.)		
(A)	(B)		(C)	(D)	(E)		
Name, address, and EIN of corporation,	Percentage	of No.	ure of activities	Total	End-of-year		
partnership, or disregarded entity	ownership int		ure or activities	income	assets		
N/A		%					
		%					
		%					
		%					
Part X Information Regarding Tra	nsfers Ass	ciated with	Personal Benefit	Contracts (See the	instructions.)		
a Did the organization, during the year, receive any fu	nds, directly or in	directly, to pay prem	iums on a personal benefit	contract?	Yes X No		
<b>b</b> Did the organization, during the year, pa	y premiums, d	lirectly or indire	ctly, on a personal be	enefit contract?	Yes X No		
Note: If 'Yes' to (b), file Form 8870 and Fo	orm 4720 (see	ınstructions).					

••

Form **990** (2007) OSCAR L. FARRIS

62-1410935 Page 8

Form <b>,99</b> (	0 (2007) OSCAR L. FARRIS		62-141		Page 9
Part X	Information Regarding Transfers To an organization is a controlling organization	nd From Controlled Enti	ties. Complete only if t	he	
	organization is a controlling organization	in as defined in section :	112(0)(13).	V	es No
100 0	and the veneration assessment on make any transfers to	a controlled entity as defined i	n costion 512/h)/13) of the (		7.5 110
106 D	old the reporting organization make any transfers to a result of the schedule below for each controlle	d entity .	n section 512(b)(15) of the t	Coder II	x
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of t	ransfer
a					
b					
c					
	Totals		*		
				Y	es No
<b>107</b> D	old the reporting organization receive any transfers fi	rom a controlled entity as defi	ned in section 512(b)(13) of	the Code? If	
· ' '	Yes,' complete the schedule below for each controlle			<del>-i</del>	<u> </u>
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of t	ransfer
a					
b					
c					
<u> </u>	Totals		* * * * *	-	
108 D	old the organization have a binding written contract ii	n effect on August 17, 2006, c	overing the interest, rents, r		es No
Please Sign Here	Under penalties of perjury, I declare that I have examined this ret true, correct, and complete. Declaration of preparer (other than of	whale	nd statements, and to the best of my h preparer has any knowledge Date	knowledge and belief	
Paid Pre- parer's Use Only	yours it self- employed), employed), employed), employed), employed), employed),	NY, CPAS UITE A100		0591291	
	ZIP + 4 HENDERSONVILLE, TN 37	0/5	Phone no. ► (6	515) 822-02	_
BAA				Form <b>99</b>	/U (ZUU/

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

**Organization Exempt Under Section 501(c)(3)** 

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

2007

OMB No 1545-0047

Department of the Treasury Internal Revenue Service MUST be completed by the above organizations and attached to their Form 990 or 990-EZ. Name of the organization Employer identification number OSCAR L. FARRIS 62-1410935 AGRICULTURAL MUSEUM ASSOCIATION Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See instructions. List each one. If there are none, enter 'None.') (a) Name and address of each (d) Contributions (b) Title and average (c) Compensation (e) Expense employee paid more than \$50,000 hours per week devoted to position to employee benefit plans and deferred account and other allowances compensation NONE Total number of other employees paid over \$50,000 Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms). If there are none, enter 'None.') (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services Part II — B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE

Total number of other contractors receiving

over \$50,000 for other services

Pa	Tt'III Statements About Activities (See instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid			
	or incurred in connection with the lobbying activities \$\ \bigN/A\  (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		х
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with an taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principle beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)	al		, , ,
	a Sale, exchange, or leasing of property?	2a		X
	<b>b</b> Lending of money or other extension of credit?	2 b		Х
	c Furnishing of goods, services, or facilities?	2c		Х
	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2 d		X
	e Transfer of any part of its income or assets?	2e		Х
3	a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		Х
	<b>b</b> Did the organization have a section 403(b) annuity plan for its employees?	3b		X
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	3c		x
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4	a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g	4a		X
	<b>b</b> Did the organization make any taxable distributions under section 4966?	4b	N.	/A
	c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N.	A
	d Enter the total number of donor advised funds owned at the end of the tax year ▶			N/A
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			N/A
	f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0
	g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0.

OSCAR L. FARRIS

Schedule A (Form 990 or 990-EZ) 2007

62-1410935

Part IV	Reason for Non-Private	Foundation Status (S	See instructions.)			
certify t	hat the organization is not a private	foundation because it is	(Please check only ONE ap	plicable box	)	
5	A church, convention of churches, of	or association of churches	Section 170(b)(1)(A)(i)			
6	A school Section 170(b)(1)(A)(ii) (	Also complete Part V)				
7	A hospital or a cooperative hospital	service organization Sec	tion 170(b)(1)(A)(III)			
8	A federal, state, or local governmer	nt or governmental unit S	ection 170(b)(1)(A)(v)			
9 🗌	A medical research organization op and state ►		a hospital Section 170(b)		nter the hospi	tal's name, city, 
10	An organization operated for the be (Also complete the <b>Support Schedi</b>	enefit of a college or unive	rsity owned or operated by	a governme	ental unit Sec	tion 170(b)(1)(A)(iv)
11 a 🗌	An organization that normally receive Section 170(b)(1)(A)(vi) (Also com	ves a substantial part of it plete the <b>Support Schedu</b>	s support from a governme lle in Part IV-A)	ntal unit or	from the gene	eral public
11 b 🗌	A community trust. Section 170(b)(	1)(A)(vi) (Also complete t	he <b>Support Schedule</b> in Pa	art IV-A)		
12 X	An organization that normally received from activities related to its charitate from gross investment income and organization after June 30, 1975. So	ole, etc, functions – subje unrelated business taxabl	ct to certain exceptions, an e income (less section 511	d (2) no mo tax) from bi	re than 33-1/3 usinesses acq	1% of its support
13	An organization that is not controlle requirements of section 509(a)(3)	ed by any disqualified pers Check the box that describ	sons (other than foundation oes the type of supporting o	managers) organization.	and otherwise	e meets the
	Type I Type II Provide the		onally Integrated  out the supported organize	Type III ations. (See		
	(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c)	Is the su organizatio the sup organiz gove docum	l) pported on listed in porting ration's	(e) Amount of support
				Yes	No	
					+	
 Total		L			<b>•</b>	0.
14 BAA	An organization organized and ope	rated to test for public saf	ety Section 509(a)(4). (Se			990 or 990-EZ) 2007

	IV-A Support Schedule (					unting.		
	: You may use the worksheet in t					-		
begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2006	<b>(b)</b> 2005	<b>(c)</b> 2004	<b>(d)</b> 2003	<b>(e)</b> Total		
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28)		36,054.	980.	1,389.	38,423.		
16	Membership fees received		975.	420.	795.	2,190.		
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose.		31,442.	25,880.	24,172.	81,494.		
18	Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec 511 taxes) from businesses acquired by the organization after June 30, 1975					0.		
19	Net income from unrelated business activities not included in line 18					0.		
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.		
21	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					0.		
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0.		
23	Total of lines 15 through 22		68,471.	27,280.	26,356.	122,107.		
24	Line 23 minus line 17		37,029.	1,400.	2,184.	40,613.		
25	Enter 1% of line 23		685.	273.	264.			
26	Organizations described on line	s 10 or 11: a E	Enter 2% of amount in co	olumn (e), line 24	N/A ► 26a			
t	Prepare a list for your records to show the supported organization) whose total gifts return Enter the total of all these excess	for 2003 through 2006 e:	ontributed by each person (othe sceeded the amount shown in li	er than a governmental unit ne 26a <b>Do not file this lis</b>	t with your	· a.e		
c	: Total support for section 509(a)(	1) test Enter line 2	24, column (e)		▶ 26c			
c	Add Amounts from column (e) f	_		19				
		22 _		26b	26d			
	Public support (line 26c minus lii				► 26e	%		
	Public support percentage (line		ivided by line 26c (denor	ninator))	► 26f			
	Organizations described on line For amounts included in lines 15 name of, and total amounts rece such amounts for each year (2006)	, 16, and 17 that worked in each year f	rom, each 'disqualified p	erson ' Do not file th	is list with your retu	n. Enter the sum of		
	bFor any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2006)							
c	: Add Amounts from column (e) f	or lines 15	38,423.	162,	190.			
	17	81,494. 20		21	27 c	122,107.		
C	Add Line 27a total	0.	and line 27b total		<u>0.</u> 27 d	0.		
•	Public support (line 27c total mir	nus line 27d total)		1 1	► 27e	122,107.		
f	Total support for section 509(a)(	2) test Enter amou	unt from line 23, column	(e) ► 27f	122,107.			
	Public support percentage (line	•	-	• • • • • • • • • • • • • • • • • • • •	► 27g			
	Investment income percentage (							
28	Unusual Grants: For an organiza	anoù aescribea in l	ine 10, 11, or 12 that rec	eived any unusual gr	ants during 2003 thro	ougn ∠υυο, prepare a		

Pai	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
	, constant and a second a second and a second a second and a second a second and a second and a second and a	14/ 21	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	-	
31	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)	- - -		
32	Does the organization maintain the following		min ***	
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		
١	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)	-		
33	Does the organization discriminate by race in any way with respect to			
i	a Students' rights or privileges?	33 a		
l	b Admissions policies?	33 b		
1	c Employment of faculty or administrative staff?	33 c		
!	d Scholarships or other financial assistance?	33 d		
1	e Educational policies?	33e		
,	f Use of facilities?	33 f		
	g Athletic programs?	33 g		
	h Other extracurricular activities?	33 h		
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)	- - -		
		-		
34	a Does the organization receive any financial aid or assistance from a governmental agency?	34 a		
	<b>b</b> Has the organization's right to such aid ever been revoked or suspended?	34 ь		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.	3,3		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35		-

Par	t VI-A Lobbying Ex (To be complet	xpenditures by Ele ed ONLY by an eligible	cting Public Charit organization that filed	<b>ties</b> (See ınstrı Form 5768)	uctions	)			N/A	
Chec	ck > a   If the organi	zation belongs to an af	filiated group Check	<b>▶ b</b> If yo	u check	ed 'a' and 'l	ımıted	cont	rol' provisions apply	
	Limits on Lobbying Expenditures  (a)  Affiliated group  To be completed									
	(The term 'expenditures' means amounts paid or incurred ) totals for all electing organizations									
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) 36							_		
37	Total lobbying expendit		- ·	yıng)	37					
38	Total lobbying expendit	•	37) .		38					
39	Other exempt purpose	•			39		_			
40	Total exempt purpose e				40					
41										
	If the amount on line 40 is — The lobbying nontaxable amount is —									
	Not over \$500,000		of the amount on line	<b>;</b>					•	
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000									
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 41									
	Over \$1,500,000 but not over \$17,000,000       \$225,000 plus 5% of the excess over \$1,500,000         Over \$17,000,000       \$1,000,000								i	
42	Over \$17,000,000 Grassroots nontaxable									
43	Subtract line 42 from lin	•	•		42 43					
44	Subtract line 42 from lin				44					
•	Caution: If there is an a			ile Form 4720	<del></del>					
	4 -Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 )									
			Lobbying Expend	ditures During	4 -Year	Averaging F	Period		<del></del>	
	Calendar year (or fiscal year beginning in) ►	<b>(a)</b> 2007	<b>(b)</b> 2006	<b>(c)</b> 2005		<b>(</b> 0 20	-		<b>(e)</b> Total	
45	Lobbying nontaxable amount			·						
46	Lobbying ceiling amount (150% of line 45(e))							_		
47	Total lobbying expenditures			· · · · - ·						
48	Grassroots non- taxable amount						_			
49	Grassroots ceiling amount (150% of line 48(e))									
	Grassroots lobbying expenditures									
Par	t VI-B Lobbying A	ctivity by Nonelect	ing Public Charitie	r <b>S</b> rt VI-A) (See in	structio	ns )			NI / 3	
Durir atter	(For reporting only by organizations that did not complete Part VI-A) (See instructions.)  N/A  During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of  NO  Amount									
a Volunteers										
b Paid staff or management (Include compensation in expenses reported on lines c through h.)								,		
c Media advertisements										
d Mailings to members, legislators, or the public .										
e Publications, or published or broadcast statements										
f Grants to other organizations for lobbying purposes										
g Direct contact with legislators, their staffs, government officials, or a legislative body										
ł	Rallies, demonstrations	, seminars, convention	s, speeches, lectures, o	r any other me	ans	[				
i	Total lobbying expendit	ures (add lines <b>c</b> throug	gh <b>h.</b> )			[				
	If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities									
BAA	•					Sche	dule A	(For	m 990 or 990-EZ) 2007	

Schedule A (Form 990 or 990-EZ) 2007

BAA

 $oxedsymbol{oxed}$  Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** (See instructions) Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting organization to a noncharitable exempt organization of Yes No X (i) Cash 51 a (i) Х a (ii) (ii)Other assets **b** Other transactions b (i) Х (i) Sales or exchanges of assets with a noncharitable exempt organization (ii)Purchases of assets from a noncharitable exempt organization b (ii) b (iii) (iii)Rental of facilities, equipment, or other assets (iv)Reimbursement arrangements b (iv) X b (v) (v)Loans or loan guarantees X b (vi) (vi)Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

<b>(a)</b> Line no.	(b) (c) Amount involved Name of noncharitable exempt organization		(d) Description of transfers, transactions, and sharing arrangements			
N/A						
	<del></del>					
	s,' complete the following					
	(a) Name of organization	<b>(b)</b> Type of organization	(c) Description of relationship			
N/A						
	<del> </del>					

2007

#### **FEDERAL STATEMENTS**

PAGE 1

## OSCAR L. FARRIS AGRICULTURAL MUSEUM ASSOCIATION

62-1410935

STATEMENT 1 FORM 990, PART II, LINE 43 OTHER EXPENSES

		(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
	_	TOTAL	SERVICES	& GENERAL	FUNDRAISING
BANK CHARGES DEVELOPMENT FUND LOG CABINS/SCHOOL/FARMHOUSE MUSEUM/EXHIBIT SUPPLIES MUSIC & MOLASSES FESTIVAL OTHER EXPENSES PROGRAM SUPPLIES RURAL LIFE FESTIVAL SCHOOL REFUNDS SUMMER SATURDAYS	E TOTAL \$	38. 2,295. 300. 2,410. 8,844. 1,882. 4,064. 3,064. 102. 1,333. 24,332. \$	2,295. 300. 2,410. 8,844. 4,064. 3,064. 102. 1,333. \$ 22,412.	38. 1,882. \$ 1,920.	\$ 0.

#### STATEMENT 2 FORM 990, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

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.

2007

#### FEDERAL SUPPORTING DETAIL

PAGE 1

OSCAR L. FARRIS
AGRICULTURAL MUSEUM ASSOCIATION

62-1410935

CONTRIBUTIONS, GIFTS, AND GRANTS DIRECT PUBLIC SUPPORT

MISCELLANEOUS DONATIONS GRANT-SPONSORSHIP

\$ 373. 1,500. TOTAL \$ 1,873.